Upton Rocks Surgery

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Upton Rocks Surgery, Widnes, Cheshire on 10 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and training planned to address these.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider could make improvements.

The provider should

- Review arrangements for patient access to a GP on Monday's to ensure this adequately meets patients needs, and make the current arrangement for GP access on Monday's clearer to patients.
- Take steps to improve patient experience with GPs, as identified in the last NHS England GP Patient Survey.
- Increase the participation rates of patients in the Friends and Family test to provide a balanced picture of patient focussed services at the practice.
- Follow-up the required NICEIC certificate in respect of electrical safety of the premises.

Summary of findings

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and managed. Some follow-up of outstanding compliance matters was required.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good

The practice is rated as good for providing caring services. Data from the NHS England GP Patients Survey, showed that patients rated the practice the same or sometimes lower than others locally and nationally for several aspects of care, particularly in relation to GP care. More recent data, for example from the Friends and Family Test, showed patients would recommend the practice to others. Patients said they were treated with compassion, dignity and respect. Scores in relation to treatment by the practice nurses were good. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and when necessary, engaged with the NHS England Area Team and Clinical Commissioning Group to meet the needs of patients. Patients said they found it easy to make an appointment with a named GP, and said if they needed an appointment to be seen on the day, this was made available to them. The practice information leaflet gave details of how to make a complaint. We saw that complaints were responded to in line with the complaints policy of the provider. The

Summary of findings

practice has a branch surgery which it operates from one day each week. This had been kept open in response to patient demand. We did note that although the practice had a GP presence for the extended hours surgery on Monday of each week, there was no GP presence for most of the surgery opening hours on Monday of each week. The arrangement in place was that the GP was 'on call' and if patients needed to see the GP, staff would telephone and request the GP attend the surgery. An advanced nurse prescriber was routinely available throughout the day.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a corporate vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor quality and identify risk. The practice proactively sought feedback from staff and patients. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. For those people with the most complex needs, their GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. The practice nurse and GPs demonstrated that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours, for ease of access of younger patients.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering on-line services, for example booking appointments and ordering of repeat prescriptions on-line. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. We spoke with two patients whose views mirrored the feedback on comment cards.

We looked at the latest data available from the NHS England GP Patient Survey, published in July 2015. This contains data collected from January – March 2014 and July – September 2014. There were 406 survey forms distributed for Upton Rocks surgery and 110 forms were returned. This represents a response rate of approximately 27%.

There were significant differences in scores achieved by the practice for a number of key questions in comparison to other practices locally and nationally. When asked, 66.4% of patients of Upton Rocks said the last GP they saw or spoke to was good at involving them in decisions about their care. This compares to a score of 82% for practices locally, and 81.5% of patients nationally. When asked, 78.9% of patients said the last GP they saw or spoke to was good at listening to them. This compares with a score of 90.2% locally and 88.6% nationally. Of those patients asked, 72.1% said the last GP they saw or spoke to was good at treating them with care and concern. This compares with a score of 87.1% of practices locally and 85.1% of practices nationally. And, of patients asked 75.3% said the last GP they saw was good at explaining tests and treatments, compared to 88.6% locally and 86.3% nationally. The provider could not show any plans in place to address some of the lower scores. The practice did take part in the Friends and Family test. The test asks patients if, based on their experience, they would be likely to recommend the practice to a friend or relative.

The one area of GP related responses (to the NHS England GP Patient Survey) were the practice performed in line with other local practices and those nationally, was in terms of GP's being good at giving patients enough time within appointments. The practice score for this question was 81.9%, compared with a score of 88.7% for practices locally, and 86.8% nationally.

In respect of nursing care, results were better. When asked 92.4% of patients said the last nurse they saw was good at giving them enough time. This compares with a score of 92.9% locally and 91.9% nationally. When asked 89.9% of patients said the last nurse the saw or spoke to was good at explaining tests and treatments. This compares to a score of 92.9% locally and 91% nationally. When asked 91.9% of patients said the last nurse they saw was good at explaining tests and treatments. This compares with 92.3% of patients locally and 89.7% nationally. And 86.9% of patients said the last nurse they saw or spoke to was good at treating them with care and attention. The only area with regard to nursing care that scored less favourably was on how good the nurse was at involving patients in decisions about their care; of those asked 78.6% of patients said the nurse was good at this, compared to scores of 88.7% locally and 84.9% nationally.

