

Park Medical Centre

Quality Report

Park Medical Centre
Shavington Avenue
Newton Lane, Hoole
Chester
CH2 3RD

Tel: 01244 324136

Website: www.parkmedicalchester.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Medical Centre on 6 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Safety alerts were received and acted upon.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Infection control procedures were in place.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said that sometimes they had difficulty making appointments with a named GP and telephone access was variable. However urgent appointments were available the same day for children and those patients who needed them and national patient survey results did not indicate a concern in accessing appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear approach to working with others to improve care outcomes with a clear strategy and objectives including engaging with other key partners in providing health services.
- There was a clear leadership structure and staff were well supported by the GP partners.
- Staff were supervised, felt involved and worked as a team.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

There were areas of practice where the provider should make improvements, these were:

- Review the monitoring of the cleanliness of the premises to include documenting adherence to the cleaning schedule.
- Review the system for obtaining and acting on patient feedback to include reviewing results and acting on issues raised by any external surveys (such as the national GP patient survey). Review the contribution of internal surveys for obtaining feedback and suggestions.
- Review the access to safeguarding policies and procedures to include having practice specific policies and procedures available for staff.
- Review their governance arrangements to include annual or more frequent review of complaints and significant events to identify themes and trends.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice around average and higher than others for several aspects of care. For example, 87% of respondents to the survey said the last GP they saw or spoke to was good at treating them with care and concern (compared to a national average of 85%) and 96% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 91%).

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in care pathways, dementia, long term conditions and elderly care and the care of those at risk of unplanned admissions to hospital.
- Patients reported they sometimes had difficulty getting an appointment with a preferred GP and accessing the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice staff were clear about their values with which to provide care and services and their responsibilities in relation to them.
- There was a clear leadership structure and staff were well supported by the GP partners.
- Staff were supervised, felt involved and worked as a team.
- The practice had a number of policies and procedures to govern activity which were reviewed and revised when needed. They held a variety of regular meetings at which information and learning was disseminated
- Arrangements were in place to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.

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 had an elderly population around the national and local clinical commissioning group (CCG) average number of elderly patients with 19.4% over the age of 65. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned hospital admissions, dementia, and end of life care.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 84% and around the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was 100% and higher than the CCG and national average.
- All the older patients had a named GP who coordinated their care and contacted patients over 75 following discharge from an unplanned hospital admission.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the 2014/2015 QOF performance showed the practice achieved 100% of the 86 points available for the performance indicators for diabetes. This was above the CCG and National average. For example:

The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80mmHg or less was 91%. The CCG average was 81% and the national average was 78%.

Good



Summary of findings

- Patients with diabetes were cared for well and had improved outcomes. For example patients requiring insulin were initiated on their treatment by one of the nurses without the need for them to attend hospital. They had a “capture all” one appointment at which healthchecks, health promotion, lifestyle and disease management were discussed.
- Longer appointments and home visits were available when needed for patients with long term conditions and multiple conditions.
- All these patients were monitored and had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were good for all standard childhood immunisations with immunisations uptake for all children aged five and under around 97%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was above average at 87%. (CCG average being 82%, national average being 82%).
- Appointments were available outside of school hours and could be managed online.
- There was raised awareness and good uptake of testing for sexual health diseases. The practice was in the top three high performing practices in the local area for uptake of chlamydia testing for 16-24 year olds.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, it offered online bookings of appointments and prescription requests and telephone consultations. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and children.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with substance or alcohol misuse and those with a learning disability. Alerts on medical records flagged when a patient was vulnerable or was living in vulnerable circumstances.
- The practice had 37 patients with a learning disability registered and offered longer appointments for these. We saw good examples of where care was personalised to the individual needs. For example a practice nurse visited a patient with learning disabilities support worker to plan specific dietary information for the patient and GPs participated in the adult attention deficit hyperactivity disorder (ADHD) local steering group.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.
- The practice worked with and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84% and CCG average of 85%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which was above the national average of 88% and CCG average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and could signpost to relevant specialist services.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 106 were returned (a 44% response rate). This represented 1.1% of the practice's patient list. Results showed, for example;

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 71%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85% and CCG average of 87%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 73 and CCG average of 75%.
- 87% 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 78% and CCG 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 16 comment cards which were positive about the standard of care received. Comments told us patients found they received a very good service; staff were responsive to their needs, friendly, courteous and respectful.

