

# Tattenhall Village Surgery

## Quality Report

Ravensholme Lane  
Tattenhall  
Chester  
Cheshire  
CH3 9AH

Tel: 01829771588

Website: [www.thevillagesurgeries.co.uk](http://www.thevillagesurgeries.co.uk)

Date of inspection visit: 7 February 2017

Date of publication: 22/03/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## 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

### Detailed findings from this inspection

Our inspection team	11
Background to Tattenhall Village Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tattenhall Village Surgery Centre on 7 February 2017.

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, equipment checks were carried out, there were systems to protect patients from the risks associated with insufficient staffing levels and medicines management.
- 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 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. 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.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider must make improvements are:

# Summary of findings

- The provider must monitor the safety systems introduced during the inspection to ensure that staff recruitment, recording of fridge temperatures and safety checks of the premises promote the health, safety and welfare of patients.

The areas where the provider should make improvements are:

- A system should be put in place to ensure that health and safety checks of the premises and fire drills occur at the recommended frequencies
- The recently introduced system to monitor allocation of blank prescriptions should be reviewed to ensure it is operating safely.
- The advanced nurse practitioner should be provided with formal supervision.
- A record of verbal complaints should be maintained which would allow for patterns and trends to be easily identified.
- A disability access audit should be undertaken.
- The systems for gathering patient feedback should be reviewed to ensure that this information is routinely sought.
- The disciplinary procedure should be revised to include the agencies that may need to be notified following the investigation such as the Nursing and Midwifery Council or General Medical Council.

**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. We found the required recruitment information was not obtained prior to the employment of locum GPs. The majority of required information was obtained following the inspection. However, the revised recruitment procedure had not been in operation long enough to ensure it was effective. The system for monitoring blank prescriptions was not robust. Following the inspection we were provided with a template for recording this information. This system had not yet been reviewed to ensure it is operating safely. We also found that the system for recording fridge temperatures did not enable an accurate daily reading. Following the inspection we were informed thermometers had been obtained for the medicines fridges at both the main and branch practice and a new recording system introduced to document actual, minimum and maximum readings. We found that some health and safety risk assessments and premises checks were not up to date. Following the inspection the provider informed us that these checks had been undertaken. However a system was not in place for ensuring these checks were carried out at the required frequencies.

Safety events were reported, investigated and action taken to reduce the chance of a re-occurrence. There were appropriate systems in place to ensure that equipment was safe to use. There were systems to protect patients from the risks associated with insufficient staffing levels, medicines management and infection control. Staff were aware of procedures for safeguarding patients from the risk of abuse.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had access to training and development opportunities and had received training appropriate to their roles. The nurse practitioner was not being provided with formal supervision.

Good



### Are services caring?

The practice is rated as good for providing caring services. We saw that staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about

Good



# Summary of findings

the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Some responses to the National Patient Survey (July 2016) related to the caring approach of the practice were below local and national averages for the branch practice.

## **Are services responsive to people's needs?**

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. A range of access to the service was provided and this was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with guidance about how to handle a complaint. A record of verbal complaints was not being maintained which would allow for patterns and trends to be easily identified. A disability access audit had not been undertaken.

**Good**



## **Are services well-led?**

The practice is rated as good for providing well-led services. The practice had a 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 policies and procedures to govern activity and held governance and staff meetings. The practice was working on setting up a Patient Participation Group (PPG) so that it could actively seek patients' views and involve patients in the operation of the service. The systems for gathering patient feedback should be reviewed to ensure that this is routinely sought.

**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 provided services to two local nursing homes. Weekly visits were carried out by the same clinicians where possible to provide continuity and nursing home staff were able to telephone these GPs with any concerns. The advanced nurse practitioner visited housebound patients, many of whom were over 75. During these visits their needs were assessed, care plans were developed and a review of long term conditions took place. These assessments also considered social care needs and vulnerability of the patient and as a result of the assessment referrals were made to appropriate health and social care services. The practice was involved in the development of a Retirement Village and once this was opened they would be holding regular clinics on the premises. The practice worked closely with Tarporley War Memorial Hospital and referred patients to avoid acute hospital admissions.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The practice aimed to ensure that patients were able to see one nurse for all of their long term conditions to reduce the need for multiple appointments. The clinical team took the lead for different long term conditions. Internal referrals were made to clinicians in accordance with their specialist areas to reduce the need for referrals to secondary care. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. All palliative care patients had a named GP which ensured continuity of care. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Good



# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. The practice liaised with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Family planning and sexual health services were provided.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice appointment system and opening times provided flexibility to working patients and those in full time education. Tattenhall Village Surgery and the branch practice at Farndon were open from 8am to 6.30pm Monday to Friday. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Appointments could be booked up to two weeks in advance. Telephone consultations were also offered. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice and family planning services. Reception staff sign-posted patients who did not necessarily need to see a GP. For example to services such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP). An in-house phlebotomy service and services hosted at the practices such as counselling meant patients could receive these services locally rather than having to travel.

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. The practice identified vulnerable patients through multi-disciplinary meetings. A register was kept of patients with a learning disability and there was a system to ensure these patients received an annual health check. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and children 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

Good



# Summary of findings

to appropriate services. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them through organisations such as the Carers Trust. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The advanced nurse practitioner identified patients needing an assessment for dementia during home visits. If necessary a GP would visit the patient at home to undertake this assessment. Appointments were offered that met the needs of patients experiencing poor mental health, for example after school appointments were offered to avoid any unnecessary disruption to school attendance. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice hosted a counsellor who had links to local mental health services twice a week. This allowed patients who were unable to travel to Chester to access this service more easily.

**Good**





# Summary of findings

## What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice and the branch were generally performing in-line or in some instances above local and national averages. The practice distributed 218 forms for Tattenhall Village Surgery, 113 (52%) were returned which represents approximately 1.4% of the total practice population. The results showed:-

- 88% 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%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 87% of patients found the receptionists helpful compared to the CCG average of 86% and the national average of 87%.
- 84% of patients described their overall experience of this surgery as compared to the CCG average of 86% and national average of 85%.

The practice distributed 38 forms for Farndon Village Surgery, 14 (37%) were returned which represents approximately 0.5% of the total practice population. The data from the National GP Patient Survey for the branch practice at Farndon show:

- 84% 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%.
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 100% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 94% of patients found the receptionists helpful compared to the CCG average of 86% and the national average of 87%.

- 100% of patients described their overall experience of this surgery as compared to the CCG average of 86% and national average of 85%.

Patient responses to the waiting time to be seen were below local and national averages for both the main and the branch practice:

- 59% of patients surveyed from Tattenhall Village Surgery and 46% from the branch practice said they usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and the national average of 65% (Tattenhall Village Surgery).

The practice manager told us that the practice reviewed the results from the National GP Patient Survey and discussed how any improvements could be made. The practice did not have a Patient Participation Group (PPG) that would assist with gathering patient opinion on the operation of the service and how any changes or improvements could be made. The practice was advertising for patients to join this group.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 3 comment cards which were positive about the standard of care received. We spoke with four patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that three found it hard to book late afternoon appointments, two reported long waiting times at the practice and two reported difficulty getting a routine appointment.

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. Although this was advertised on-line and at the practices there was little uptake. Results for the last three months showed only one response. This indicated this patient would be extremely likely to recommend the practice.

# Summary of findings

## Areas for improvement

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

The provider must monitor the safety systems introduced during the inspection to ensure that staff recruitment, recording of fridge temperatures and safety checks of the premises promote the health, safety and welfare of patients.

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

- A system should be put in place to ensure that health and safety checks of the premises and fire drills occur at the recommended frequencies
- The recently introduced system to monitor allocation of blank prescriptions should be reviewed to ensure it is operating safely.

- The advanced nurse practitioner should be provided with formal supervision.
- A record of verbal complaints should be maintained which would allow for patterns and trends to be easily identified.
- A disability access audit should be undertaken.
- The systems for gathering patient feedback should be reviewed to ensure that this information is routinely sought.
- The disciplinary procedure should be revised to include the agencies that may need to be notified following the investigation such as the Nursing and Midwifery Council or General Medical Council.

