

# Hope Farm Medical Centre

## Quality Report

Hope Farm Road  
Great Sutton  
Ellesmere Port  
Cheshire  
CH66 2WW

Tel: 0151 357 3777

Website: [www.hopefarmmedicalcentre.nhs.uk](http://www.hopefarmmedicalcentre.nhs.uk)

Date of inspection visit: 4th May 2016

Date of publication: 05/08/2016

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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Hope Farm Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hope Farm Medical Centre on 4th May 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, staff recruitment, the management of staffing levels and safety checks of the premises. We identified some areas where improvements should be made in relation to the safe management of equipment, record keeping and ensuring the repeat medication prescribing protocol is sufficiently robust to reduce the likelihood of errors occurring.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They had access to training and development opportunities and had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect.
- 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.
- 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.

We saw areas of outstanding practice in how patients were supported:

# Summary of findings

- The practice was proactive in providing information to patients to assist them with social, emotional and practical support. The reception team had received training in signposting patients to a range of resources and there were specific staff who acted as links to dementia and caring services. There was also a patient buddy system in operation twice a week to help anyone who was struggling with any aspect of accessing the practice and needing assistance. For example, using the patient self-check in screen or help with registering for and using online services. The practice was proactive in identifying carers and referring them to appropriate support services. An award for best practice was awarded by the Carers Trust recognising the work being done to support patients who were carers. The practice had recently organised an event for Pets as Therapy to visit nursing home patients. The practice was also part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions. The practice in conjunction with the Patient Participation Group (PPG) had provided an educational event for patients about living with dementia.

The areas where the provider should make improvements are:

- Make the repeat prescribing protocol more robust to reduce the likelihood of errors occurring.
- The system for ensuring significant events are learned from and therefore not repeated should be reviewed.
- A record should be made of the receipt and allocation of printable prescriptions.
- Clinical equipment in GPs bags should be regularly calibrated.
- Put a system in place for the three monthly replacement of all sharps boxes.
- Review the system in place for recording alerts to identify adults and children who are vulnerable and/or subject to safeguarding concerns, such as the deprivation of liberty safeguards (DoLS).

**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. There were systems in place to reduce risks to patient safety, for example, staff recruitment, the management of staffing levels and safety checks of the premises. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse. We identified some areas where improvements should be made. The repeat medication prescribing protocol should be more robust to reduce the likelihood of errors occurring. Improvements should be made to ensure equipment in GPs bags is regularly calibrated and sharps boxes for clinical waste are replaced on a three monthly basis. The system in place for recording alerts to identify adults and children who are vulnerable and/or subject to safeguarding concerns, such as the deprivation of liberty safeguards (DoLS) should be reviewed. A record should be made of the receipt and allocation of printable prescriptions.

**Requires improvement**



### Are services effective?

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

**Good**



### Are services caring?

The practice is rated as outstanding for caring. Hope Farm provided clear information to patients through its website, waiting area and its regular detailed newsletter about social prescribing. This was a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. The reception team had received training in signposting patients to a range of resources and there were specific staff who acted as links to dementia and caring services. There was also a patient buddy system in operation twice a week to help anyone who was struggling with any aspect of accessing the practice and needing assistance. For example, using the patient self-check in screen or help with registering for and using online services. The practice was proactive in identifying carers and referring them to appropriate support

**Outstanding**



# Summary of findings

services. In January 2016 the practice introduced a new initiative for carers by holding a carer's drop-in clinic on the last Thursday of each month in partnership with the Carers Trust. These drop-in clinics provided help and advice and peer to peer support for carers. We were told that 100% of carers identified had contacted the Carers Trust for support. An award for best practice was awarded by the Carers Trust recognising the work being done to support patients who were carers. The practice had recently organised an event for Pets as Therapy to visit nursing home patients. We were told that patients had found this beneficial and as a result the nursing home were planning for this to be a regular event. The practice was also part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions. The practice in conjunction with the Patient Participation Group (PPG) had provided an educational event for patients about living with dementia. Data from the National GP Patient Survey regarding whether they were treated with respect, compassion and involved in decisions about their care and treatment were similar to or above local and national averages. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

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

Good



## Are services well-led?

The practice is rated good for providing well-led services. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice had identified patients at risk of unplanned hospital admission and a care plan had been developed to support them. 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 was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, they had worked with neighbourhood practices to develop and deliver an advanced nurse prescriber led service that provided joint nursing visits to housebound patients and co-ordination of the Integrated Care Team, making processes within this team more joined up and efficient. The practice provided services to four nursing homes and daily visits were conducted by the advanced nurse practitioners with support from the GPs. Additional GP contact was available as required by the nursing homes. The practice had recently organised an event for Pets as Therapy to visit nursing home patients.