We spoke to seven patients on the day of the inspection (including three members of the patient participation group (PPG)). All said they were satisfied with the care they received. They told us they were treated with dignity, compassion and respect. Some patients we spoke to and a comment we reviewed indicated that sometimes patients had difficulty seeing a GP of their choice and accessing appointments via the telephone system.

The practice had an active patient participation group. Members of this group whom we spoke with told us they were treated with dignity and respect and that staff were friendly and listened to them. They also told us that the practice listened to the group's suggestions for improvements to the service.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the monitoring of the cleanliness of the premises to include documenting adherence to the cleaning schedule.
- Review the system for obtaining and acting on patient feedback to include reviewing results and acting on issues raised by any external surveys (such as the national GP patient survey). Review the contribution of internal surveys for obtaining feedback and suggestions.
- Review the access to safeguarding policies and procedures to include having practice specific policies and procedures available for staff.
- Review their governance arrangements to include annual or more frequent review of complaints and significant events to identify themes and trends.

Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience. (Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service).

Background to Park Medical Centre

Park Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 9,400 patients living in Chester and is situated in an extended and purposely refurbished building. The practice has three female GPs, three male GPs, three nurse practitioners, two healthcare assistants, administration and reception staff and a practice management team. Park Medical Centre holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday –Friday 8am – 6.30pm.

Appointments start at 8.30am with the last appointments at 5.50pm.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of West Cheshire Clinical Commissioning Group (CCG) and is situated in a more affluent area in Chester. The practice population is made

up of around national average population groups with 19% of the population under 18 years old and 19% of the population aged over 65 years old. Fifty three percent of the patient population has a long standing health condition and there is a higher than the national and CCG average number of unemployed patients. Life expectancy for both males and females is around the CCG and national average.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local GP out of hour's service and the local extended hours GP service. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 September 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurses, healthcare assistant, reception and administration staff and the practice management team) and spoke with patients who used the service and PPG members.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager and partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and/or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, however they did not review them overall annually or more frequently in order to identify themes and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a medical emergency the practice implemented meningitis treatment packs in all the clinical rooms.

Patient safety alerts were received by relevant staff and we saw evidence of action taken where relevant, for example review of batches of cervical smear bottles in the case of recall.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice referred to the local authority's safeguarding policies and procedures (West Cheshire) that were available on the intranet. The practice did not

have practice specific policies and procedures in place that included identification of the practice lead for safeguarding and specific practice information such as staff training requirements.

- We saw "what to do in the event of concerns" flowcharts that were displayed in the staff room for reference and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained to child protection or child safeguarding level 3. Clinical staff, such as other GPs and nurses, were trained to level 2 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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).
- We observed the premises to be clean and tidy. There was a cleaning schedule in the manager's office, however we did not see evidence that this was used or completed by the cleaners and monitored by the practice. The lead 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 policy and associated procedures in place and staff had received up to date training. We saw evidence of an infection control audit having been undertaken this year in conjunction with the local infection control community team. We saw evidence that actions identified as needing improvement had been acted upon, for example, there was now a notice in the reception area informing reception staff of how to handle submitted specimens.
- The arrangements for managing medicines, including emergency medicines and temperature sensitive medicines such as vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The medicines storage fridges were monitored and maintained to

Are services safe?