# Tattenhall Village Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Tattenhall Village Surgery

Tattenhall Village Surgery is responsible for providing primary care services to approximately 7,914 patients. The practice is situated in Tattenhall in Cheshire. The practice has a branch practice called Farndon Village Surgery. Both practices share the same staff and patient list. The provider for the practice is Dr Melissa Siddorn and Dr Laura Freeman, however the practice and the branch are referred to as The Village Surgeries Group. Tattenhall Village Surgery was registered with CQC in November 2016. Prior to this the practice and the branch operated separately, therefore some data reflected in this report refers to both practices.

The practice and the branch are based in an area with lower than 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 two partner GPs, six salaried GPs, one advanced nurse practitioner, two practice nurses, two health care assistants, practice manager, compliance manager, business manager, administration and reception staff. There are both male and female GPs. The nursing team and health care assistants are female.

Tattenhall Village Surgery and the branch practice at Farndon are open from 8am 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. Patient facilities are located on the ground floor. The practices have a car park for on-site parking.

The practice has a Personal Medical Service (PMS) contract. The practice offers enhanced services such as minor surgery, learning disability health checks and influenza and shingles immunisations.

## 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?

# Detailed findings

- Is it well-led?

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

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

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

announced inspection on 7 February 2017. 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 and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The GPs held meetings where significant events were discussed and there was a system to cascade any learning points to other clinical and non-clinical staff via meetings and email. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. We discussed the management of patient safety alerts with the clinical staff and the practice manager. It was reported that there was a system in place for the management of patient safety alerts and we were given examples of the action taken.

### Overview of safety systems and processes

- The practice had policies and procedures for staff to refer to concerning safeguarding children and vulnerable adults from abuse. Staff spoken with were aware of who to report safeguarding concerns to and the procedure to follow. A printed flowchart with telephone numbers was on display outlining the process of making a child safeguarding referral. A similar flowchart was not displayed for adult safeguarding. Following the inspection the practice manager confirmed this had been addressed. There were lead members of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities and they had received safeguarding children training relevant to their role. Training records showed all staff had completed safeguarding adult training apart from one who had read guidance. The practice liaised with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. The health visitor also attended a practice meeting to discuss any concerns about the welfare of young children. Alerts were placed on patient records to

identify if there were any safety concerns. We identified that an alert had not been placed on the record of one patient where there were safeguarding concerns. This was addressed following the inspection.

- A notice was displayed advising patients that a chaperone was available if required. Nurses and health care assistants acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for 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 and hygiene. We observed the premises to be clean and tidy. The nursing team were the infection control clinical leads and they liaised with the local infection prevention teams to keep up to date with best practice. Following the inspection we were informed that one member of staff was now the lead in this area. There were infection control protocols in place and staff had received up to date training. The last infection control audit was undertaken in 2016 at the branch practice, however the last fully completed audit for the main practice was dated 2014. Both audits showed that actions had been taken to address any shortfalls. We were provided with evidence that an audit of Tattenhall Village Surgery had been carried out following the inspection.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. 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. There was a system to manage printed prescriptions securely however a system for recording which clinician blank handwritten prescriptions had been allocated to was not in place. A template to enable this information to be recorded was provided following the inspection.
- At the branch practice the internal temperature monitor was not registering the actual temperature of the vaccine fridge. A data logger was in place which recorded this information, however this was checked at

## Are services safe?

the end of each week which meant that there was no daily confirmation that the fridges were operating within the required temperature ranges. We checked these records which indicated the fridge temperatures were generally within the normal range. We noted that there had been some incidents of the fridge temperature exceeding the normal range and a record had not been made of the reason for this. Information from the data logger had not indicated a concern. Following the inspection we were informed that a new thermometer that allowed the minimum, maximum and actual daily temperature recordings to be checked had been obtained. We saw a revised recording sheet to record this information and any comments in relation to variations in temperature. The practice manager advised that staff had also been instructed to ensure this information was recorded. The records of vaccine fridge at temperatures at Tattenhall Village Surgery showed the temperature was within the recommended range. However, the thermometer only recorded minimum and maximum temperatures and not the actual temperature. A data logger was in use which was audited weekly. Following the inspection we were informed that the thermometers in both vaccine fridges at the main practice had been replaced to ensure actual readings could be recorded.