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), atrial fibrillation and osteoporosis. 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 ensure patients attended regular reviews for long term conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary 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 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. The practice won the 2015 West Cheshire Clinical Commissioning Group

Good



# Summary of findings

award (WCCCG) for supporting patients with long term conditions. This was based on results from a patient survey by WCCCG that indicated the practice performed better than other practices in the area. As a result of this the practice had been selected to introduce new models of care for patients with long term conditions. The practice was also part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. Maternity, family planning, child health surveillance and immunisation services were provided. The practice targeted specific population groups and proactively promoted immunisation to encourage uptake. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were comparable to the CCG averages (where this comparative data was available). The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. Staff had safeguarding training relevant to their role. GPs provided reports for child safeguarding meetings to ensure the practice was up to date with any concerns and any relevant information could be shared.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 8:00am to 6:30pm Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. The practice promoted services for this group of patients, for example, the meningitis c vaccination for university students. Blood tests were provided at the practice every morning which provided convenience for working 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

Good



# Summary of findings

records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. 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 was the carer's link. A representative from the Carers Trust visited the practice and provided information for patients about the services provided. The practice referred patients to local health and social care services for support, such as drug and alcohol and domestic violence services. The practice also 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.

## **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). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. 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. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients. The practice had worked with the Patient Participation Group to provide an educational talk to any patients impacted by dementia or who wanted to learn more.

**Good**





# Summary of findings

## What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were similar to or above local and national averages. There were 283 survey forms distributed, 101 (36%) were returned which represents almost 1% of the total practice population.

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 90% 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%.
- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 92% said the nurse gave them enough time compared to the CCG average of 93% 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%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 87% 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 National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was generally in line with or above local and national averages. The numbers of patients who said they could

get through easily to the surgery by phone and who described their experience of making an appointment as good was lower than local and national averages. For example:

- 63% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 87% 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 national average of 85%.
- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 90% of patients found the receptionists at this surgery helpful compared to the CCG average of 87% and national average of 87%.
- 68% of respondents with a preferred GP usually get to see or speak to that GP compared to the CCG average of 59% and national average of 59%.

The practice was aware of the patient feedback from the National GP Patient Survey and the partners and practice manager had met to look at the performance of the practice and how any issues raised could be addressed. This had also been discussed with the Patient Participation Group (PPG). Records and a discussion with staff and the PPG showed the actions taken as a result. For example, the practice had promoted on-line appointment booking, the availability of other appointments such as telephone consultations and had also looked at how staff were deployed to ensure greater availability at busy periods.

We spoke to five patients. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect. Patients said that they were able to get an urgent appointment when one was needed and that they were

# Summary of findings

happy with the opening hours. Four said that getting through to the practice by telephone could be difficult and that it was hard to make a routine appointment within the same week.

## Areas for improvement

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

- Make the repeat prescribing protocol more robust to reduce the likelihood of errors occurring.
- The system for ensuring significant events are learned from and therefore not repeated should be reviewed.
- A record should be made of the receipt and allocation of printable prescriptions.
- Clinical equipment in GPs bags should be regularly calibrated.
- Put a system in place for the three monthly replacement of all sharps boxes.
- Review the system in place for recording alerts to identify adults and children who are vulnerable and/or subject to safeguarding concerns, such as the deprivation of liberty safeguards (DoLS).

## Outstanding practice

- The practice was proactive in providing information to patients to assist them with social, emotional and practical support. The reception team had received training in signposting patients to a range of resources and there were specific staff who acted as links to dementia and caring services. There was also a patient buddy system in operation twice a week to help anyone who was struggling with any aspect of accessing the practice and needing assistance. For example, using the patient self-check in screen or help with registering for and using online services. The practice was proactive in identifying carers and referring them to appropriate support services. An award for best practice was awarded by the Carers Trust recognising the work being done to support patients who were carers. The practice had recently organised an event for Pets as Therapy to visit nursing home patients. The practice was also part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions. The practice in conjunction with the Patient Participation Group (PPG) had provided an educational event for patients about living with dementia.