ensure that temperature sensitive medicines were stored appropriately. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed six staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- On reviewing the records of GP locums used we found that not all the required information was available. Some were lacking information such as evidence they were on the local performers list, references and medical indemnity insurance cover. The practice told us they satisfied themselves from verbal communication that they were suitable and safe for the role. Following the inspection the practice provided us with evidence to demonstrate that they had addressed this issue and now obtained and held on file the required information relating to locum GPs used.
- Paper patient records were stored in a locked room; however we found that some paper records for newly registered patients were left out of the desk. The practice told us they would carry out a risk assessment to ensure these records were stored safely and securely.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 which identified local health and safety representatives. The

practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated and checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The GPs operated a buddy system to ensure appropriate cover and the practice regularly monitored staffing levels to ensure they met the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms and panic button alarms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency equipment was checked and maintained. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). The most recent published results (published October 2015) showed the practice had achieved 99.7% of the total number of points available, which is higher than local CCG and national average. Exception reporting was around average. (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 clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the local CCG and national averages. For example:

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 90% compared to the national average of 78% and CCG average of 81%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% compared to the national average of 88% and CCG average of 89%.

- Performance for mental health related indicators was better than the national average. For example:

92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), national average 88% and CCG average of 90%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 87% compared to the national average of 84% and CCG average of 85%.

There was evidence of quality improvement including clinical audit.

- The practice did not have an audit timetable prioritising audits according to national and local priorities/ guidelines, however some clinical audits had been undertaken and included re auditing which demonstrated improvements and clinical outcomes.
- Examples of audits seen included audit of long term nitrofurantoin prescribing, record keeping, laboratory results and minor surgery audits.
- Improvements in practice were seen as a result of audits undertaken, for example in the prescribing of nitrofurantoin.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and included a period of supervision/mentorship. An employee handbook was also available for staff and included policies and procedures. The practice was an accredited training practice for medical students and nursing students. The practice nurses who supervised student nurses had developed their own external webpage relevant to GP practices to support student nurses throughout their learning.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions and diabetes care. The healthcare assistant undertook extended roles for which they were trained and competent in for example foot examination and risk assessment of diabetic patients.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They could also demonstrate how they stayed up to date for example by access to on line resources, face to face training and discussion at meetings. Their work was supervised and audited to identify any areas for improvement in practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Staff received an appraisal annually.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, protected learning time (monthly half day rolling programme of education) and in-house face to face training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary meetings took place with other health and social care professionals where care plans were routinely reviewed and updated for patients with complex

needs. This included when caring for patients with a terminal illness at the end stage of their life. There was a lead GP for palliative care at the practice and systems were in place to liaise with the out of hours GP service provider.

Consent to care and treatment

Staff sought patient's consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice was able to signpost patients to local support groups for example, smoking cessation and weight management.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 79% and the national average of 74%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Cervical screening tests were monitored to ensure the sample taker was proficient in obtaining suitable samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates were above the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 64% (national average 58%, CCG average 60%). However breast cancer screening was below the averages with 56% of

Are services effective?

(for example, treatment is effective)

females (aged 50-70) screened for breast cancer in the last 36 months (national and CCG average 72%). This data was published in March 2015. The practice showed us unverified data they had compiled which indicated that breast cancer screening rates had improved this year to 75%.

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 98% and five year olds at 94%.

The practice supported sexual health screening in a discreet and encouraging manner. Chlamydia screening rates were high with the practice performing in the top three practices for screening rates within the CCG.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

The 16 patient Care Quality Commission comment cards we received were positive about the care and treatment they experienced. Comments told us patients felt the practice offered a good service and staff were courteous, friendly, caring and treated them with dignity and respect. They said some staff went the extra mile to help patients.

We spoke with seven patients including three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 96%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were around or higher than local and national averages. For example:

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

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice had 115 registered Polish patients (1% of their patient list) and had a Polish speaking member of staff available.
- Various information leaflets were available and available in different formats.

Are services caring?

- A lift to all consultation rooms and disabled accessible toilet facilities were 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 186 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice liaised with the local carers support group (Cheshire and Warrington Carers Trust).