- We reviewed the personnel files of three staff employed within the last 12 months. Records showed that there were shortfalls in the records of two staff employed in 2016 as no written references had been obtained and there was no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. DBS checks were in place however these had been obtained after the staff were employed. The practice manager told us that the recruitment procedure had been revised in December 2016 to take account of all the required information that must be obtained to demonstrate staff were suitable for their role. We checked the records of the only member of staff to be employed since the registration of the service with CQC. These records demonstrated that all the required recruitment information was in place. A system was in place to carry

out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. Records showed a DBS check had been undertaken for all clinical staff.

- The practice used the same locum GPs to cover sickness and annual leave. We checked the recruitment records and found the required recruitment information was not available. We found evidence of a DBS check and GMC check. One record held information relating to identity and one held evidence of liability insurance. Evidence of qualifications, references, Performers List and employment history were not available. Following the inspection we were shown a revised check-list for the recruitment of locums detailing all the required recruitment information. We were also provided with evidence that most of the required recruitment information had been obtained. Identification information was outstanding for one GP this had been requested but had not been returned.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella. An up to date electrical wiring inspection certificate was in place to demonstrate that the wiring at the premises were safe.
- The practice had not carried out health and safety risk assessments of the premises and up to date fire risk assessments had not been carried out. Following the inspection we were informed that an external health and safety company had completed these assessments and the practice were waiting for the written reports. We found that there was no record of recent fire drills taking place. Following the inspection we were provided with records to show fire drills had recently taken place at both premises. An emergency lighting test certificate was not available for Tattenhall Village Surgery. We were informed that this test had been carried out as part of checks of the electrical wiring. However, the provider informed us that as this record did not clearly indicate this they had arranged for this test to take place.

## Are services safe?

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had up to date basic life support training apart from one new staff member. The practice manager had planned to access training at

another surgery to address this. 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 which had recently been revised. The plan covered major incidents such as power failure or building damage and included emergency contact numbers for staff. There was a plan in place to circulate this plan to all staff in the week following the inspection to ensure they were familiar with the contents and could ask any questions if necessary.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2015-2016) showed the practice had achieved 99.9% of the total number of points available which was comparable to local (98%) and national (95%) averages. The practice had an 8% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) compared to the Clinical Commissioning Group (CCG) (8%) and national (10%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 90% compared to the CCG average of 84% and the national average of 83%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 83% compared to the CCG average of 75% and the national average of 76%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 89% compared to the CCG average of 83% and the national average of 80%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 94% compared to the CCG average of 92% and the national average of 89%.

We saw that audits of clinical practice were undertaken. Some were at the first stage and were awaiting a second cycle to evaluate if changes made had been effective. Examples of audits included audits of the management of atrial fibrillation, use of system to monitor patients on anti-coagulation therapy, audits of medication such as antibiotic prescribing and high risk medication. An audit of minor surgery had also been carried out. The audits showed changes had been made to practice where this was appropriate.

The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, cardiology, dermatology, care of older people, safeguarding and meeting the needs of patients 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.

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety, confidentiality and safeguarding. A locum GP pack was in place and in the process of being updated.
- 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. An appraisal system was in place to ensure staff had an annual appraisal. A system had been recently introduced for the salaried GPs to meet with a partner GP every three months for supervision. The advanced nurse practitioner told us



# Are services effective?

## (for example, treatment is effective)

they were able to approach a GP partner for advice, guidance and support however they were not receiving formal supervision. Doctors had appraisals, mentoring and facilitation and support for their revalidation. All staff job descriptions were being re-written to ensure they were up to date.

- All staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. A record was made of this training and there was a system in place to ensure it was updated as necessary. Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology, immunisations and minor surgery and that they attended training events provided by the Clinical Commissioning Group to keep up to date. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies.

### 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. We found that the names of patients subject to safeguarding or receiving palliative were not held confidentially. We were advised that this information was removed following the inspection as an electronic alert system was in place to provide this information to staff.

### Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the

relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. Some clinical and non-clinical staff had not received recent training on the Mental Capacity Act 2005. The practice manager confirmed this was being addressed through an on-line training resource.

### Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and wrote to patients who did not attend to encourage them to do so.

Childhood immunisation rates for vaccinations given showed the practice had achieved between 92% and 97% in 2016. There was no data to enable a direct comparison to local and national averages. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 3 comment cards which were positive about the standard of care received. We spoke with four patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that overall patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages, results for Tattenhall Village Surgery showed for example:

- 87% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 87% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 91% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 93% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Results for Farndon Village Surgery showed that patient responses concerning GPs listening, giving enough time and having confidence and trust were below local and national averages.

- 79% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 88% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 100% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed National GP Survey results and the practice manager and GP partners discussed how any improvements could be made. The practice did not have a patient participation Group (PPG). This would assist in gathering patient opinion when looking at ways to make improvements. The practice was advertising for patients to become members of a PPG through the website and at the practice. A member of staff had also been approaching patients to ask if they were interested in becoming members.

### 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 also felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were overall comparable to local and national averages for Tattenhall Village Surgery. For example:

## Are services caring?

- 88% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 83% 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%.

Results for Farndon Village Surgery showed for that patients responses to question about GPs explaining tests and treatments and involving patients in decisions about their care were below local and national averages, example:

- 77% 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%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available and information could be made available in large print if needed. A hearing loop was not available. A disability access audit had not been undertaken that would assess the need for additional facilities to help patients be involved in their care. The practice manager reported that they had obtained guidance on completing this and would be undertaking this in the near future.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Information about support groups was also available on the practice website.

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 182 (approximately 2.3%) of patients as carers. As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including, minor surgery, learning disability health checks and influenza and shingles immunisations. The practice had multi-disciplinary meetings to discuss the needs of 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;

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The advanced nurse practitioner visited housebound patients, many of whom were over 75. During these visits their needs were assessed, care plans were developed and a review of long term conditions took place. These assessments also considered social care needs and vulnerability of the patient and as a result of the assessment referrals were made to appropriate health and social care services.
- The practice worked closely with Tarporley War Memorial Hospital and referred patients to avoid acute hospital admissions.
- There were longer appointments available for patients, for example patients with a long term condition and patients experiencing poor mental health. Patients were advised how to book longer appointments via the patient information leaflet and practice website.
- 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 hosted health services such as physiotherapy, well-being co-ordinator, counselling and antenatal care, podiatry and an in-house phlebotomy service was provided which meant patients could receive these services locally rather than having to travel to another service. A practice nurse had recently completed diabetes training to enable them to initiate insulin.

- Travel vaccinations and travel advice were provided by the nursing team.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- A patient fund had been established by patients at the Farndon Village Surgery when it was under previous ownership. This continued to operate with one of the GP partners attending these meetings. This fund had supported the cost of computer software and staff training in the management of patients needing anticoagulation therapy.

### Access to the service

Tattenhall Village Surgery and the branch practice at Farndon were open from 8am to 6.30pm Monday to Friday. The appointment system provided pre-bookable and on the day appointments. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Appointments could be booked up to two weeks in advance. Telephone consultations were also offered. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

Results from the National GP Patient Survey from July 2016 (data collected from July-September 2015 and January-March 2016) showed that patient's satisfaction with access to care and treatment were generally in-line with local and national averages. For example results for Tattenhall Village Surgery show:

- 88% 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%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

The data from the National GP Patient Survey for the branch practice at Farndon show:

# Are services responsive to people's needs?

## (for example, to feedback?)

- 84% 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%.
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 85% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 71% and national average of 73%.
- 100% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

Patient responses to the waiting time to be seen were below local and national averages for both the main and the branch practice:

- 59% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and the national average of 65% (Tattenhall Village Surgery).
- 46% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and the national average of 65% (Farndon Village Surgery).

The practice reviewed the results from the National GP Patient Survey and discussed how any improvements could be implemented. For example, the practice had improved the telephone system, recruited more salaried GPs and an advanced nurse practitioner to improve access at the practice. The practice offered on-line access and was publicising these services to reduce telephone demand. The practice also monitored appointment availability to ensure it met patients' needs. The practice did not have a patient participation Group (PPG). This would assist in gathering patient opinion when looking at ways to make improvements.