Areas for improvement

Action the service SHOULD take to improve

- Review arrangements for patient access to a GP on Monday's to ensure this adequately meets patients needs, and make the current arrangement for GP access on Monday's clearer to patients.
- Take steps to improve patient experience with GPs, as identified in the last NHS England GP Patient Survey.
- Increase the participation rates of patients in the Friends and Family test to provide a balanced picture of patient focussed services at the practice.
- Follow-up the required NICEIC certificate in respect of electrical safety of the premises.

Upton Rocks Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Upton Rocks Surgery

Upton Rocks Surgery is located in the car park of Widnes Rugby Union car park, and services are delivered from portacabin building. The surgery has been operating from the portacabin for approximately 15 years. The practice serves approximately 3,000 patients. All services are delivered under a Personal Medical Services contract (PMS). The provider responsible for delivering services is SSP Health Ltd.

The practice is open between 8am and 6.30pm Monday to Friday, and open late on a Monday evening until 7.30pm.

Morning surgery times are between 9am and 11.30am Monday to Friday. Afternoon surgery times are between 4pm and 6.00pm on Monday, Tuesday and Wednesday of each week, with an extended hours surgery on Monday until 7.00pm. On Thursday and Friday of each week, afternoon surgeries are from 4pm to 5.30pm. We noted that although surgery times are given on Monday as being throughout the day, no GP is on site until the late surgery. An advanced nurse practitioner is available at the practice during this period. If patients call the practice out of hours, they are diverted by phone to the out of hours service, provided by an alternative provider, Urgent Care 24 (UC24).

The practice premises are made up of two GP consulting rooms, two nurses rooms and a separate consulting room available to the health visitor who assists with childhood and new born developmental checks. There is a practice managers office, one patient reception area with receptionists working area, and a meeting and administration room. Staff have access to a staff room for breaks away from their workstations. The practice has patient toilet facilities and baby changing area, both of which are accessible for people with limited mobility. Patients who require a more private room, for example, breast feeding mothers or patients wishing to discuss a matter away from the reception area can access the room used by the health visitor. The practice was awarded a 'Baby Welcome' accreditation from the Department for Health for making the practice accessible to and welcoming for nursing mothers and parents with young children.

The practice staff include two long term locum GPs, one male and one female. The practice also employs two nurses, one of which is an advanced nurse prescriber. The clinical team is supported by a health care assistant. The practice administrative support team was made up of four staff who were led by the practice manager.

The practice operates a branch surgery three times a week for two hours on a Monday, Wednesday and Friday afternoon, to provide support for patients who historically have used this service. We did not visit the branch surgery as part of our inspection, but all records relating to the branch surgery could be accessed from the site at Widnes Rugby Union car park.

The demographic of the practice varied from the national picture, with a larger than average working age population, and fewer patients from the older population group (over 75 years). This was true for male and female patients. The

Detailed findings

practice is located in an area that falls within one of the least deprived decile (measurement in tenths of population), where male life expectancy is 77 years of age and for women is 81 years of age.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 September 2015. During our visit we spoke with a range of staff including a GP, a practice nurse, the office manager and other support staff. We were able to speak with two patients on the day of our inspection. We reviewed comment cards that patients had completed, sharing their views of the service. We reviewed comments posted about the service on the NHS Choices website. We observed how people were being cared for and how staff helped and supported them to access the care and treatment they needed.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events. Forms used to record significant events were easy to follow and asked key questions, prompting staff to explain how the incident had occurred, who was involved, what actually happened and were possible, why it happened. All significant events were logged and reviewed annually to see if any trends or patterns were present.

Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we reviewed an incident were a medication error had occurred following a patient's discharge from hospital. Although the medication error was spotted by the carer of the patient, protocols in place for checking medicines on discharge from hospital were reviewed. Updated guidance now prompts GPs to review the patients discharge letter at subsequent appointments to ensure any newly prescribed medicines are checked to prevent this error from happening again.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

We saw that minutes of clinical meetings were any safety alerts are discussed were available to part time staff to review, ensuring they were kept up to date in this area.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements, and policies on this were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The provider had also appointed a corporate lead on safeguarding, who was able to provide advice to staff who raised any concerns. GPs, the advanced nurse prescriber, the practice nurse and the health care assistant had received safeguarding training to the required level. Administrative staff had received safeguarding training to the level needed to enable them to keep patients safe. The GPs did not attend safeguarding meetings but met their responsibilities in providing reports where necessary for review by local authority safeguarding leads and teams. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice was displayed in the waiting room, advising patients that nurses or the health care assistant would act as chaperones, if required. If the practice nurse or health care assistant were not available, administrative staff could act as chaperones. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). When we spoke with staff they were clear on how to perform chaperone duties and sufficient numbers of trained staff were available at all times to provide this service to patients.

There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to uphold patients safety such as infection prevention and control and legionella testing.

The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements required.

Arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out by the head office team, who worked with

Good

Are services safe?

the local CCG pharmacy teams, to ensure prescribing in line with best practice guidance. Prescription pads were securely stored and there were systems in place to monitor their use.

Recruitment checks were carried out and the three staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

The staff in place at the practice were required to cover the main Upton Rocks practice and the branch surgery in Hale Village. On a Monday of each week, the practice nurse and the advanced nurse practitioner delivered services at the branch clinic, between 1pm and 3pm. A GP delivered services at the branch clinic on Wednesday of each week between 1pm and 3pm, and between 12.30pm and 2.30pm on Friday of each week.

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 received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to inform care and treatment that was delivered to meet patients needs. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014-15 QOF showed:

- Achievement of 99% for interventions and annual review of patients with long term conditions.
- 100% of children under the age of two years receiving required childhood immunisations.
- 100% uptake of cytology screening by those women eligible for this.
- All older patients identified as being vulnerable to unplanned hospital admission identified, reviewed and a care plan agreed on support required to help them remain well and at home.
- The practice had achieved the maximum points available for QOF in the year 2014-15.

A number of clinical audits could be evidenced by the GP we spoke with on the day of our inspection. These included audits of GPs consultation notes, audits on use of antibiotics and on high risk medications that require close patient monitoring. We saw how the audit of patients on high risk medications, brought examples of poor compliance with medication regimes to the attention of GPs which encouraged more timely interventions with patients. The GPs used this appointment with patients to encourage greater compliance with medicines regimes, promoting more effective outcomes for patients, i.e. better control of their long term conditions.

Effective staffing

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

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, 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 had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, appraisals, coaching and mentoring, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Staff also received annual refresher training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The provider had appointed a corporate level safeguarding lead who staff were able to contact if they had any concerns, or there were issues with a patient that they were unsure about. The safeguarding lead had provided guidance to clinicians on the issue of Female Genital Mutilation (FGM) and how suspected cases of this should be reported and handled at practice level.

Coordinating patient care and information sharing

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

Staff worked with other health and social care services to understand and meet the range and complexity of people's

Good

Are services effective?

(for example, treatment is effective)

needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team meetings were in place and that care plans were routinely reviewed and updated. As GPs at the practice work part-time, access to minutes of these meetings is arranged to ensure they are updated on any changes to palliative patient care.

The details of those patients likely to require the services of a GP during the out of hours period, were faxed to providers of out of hours care. The updated palliative care register and register of patients receiving end of life care was shared with out of hours services. Where there was hospice involvement in a patients care, relevant details were also shared between the services. GPs and staff told us this system worked well in practice; records we reviewed showed staff followed protocols on information sharing, which promoted safe and effective patient care.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were considered and carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through audits of consultation notes to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All patients were signposted to relevant health care services, or direct referral was made by GPs and the nursing team.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 100%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend any national screening programmes for example, bowel and breast cancer screening services.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients at the reception desk and on the telephone and that people were treated with dignity and respect. 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 and that conversations taking place in these rooms could not be overheard. Reception staff said they knew when patients wanted to discuss sensitive issues or appeared distressed and would offer them a private room to discuss their needs.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

The six patient CQC comment cards we received described positive experiences of the service provided. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and that patients valued the branch surgery, which continued providing support to those patients who required this service. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the latest NHS England GP Patient Survey showed:

- 81.9% of patients asked said the GP gave them enough time compared to the CCG average of 88.7% and national average of 86.8%.
- 90.8% of patients asked said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.3%
- 86.9% of patients asked said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.7% and national average of 90.4%.
- 92.2% of patients asked said they found the receptionists at the practice helpful compared to the CCG average of 79.2% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patient feedback on the small number of comment cards we received was positive and aligned with these views.