Records alerted to family members who had suffered bereavement and they would be cared for appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example in order to help reduce avoidable unplanned admissions to hospital the practice was taking part in an enhanced service. Their focus was on reducing admissions by improving services particularly those patients who were the most vulnerable or those with long term conditions. In order to do this the practice had identified patients who were at high risk of unplanned admissions by using a risk stratification tool. They had personalised care plans which were reviewed at regular intervals and any admissions were flagged up for review. Other examples showing how the practice had responded to meetings patients' needs were as follows:

- The practice offered nurse appointments for minor illnesses and long term condition treatment and reviews. The practice nurse initiated insulin treatment for diabetic patients. Patients received diabetic health checks, health promotion and education and were commenced on their insulin regime at one appointment involving the healthcare assistant and practice nurse. This meant that patients did not have to visit hospital on a frequent basis to receive their diabetic care and treatment.
- There were longer appointments available for patients with a learning disability and mental health needs. GPs led in these different areas and had expertise and enhanced knowledge. For example in adult attention deficit hyperactivity disorder (ADHD).
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The practice offered a full range of online access such as appointment booking, prescription requests and online queries.

Access to the service

The practice was open Monday –Friday 8am - 6.30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was around and in some cases above local and national averages. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the 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%

However some people we spoke to and a comment card reviewed told us that sometimes they had difficulty getting through to the practice by telephone and getting an appointment with a preferred GP. The practice was continually reviewing access and the appointments system in order to improve.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

These assessments were done through a telephone triage system. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a specific complaint information leaflet and information on the website.

The practice had received 19 complaints in the last 12 months which they recorded and investigated. We found these had been dealt with in a timely way and with

openness and transparency. Lessons were learnt from individual concerns and complaints and made improvements as a result, for example following a complaint from a bereaved family member, the practice now have alerts on records in order to identify when someone has suffered a bereavement in order for them to be support appropriately. However the practice did not carry out an annual or more frequent review of complaints in order to learn from themes or trends.

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 mission statement and values described as being dedicated to provide a high standard of service and care to our patients and retain the traditional values of family medicine.
- Staff were able to articulate their own values they promoted to provide good patient care.

There was a clear approach to working with others in the health and social care community (such as the CCG, other GP practices and support agencies for long term conditions and vulnerable patients) to improve outcomes for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained
- There were arrangements in place for identifying, recording and managing risks.
- Clinical audits were undertaken, however there was no formal audit programme in place based on local and national priorities to ensure re auditing took place and demonstrated continuous improvement.
- There were practice specific policies and procedures in place, however local to the practice safeguarding policies and procedures were not available, the practice told us they referred to the local safeguarding authority's policies and procedures via the internet for information and guidance.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe and compassionate care.

Staff told us the partners were approachable and always took the time to listen to staff. They were encouraged and felt able to contribute to the practice, improvements to service and service developments.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff were well supported by the partners.

- The practice held regular documented team, clinical and business meetings.
- There was an evident open culture within the practice and staff had the opportunity to raise any issues at appraisals and meetings. Staff told us they felt able to raise any issues at any time and these would be dealt with appropriately.
- Staff were respected, valued and supported, particularly by the partners.
- Staff told us they were happy, proud and enjoyed working at the practice.

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

The practice gathered feedback from patient, the public and staff through suggestions and comments made in house and through the website. They also took into account feedback from the active patient participation group (PPG) and from complaints made.

The PPG were valued and worked well with the practice. They met regularly, received information from the practice and suggested improvements to the practice management team which were acted on. For example, review and changes made to the telephone appointment system.

Are services well-led?

Good 

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

The practice did not undertake internal patient satisfaction surveys, nor did they action any issues raised by the national GP patient survey.

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.

Continuous improvement

There was a focus on learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example working with the CCG to deliver enhanced services such as insulin initiation and patients with learning disabilities.