We received 3 comment cards and spoke to four patients. feedback from patients indicated that three found it hard to book late afternoon appointments, two reported long waiting times at the practice and two reported difficulty getting a routine appointments.

A disability access audit had not been undertaken. The practice manager reported that they had obtained guidance on completing this and would be undertaking this in the near future.

### 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 in the patient information booklet and on the practice website. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint. We noted that a copy of the complaint procedure was available at the main practice but not at the branch practice. This was addressed during the inspection. This was held behind reception and should be readily accessible for patients so that they do not have to ask for this.

The practice kept a record of written complaints. We reviewed a sample of three complaints, however only one complaint had been made since the practice's registration with CQC. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A record of verbal complaints was not maintained which would allow for patterns and trends to be easily identified.



# 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 high quality care, working in partnership with patients, ensuring all staff had the skills they needed to competently carry out their roles, referring patients to other services when necessary and striving for continuous improvement. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

### Governance arrangements

Policies and procedures were in place to govern activity, identify and manage risks. The practice had purchased a system to enable all their policies and procedures to be updated. These had been introduced within the last six weeks following consultation with the staff team where necessary. Staff had been given time to review these and to ask questions if they were not sure about the content. We saw a sample of these and found they were suitable for purpose and gave clear instructions to staff. The practice had recently moved an existing member of staff in to the role of compliance manager. One of their roles was to ensure that the policies and procedures were kept up to date. We reviewed a sample of the new policies and procedures. We found that further information was needed in the disciplinary procedure as this did not refer to the agencies that may need to be notified following the investigation such as the Nursing and Midwifery Council or General Medical Council.

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

### Leadership and culture

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. The partners were visible in the practice and staff told us they were approachable. The practice had systems in place for knowing about notifiable safety incidents.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at meetings or as they occurred with the practice manager, compliance manager or a GP partner. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Minutes of the meetings were not always recorded however a system had been introduced to address this. Meetings were also now taking place across the main and branch practice rather than separately to ensure continuity.

GPs and the advanced nurse practitioner met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The nurses had not been meeting formally on a regular basis due to having a vacancy for a practice nurse. This position had been filled and these meetings were scheduled to re-commence. Reception and administrative managers had recently started meeting with the practice manager and clinicians and fed back to the reception and administrative staff. A reception manager told us that they felt much more involved in the operation of the practice as a consequence. Partners and the practice manager met to look at the overall operation of the service and future development.

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

- The practice gathered feedback from patients through the complaint system and GP National Patient Survey. The practice did not have a system for seeking patient feedback on a regular basis. No in-house surveys had as yet been carried out and a patient participation group (PPG) was not in operation. A PPG would enable the practice to gather patient views on how they would like to see services provided, changed or improved. The practice was advertising for patients to become

# Are services well-led?

Good 

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

members of a PPG through the website and at the practice. A member of staff had also been approaching patients to ask if they were interested in becoming members.

- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt more involved in how the practice was run since regular meetings had been established and there were clearer mechanisms for feeding back the outcome to staff who did not attend them.

## Continuous improvement

There was a focus on continuous improvement within the practice. The practice was originally two separate practices prior to a merger in April 2015. Work was taking place to ensure consistent practices across both sites and embedding new systems and processes.

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including,

minor surgery, learning disability health checks and influenza and shingles immunisations. The practice was working to ensure it met the needs of its patient population. For example, the advanced nurse practitioner visited housebound patients, many of whom were over 75. During these visits their needs were assessed, care plans were developed and a review of long term conditions took place. These assessments also considered social care needs and vulnerability of the patient and as a result of the assessment referrals were made to appropriate health and social care services. The practice was about to begin 40 minute memory assessment clinics to assist in identifying patients with dementia and supporting them to access the services they need.

The practice was aware of future challenges. The local community was changing with the introduction of new housing developments which may potentially increase the number of patients who used the service. The practice was also involved in the development of a retirement village and once this was opened they intended to hold regular clinics on the premises.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider must monitor the safety systems introduced during the inspection to ensure that staff recruitment, recording of fridge temperatures and safety checks of the premises promote the health, safety and welfare of patients.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	