

# Drs Meachim, Bushell, Nicholson & Shergill

## Quality Report

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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Meachim, Bushell, Nicholson & Shergill on 14th June 2016.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, infection control procedures, medicines management and the management of staffing levels. Improvements were needed to the records of recruitment to demonstrate the suitability of staff employed.
- 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. Improvements should be made to the systems for ensuring all staff have appropriate safeguarding training and to recording reviews of actions taken following significant events.

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. A system was in place to ensure all staff had an annual appraisal. The records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey January 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were generally similar to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.

# Summary of findings

- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was comparable to local and national averages. The results for seeing a preferred GP were lower than local and national averages.
- There was a system in place to manage complaints however, improvements should be made to the records kept to demonstrate that complaints have been satisfactorily investigated.
- There were systems in place to monitor and improve quality and identify risk.

However there were areas of practice where the provider needs to make improvements:

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.

The areas where the provider should make improvements are:

- Document reviews of significant events to demonstrate that actions identified have been implemented.

- Ensure periodic reviews of the establish a system for recording alerts to identify adults who are subject to the deprivation of liberty safeguards (DoLS).
- Provide further information on the role and remit of the nurse clinician so patients can make an informed choice when making appointments.
- Ensure all staff receive refresher training in child and adult safeguarding in a timely manner.
- Review the system of identifying staff training requirements to assist in monitoring and planning for the training needs of staff.
- Review the system for the investigation of complaints to ensure that all complaints are fully addressed. The investigation process clearly shows all actions taken to reach an outcome, what has been learned and any action taken as a result.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. There were systems to protect patients from the risks associated with staffing levels, infection control and medicines management. Safety events were reported, investigated and action taken to reduce a re-occurrence. We found that the recruitment practices did not demonstrate that appropriate information was available to show the suitability of staff for employment. Improvements were needed to the systems in place to review actions taken following a safety event. More detailed guidance needed to be provided to staff in the children's safeguarding procedure. This was addressed following our visit. Some staff had not received up to date training in child and adult safeguarding. Three nurses needed to undertake safeguarding children training at a level appropriate to their role. A plan to address this was put in place following our visit. The computer records identifying children who are subject to safeguarding concerns were not accurate. Following our visit a review of children subject to safeguarding concerns was undertaken to address this.

Requires improvement



### Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. The records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff. A record was also not made of patients subject to deprivation of liberty safeguards (DoLS).

Good



### Are services caring?

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. The National Patient Survey indicated that patient satisfaction with access to the service was comparable to local and national averages. However, in relation to seeing a GP of the patient's choice the results were lower than local and national averages. The practice was aware of this patient feedback and had taken action to address the issues identified and were monitoring patient access to ensure it met their needs. There was a system for the investigation of complaints however improvements should be made to this to ensure that all complaints are fully addressed. The investigation process should clearly show all actions taken to reach an outcome, what has been learned and any action taken as a result.

Good



## Are services well-led?

The practice is rated good for providing well-led services. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous learning and improvement.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice 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 worked with other agencies and health providers to provide support and access specialist help when needed. The practice worked with the Clinical Commissioning Group (CCG) and with a cluster of four other practices to enhance patient care. For example, the practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified. Care plans were developed for older people with the aim of ensuring all necessary support was provided and reducing hospital admissions. Annual health checks for patients over 75 years of age were carried out.

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 clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.

Good



### 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

Good



# Summary of findings

were provided. Appointments for young children were prioritised. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. Some staff did not have safeguarding children training relevant to their role. A plan was put in place to address this following our visit. The safeguarding lead staff liaised with the health visiting service, school nurses and midwife to discuss any concerns about children and how they could be best supported. Family planning and sexual health services were provided.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. The practice was also piloting E-consult which provided self-care advice for patients and an email facility for queries as an alternative method of accessing the service. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 8:00am to 6:00pm Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. Reception staff were able to sign post patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral). The practice had undertaken a recent survey of students attending the University of Chester to inform the provision of services. The practice was working with the University to look at publicising health services for students. The practice website offered advice to students on how to register with the practice and services offered. One of the practice nurses worked predominantly with the student population. A nurse-led student health service was offered each week day and a telephone line was available specifically for students. Telephone calls were triaged and either a nurse or GP appointment provided.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a

Good



# Summary of findings

recall system to ensure patients with a learning disability received an annual health check. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to an appropriate policy and procedure. Some staff had not received up to date training in adult safeguarding. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. 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 referred patients to local health and social care services for support, such as drug and alcohol services.

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

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. Patients who did not keep appointments were followed up to ensure the practice was monitoring their health needs appropriately. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support.

**Good**





# Summary of findings

## What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were generally similar to local and national averages. Some results relating to nursing staff were lower than local and national averages. The practice distributed 353 forms, 102 (29%) were returned which represents 0.8% of the total practice population.

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 99% 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 last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 85% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 92% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.

- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was comparable to local and national averages. For example:

- 88% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 93% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the CCG average of 71% and national average of 73%.
- 87% describe their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

However, in relation to seeing a GP of the patient's choice the results were lower than local and national averages:-

- 43% of patients said they usually got to see or speak to their preferred GP phone compared to the CCG average of 59% and national average of 59%.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls. For example, the appointment system had been reviewed and salaried GPs had been recruited to provide greater continuity where possible

# Summary of findings

We received 26 comment cards and spoke to five patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that

clinical and reception staff were dedicated, professional and listened to their concerns. Patients generally said that they were able to get an appointment when one was needed. Five patients said they were not able to get an appointment with their preferred GP.

## Areas for improvement

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

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.

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

- Document reviews of significant events to demonstrate that actions identified have been implemented.
- Ensure periodic reviews of the system used to alert staff about the needs of vulnerable patients are undertaken to ensure accuracy of the records maintained. Establish a system for recording alerts to identify adults who are subject to the deprivation of liberty safeguards (DoLS).

- Provide further information on the role and remit of the nurse clinician so patients can make an informed choice when making appointments.
- Ensure all staff receive refresher training in child and adult safeguarding in a timely manner.
- Review the system of identifying staff training requirements to assist in monitoring and planning for the training needs of staff.
- Review the system for the investigation of complaints to ensure that all complaints are fully addressed. The investigation process clearly shows all actions taken to reach an outcome, what has been learned and any action taken as a result.

# Drs Meachim, Bushell, Nicholson & Shergill

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Drs Meachim, Bushell, Nicholson & Shergill

Drs Meachim, Bushell, Nicholson & Shergill are responsible for providing primary care services to approximately 12,100 patients. The practice is situated in Garden Lane in Chester. The practice is based in areas with lower levels of economic deprivation when compared to other practices nationally. The practice is close to the University of Chester and has approximately 3,000 students registered with it. The practice had 72% of patients who were working or in full time education compared to the national average of 62%.

The staff team includes four partner GPs, five salaried GPs, a nurse clinician, four practice nurses, a health care assistant, a phlebotomist, practice manager and administration and reception staff.

The practice is open 8:00am to 6:00pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a Personal Medical Services (PMS) contract. The practice offers a range of enhanced services including flu and shingles vaccinations, timely diagnosis of dementia and minor surgery.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

# Detailed findings

- 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 14th June 2016. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The GPs held meetings at which 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. Significant events were sent to the Clinical Commissioning Group (CCG) and any advice provided by the CCG was recorded. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. However, a review of the action taken following significant events was not being documented to demonstrate that actions identified had been implemented.

### Overview of safety systems and processes

- Staff spoken with knew how to report any safeguarding concerns about children and vulnerable adults and they knew who had the lead responsibility for this at the practice.

The local authority adult safeguarding procedure that reflected relevant legislation and local requirements was available for staff to refer to. A similar procedure for safeguarding children from abuse was not available for staff. This was addressed following our visit. Alerts were placed on computer records to indicate any concerns about patients' welfare. We looked at a sample of patient records and found that the coding system used did not accurately reflect the current situation of the patients. We were provided with information following our visit to confirm that the system had been reviewed and that the records held were now accurate. A periodic check of these records should be carried out to ensure on-going accuracy. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. The safeguarding lead GP 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. Some staff had not received up to date training in child and adult safeguarding and two nurses

needed to undertake safeguarding children training at Level 2 and the nurse clinician at level 3 which is recommended by the Royal College of Nursing. Following our visit confirmation that one nurse had completed this training was provided along with confirmation of forthcoming dates for the other two nurses' training.

- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. Clinical staff acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had not been undertaken for all clinical staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place for staff to refer to. Records showed that several staff had not received recent training in infection control. The practice manager told us they had a plan in place to address this. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice 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 and there were systems in place to monitor their use. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines.
- We reviewed five personnel files of staff and found improvements were needed to the records to demonstrate suitability for employment. DBS checks had not been applied for, for a nurse and a phlebotomist. We were informed that all GPs had

## Are services safe?

received a DBS check to enable registration on the Performers List however evidence of these DBS checks was not available for every GP. Evidence of qualifications was not available on one of the records reviewed. Evidence of identity was not available on any of the records reviewed. There were no references, DBS check or identity information for a locum GP employed in 2016. A system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed for staff to refer to. Regular checks were made of fire safety equipment. 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 carried out risk assessments to monitor the safety of the premises. We

noted that although all necessary action had been taken, the risk assessment for legionella had not been reviewed since 2013. A date for this reassessment was provided following our visit.

- 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. Staff generally received annual basic life support training. The training records showed some staff needed this training renewed and a date for this had been arranged. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 98.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% compared to the national average of 90%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 71% compared to the national average of 75%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% compared to the national average of 82%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 85% compared to the national average of 78%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 98% compared to the national average of 94%.

We saw that audits of clinical practice were undertaken. Examples included audits of anti-psychotic medication and cancer diagnosis. The audits indicated that practices had been evaluated and changes made as a consequence. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

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

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.



# Are services effective?

## (for example, treatment is effective)

- The training records were incomplete and did not reflect all the training staff told us they had undertaken. Records showed that staff completed child safeguarding, fire safety and basic life support however the records did not show that all staff had completed adult safeguarding, infection control, health and safety and information governance. Role specific training was provided to clinical and non-clinical staff dependent on their roles. Clinical staff told us they had received training to update their skills but this was not consistently reflected in the training records.

### Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

### Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found 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. It was noted that some clinical staff needed refresher training on the Mental Capacity Act 2005. A record was also not made of patients subject to deprivation of liberty safeguards (DoLS).

### Supporting patients to live healthier lives

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

New patients registering with the practice completed a health questionnaire and were offered a health assessment with a practice nurse.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were generally comparable to the CCG averages (where this comparative data was available).



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

We received 26 comment cards and spoke to five patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were generally comparable to local and national averages. Some results for nursing staff were lower than local and national averages:-

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 99% 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 last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 85% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 92% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

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

### Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally comparable to local and national averages. The result for nurses involving patients in decisions about their care was lower than local and national averages:-

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as flu and shingles vaccinations, timely diagnosis of dementia and minor surgery. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible.

The practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs and quarterly meetings to discuss the needs of palliative care patients.

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

- The practice was open from 8am to 6pm Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.
- There were longer appointments available for patients with a learning disability.
- Translation services and an audio hearing loop were available if needed.
- An in-house phlebotomy service was provided.

- The practice opened on Saturday mornings as necessary to ensure all eligible patients received vaccination for influenza.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service that was being piloted in the area (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- 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 was working with the University of Chester to look at publicising health services for students. The practice website provided advice to students on how to register with the practice and information about the services offered. One of the practice nurses worked predominantly with the student population. A nurse-led student health service was offered each week day and a telephone line was available specifically for students. Telephone calls were triaged and either a nurse or GP appointment provided.
- A newsletter was provided to patients informing them of services available and any changes.

The service did not have automatic doors or a lift to first floor consulting rooms. Adjustments had been made to support patients and ensure continued access. The practice was planning to apply for an improvement grant to improve access.

### Access to the service

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. The practice was also piloting E-consult which provided self-care advice for patients and an email facility for queries as an alternative method of accessing the service. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice.

A nurse clinician was available for patients as an alternative to seeing a GP which promoted patient access to

# Are services responsive to people's needs?

## (for example, to feedback?)

appointments. We found that the practice needed to offer patients further information on the role and remit of the nurse clinician so they could make an informed choice when making appointments.

Results from the National GP Patient Survey from July 2015 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment were generally above local and national averages. For example:

- 88% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 93% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the CCG average of 71% and national average of 73%.
- 87% describe their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

However, in relation to seeing a GP of the patient's choice the results were lower than local and national averages:-

- 43% of patients said they usually got to see or speak to their preferred GP phone compared to the CCG average of 59% and national average of 59%.

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

For example, the appointment system had been reviewed and salaried GPs had been recruited to provide greater continuity where possible

We received 26 comment cards and spoke to five patients. Patients generally said that they were able to get an appointment when one was needed. Five patients said they were not able to get an appointment with their preferred GP. The practice was aware that continuity of GP was an issue for some patients and they were looking at ways to address this.

### Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice, in the patient information leaflet and on the practice website. This provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint, felt unable to complain directly to the practice or needed advice and support.

The practice kept a record of written complaints and we reviewed three received within the last 2 years. We found that a more structured approach was needed to the investigation of complaints to ensure that all issues complained about were addressed as we found that two aspects of a complaint had not been responded to. The documentation of the investigation process also needed to clearly show all actions taken to reach an outcome, what had been learned from the investigation and any actions taken.

# 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 were to work in partnership with patients and to provide the best possible standard of care by continuing to develop a high quality, accessible service to the practice population. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

### Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.

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

The practice had systems in place for identifying, recording and managing risks. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. However, a review of the action taken following significant events was not documented to demonstrate that actions identified had been implemented.

There was a system in place to manage complaints however, we found that improvements should be made to the records kept to demonstrate that complaints have been satisfactorily investigated.

Staff had access to appropriate support. They had annual appraisals, opportunities to meet as a team and they told us they had access to the training they needed for their roles. We found that the system for identifying staff training requirements should be reviewed to assist in monitoring and planning for the training needs of staff.

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. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. We noted that consistency could be improved at some meetings by having regular agenda items such as complaints and safeguarding. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical and non-clinical staff had meetings to review their roles and keep up to date with any changes. GPs and nurses met together to discuss clinical issues such as new protocols or to review complex patient needs. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. Patients could also leave comments and suggestions about the service via the practice website or in the suggestion box located in the waiting area.
- The practice had a Patient Participation Group (PPG) that met with practice staff three to four times a year. We met with representatives from the PPG. They told us that improvements had been made to the practice as a result of their involvement, they said they felt they were listened to and that their opinions mattered. They said and records showed that improvements had been made

# Are services well-led?

Good 

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

to the practice as a result of their involvement. For example, improvements had been made to the appointment system, publicising patient services and to the premises.

- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. The practice was piloting the “EConsult” service which provided self-care advice for patients and an email facility for queries. The practice was aware of the challenges it faced and was planning to meet these.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>Recruitment procedures were not operated effectively to ensure the required information was available for each member of staff employed.</b>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	