# Hope Farm Medical 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 second inspector, GP specialist advisor and a practice manager specialist advisor.

### Background to Hope Farm Medical Centre

Hope Farm Medical Centre is responsible for providing primary care services to approximately 12,200 patients. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is about average when compared to other practices nationally.

The staff team includes five partner GPs, two salaried GPs, two advanced nurse practitioners, two practice nurses, two health care assistants, a practice manager and administration and reception staff.

The practice is open 8:00am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services such as spirometry, anticoagulation therapy and minor surgery.

### 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?

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

## Detailed findings

- 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 4th May 2016. We reviewed all areas of the practice including the administrative areas. 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.

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. All staff we spoke 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 appraisal process.

The practice held regular significant event meetings to specifically discuss any significant events that had arisen at the practice. All members of the practice team were represented at these meetings. There was also a system to ensure the learning points from significant events were shared with the wider staff team. A log of significant events was maintained and a review of the action taken following significant events was carried out to demonstrate that actions identified had been implemented. We looked at a sample of significant events and found that although action had been taken to improve safety, two significant events related to a similar issue and more robust action needed to be taken to avoid a similar event occurring. Both related to repeat prescribing errors. These events occurred in June and September 2015 and although measures had been put in place to address the safety issues the repeat prescribing protocol had not been made sufficiently robust to reduce the likelihood of further errors occurring.

### Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse. Staff demonstrated they understood their responsibilities and all had received safeguarding training relevant to their role. There was a lead member of staff for safeguarding. The safeguarding procedures outlined who to contact for further guidance if staff had concerns about a patient's welfare and flowcharts were displayed that indicated contact details for external agencies. The practice had systems in place to monitor and respond to requests for attendance/ reports at safeguarding meetings. Alerts were placed on computer records to indicate any concerns about patients' welfare. We looked at two child patients who were subject to a local authority child protection plan and the same system for coding was not in operation to enable quick identification of significant information. We were told that children who were taken to accident

and emergency and out of hours' services were followed up by the practice to ensure that any safety concerns were identified. We noted that this system was not detailed in the child protection procedures for the practice.

- A notice was displayed in the waiting room and in all treatment rooms, advising patients that a chaperone was available if required. All staff who acted as chaperones had received training for this role. A disclosure and Barring Service (DBS) check had been undertaken for all clinical and non-clinical 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.
- The practice maintained appropriate standards of cleanliness. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit was last undertaken in December 2015. Areas were identified for improvement and an action plan had been put in place and the lead for infection control told us that action had been taken to address the issues identified. We noted that the audit did not include a check on whether sharps boxes (used to dispose of used medical needles and other sharp medical instruments) were regularly replaced. We identified one sharps box was dated 2014 when guidance indicates these should be replaced on a three monthly basis. Following our visit the practice manager confirmed that all sharps boxes had been replaced. A system to ensure the timely replacement of these boxes should be put in place.
- The arrangements for managing emergency drugs and vaccinations, in the practice 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. 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. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. A record was made of which GP handwritten prescriptions were allocated to. A record was not made of the receipt and allocation of printable prescriptions.

- We reviewed four 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 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. We noted that an assessment of physical and mental fitness prior to employment was made but this had not been recorded.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed for staff to refer to. The practice had an up to date fire risk assessment, regular checks were made of fire safety equipment and a recent fire drill had taken place. All electrical equipment was checked to ensure the equipment was safe to use. The clinical equipment held at the practice was checked to ensure it was working properly, however there was no record of equipment in GPs bags having been calibrated. Clinical equipment was due to be re-checked at the end of May 2016 and the practice manager informed us that all equipment would be inspected. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella.

- 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.
- Two week rule referrals were made in the presence of the patient and information was given for the patients to refer to explaining why an urgent referral had been made. Confirmation was received to acknowledge receipt of the referral. The two week appointment system was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible. We noted that this referral system could be made more robust by monitoring whether patients had been provided with an appointment.
- New patient notes were summarised by nurses. Having staff with a clinical understanding summarising the notes ensured that services for new patients were safe. Nurses were provided with protected time to undertake this task.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had up to date basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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.

### 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 were 100% (99.8%) of the total number of points available with 9.9% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% compared to the national average of 88%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% compared to the national average of 82%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 80% compared to the national average of 80%.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 71% compared to the national average of 75%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 93% compared to the national average of 90%.

The practice won the 2015 West Cheshire Clinical Commissioning Group (WCCCG) award for supporting patients with long term conditions. This was based on results from a patient survey by WCCCG that indicated the practice performed better than other practices in the area. As a result of this the practice had been selected to introduce new models of care for patients with long term conditions.

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 and promoting the health care needs of patients with a learning disability and those with poor mental health. 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.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of medication prescribing such as simvastatin and an audit of the management of atrial fibrillation. Audits were based on best practice guidelines and indicated that practices had been evaluated and changes made as a consequence. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

The practice had links with the Primary Care Research Network and had been involved in a number of research projects and studies. For example, the practice was involved in a project around decreasing patient demand for antibiotics.

Staff worked with other health and social care services to meet patients' needs. The practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs and the needs of patients receiving palliative care needs.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as fire safety, health and safety, confidentiality, infection control and equality and diversity. All new members of staff had their mandatory training assessed and any needing renewal were organised as a matter of priority.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. 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. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.
- All staff received training that included: safeguarding children, fire procedures, basic life support, infection control, health and safety and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies. There was a training plan in place to ensure staff kept 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 and found that this was generally sought in line with legislation and guidance. We found that some clinical staff were not able to give examples of capacity assessments and best interest decision making and they told us this was because they not had to complete any capacity assessments or make best interest decisions. It had been identified that some clinical staff had not received formal training on the Mental Capacity Act 2005 and the practice manager had arranged training to address this. A record was not made of patients subject to deprivation of liberty safeguards (DoLS).

When providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records.

### 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, on the website and in the monthly patient newsletter. 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. New patients registering with the practice completed a health questionnaire and were offered an appointment with a GP.

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. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were comparable to the CCG averages (where this comparative data was available).





# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Hope Farm provided clear information to patients through its website, waiting area and its regular newsletter about social prescribing. This was a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. It was about linking people up to activities in the community that they might benefit from and connecting people to non-medical sources of support. The aim of social prescribing was to empower patients and reduce the amount of time GPs were involved in non-clinical issues. The reception team had received training in signposting patients to a range of resources and there were specific staff who acted as links to dementia and caring services. There was also a patient buddy system in operation twice a week to help anyone who was struggling with any aspect of accessing the practice and needing assistance. For example, using the patient self-check in screen or help with registering for and using online services. The reception and administrative staff team were now called the Patient Services Team to increase the awareness of patients of their additional roles.

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.

Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients. The practice had worked with the Patient Participation Group to provide an educational event to any patients impacted by dementia or who wanted to learn more. As a result of this event carers who needed immediate support were referred to the Carers Trust.

A comprehensive newsletter was produced for patients detailing services offered by the practice and local and community sources of support. 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. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

The practice had recently organised an event for Pets as Therapy to visit nursing home patients. We were told that patients had found this beneficial and as a result the nursing home were planning for this to be a regular event.

The practice was also part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions.

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. Patients who were distressed or who wanted to talk to reception staff in private were offered a private room to discuss their needs.

We received 17 comment cards and spoke to five patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

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

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 90% 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%.
- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.



## Are services caring?

- 92% said the nurse gave them enough time compared to the CCG average of 93% 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%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

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.

### 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 January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with local and national averages. For example:

- 91% 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%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 87% 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%.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Representatives from the Carers Trust visited the practice to speak to staff and identify carers in need of support. In January 2016 the practice set up a carer's drop-in with a member of the Carers Trust being available for support and advice. We were told that 100% of carers identified had contacted the Carers Trust for support. An award for best practice was awarded by the Carers Trust recognising the work being done to support patients who were carers.

# 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 spirometry, anticoagulation therapy and minor surgery. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the neighbourhood practices had worked together to develop and deliver an advanced nurse prescriber led service that provided joint nursing visits to housebound patients and co-ordination of the Integrated Care Team, making processes within this team more joined up and efficient.

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 practice was open from 8:00am to 6:30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- The practice had identified patients at risk of unplanned hospital admission and a care plan had been developed to support them.
- The practice provided services to four nursing homes and daily visits were conducted by the advanced nurse practitioners with support from the GPs. Additional GP contact was available as required by the nursing homes.
- There were longer appointments available for patients with a learning disability.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- A number of building works had been undertaken to improve the premises for the benefit of staff and patients.
- There were disabled facilities, a hearing loop and translation services available.

- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice provided clear information to patients through its website, waiting area and its regular newsletter about social prescribing. This was a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services.
- Reception staff were able to sign post patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP)
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.
- The practice had a website that provided up to date information for patients on the services available and any changes to the practice.
- Very informative quarterly patient newsletters were produced.

### Access to the service

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. Access to the service was monitored to ensure it met the needs of patients.

Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment was generally in line with or above local and national averages. The numbers of patients who said they could get through easily to the surgery by phone and who described their experience of making an appointment as good was lower than local and national averages. For example:

- 63% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 87% 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 national average of 85%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 90% of patients found the receptionists at this surgery helpful compared to the CCG average of 87% and national average of 87%.
- 68% of respondents with a preferred GP usually get to see or speak to that GP compared to the CCG average of 59% and national average of 59%.

The practice was aware of the patient feedback from the National GP Patient Survey and the partners and practice manager had met to look at the performance of the practice and how any issues raised could be addressed. This had also been discussed with the Patient Participation Group (PPG). Records and a discussion with staff and the PPG showed the actions taken as a result. For example, the practice had promoted on-line appointment booking, the availability of other appointments such as telephone consultations and had also looked at how staff were deployed to ensure greater availability at busy periods.

We spoke to five patients. Patients said that they were able to get an urgent appointment when one was needed and that they were happy with the opening hours. Four said that getting through to the practice by telephone could be difficult and that it was hard to make a routine appointment within the same week.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to. The practice kept a record of written complaints. We reviewed a sample received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. 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 a high standard of medical care, working in partnership with patients to meet their health needs and being a learning organisation that continually improved what it offered to patients. The practice team had also worked on the creation of values to underpin their roles which included being empathetic, patient centred and respectful. These values were displayed throughout the practice. The staff we spoke with knew and understood the aims, objectives and values of the practice and their responsibilities in relation to these.

### 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.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically.

The practice had systems in place for identifying, recording and managing risks.

Staff had access to appropriate support. They had received the training needed for their roles. There was a system in place to ensure regular appraisals took place to identify performance issues and training needs.

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.

### Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff 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 staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. Daily informal meetings also took place amongst the clinical staff. The reception and administrative staff met quarterly to discuss their roles and responsibilities and share information. In addition there was a monthly practice newsletter to update staff on any important changes. Partners and the practice manager met to look at the overall operation of the service and future development. The practice had an innovative approach to training and bringing the whole practice team together. Regular team building events took place to make the team effective. This included events such as Ape Management at Chester Zoo, the objective of this being to recognise certain behaviours that can occur within an organisation so that these can be resolved or prevented leading to the development of a stronger team.

The practice manager had been highly commended for the Practice Manager of The Year Award 2016. This was as a result of the reorganisation of the service, work with carers and work to ensure that the patient is the centre of the service provided at the practice.

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



# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the presentation of the reception area and its layout making it more welcoming and private for patients. They had also recommended a regular newsletter providing information for patients on changes to the practice, services available at the practice and in the wider community. The practice had worked with the PPG to make the changes identified. The PPG carried out surveys to gather patient views they also worked with the practice manager to facilitate presentations by local support organisations. For example, a presentation on dementia had been recently provided for patients. The PPG members spoken with felt they were listened to and kept informed and consulted about changes and developments at the practice.
- 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 for February, March and April 2016 showed that although only a small amount of patients completed the surveys the majority were either extremely likely or likely to recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice manager provided a fortnightly practice briefing for staff keeping them informed about new developments at the practice, training events and

relevant information for their roles, such as health and safety and access to records. The practice briefing also contained a self-development section to encourage staff to perform to a high standard in their roles and as a team.

- An annual staff survey was completed by the practice to engage and listen to the staff and to further encourage and motivate staff in their roles. As a result of the last staff survey changes were introduced that included improvements to the annual appraisal process, the process for personal development and to communication throughout the practice. As a result of the last staff survey the team values were created and workshops were run on how the practice implement these values as a team. The practice also introduced the monthly Above and Beyond the Call of Duty award as a way to recognise and say thank you to staff.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was also part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the neighbourhood practices had worked together to develop and deliver an advanced nurse prescriber led service that provided joint nursing visits to housebound patients and co-ordination of the Integrated Care Team, making processes within this team more joined up and efficient. The practice had a strong focus on social prescribing and had trained staff to ensure patients received the support they required. The practice had introduced new software to improve the operation of the service. The practice had plans to further develop the service which included expanding the premises, providing some secondary care services at primary level and developing initiatives for young carers.