Data from the NHS England GP Patient Survey, showed patients at this practice did not rate interactions with GPs as highly as other patients at neighbouring practices, or by patients nationally. Figures showed:

- 66.4% of patients of Upton Rocks said the last GP they saw or spoke to was good at involving them in decisions about their care. This compares to a score of 82% for practices locally, and 81.5% of patients nationally.
- When asked, 78.9% of patients said the last GP they saw or spoke to was good at listening to them. This compares with a socre of 90.2% locally and 88.6% nationally.
- Of those patients asked, 72.1% said the last GP they saw or spoke to was good at treating them with care and concern. This compares with a score of 87.1% of practices locally and 85.1% of practices nationally.
- and, of patients asked 75.3% said the last GP they saw was good at explaining tests and treatments, compared to 88.6% locally and 86.3% nationally.

We also noted that results of the Friends and Family Test showed 100% of patients asked would recommend the practice to a friend or family member. However, this result was based on just 10 responses. The practice did not describe any work in place or planned to improve patient experience and interaction with GPs, to address the results of the last NHS England GP Patient Survey.

For the last patient survey undertaken directly by the practice (for 2014-15), results were favourable, but it was difficult to put these in context. There was no detail on how many questionnaires were issued, how many responses were received, and whether distribution of questionnaires was equal in terms of each population group.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room gave information on how patients could access a number of support groups and organisations. A member of the administrative support team was appointed as a carers champion. This staff member maintained and updated the register of patients who were also carers, and acted as an information source and point of contact for carers. Recently, the practice had hosted the Widnes and Runcorn Cancer Support Group to discuss with staff the services they provided to patients diagnosed with cancer and to their carers.

The practice's computer system alerted GPs if a patient was also a carer; these patients were afforded slightly longer appointments when needed to ensure their health needs were met. There was a practice register of all people who were carers.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services at the practice were planned and delivered to take into account the needs of different patient groups. As an example, the system of call and recall of patients was particularly well managed, with appointments of up to 40 minutes duration for patients with multiple long term condtions. These patients were largely managed by the practice nursing team. Housbound and elderly patients were visited in their home by the practice nurse and/or health care assistant, to receive their annual health checks, assessment of their long term health conditions, or to receive annual flu vaccinations. The nursing team were also pro-active in preparing patients for winter months, issuing rescue packs of medication which, when used as advised can help a patient avoid lengthy spells of illness and hospital admission.

Patients had access to a community well-being advisor, who visited the practice weekly to talk with patients and update them on initiatives available to promote well-being. Initiatives could include access to social groups for patients that may be in danger of becoming socially isolated.

Urgent access appointments were available for children and those with serious medical conditions. The practice had commited to seeing any unwell child on the day. There were disabled facilities, a hearing loop and translation services available. There was ramped access to the front of the building and at the emergency exit at the rear of the building.

Access to the service

In addition to pre-bookable appointments, which could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Appointments could be booked by phone or on-line. Prescriptions could also be ordered on-line. Any request for home visits were triaged by GPs and accepted were the need for a home visit was confirmed.

The practice had performed well in the NHS England GP Patient Survey, with regard to how responsive they were to patients and their access to the practice.

- When asked 91.8% of patients said they found it easy to get through to the practice by phone. The average score for this locally was 52.3% and nationally 74.4%.
- 95.1% of patients said the last appointment they got was convenient. This compares with a local average score of 91.6% and nationally 91.8%.
- 83% of patients described their experience of making an appointment as good, compared with an average score locally of 62.4% and nationally a score of 73.8%.
- 81.3% of patients felt they don't normally have to wait too long to be seen. This compares with an average local score of 54.9% and a national score of 57.8%.
- 80.9% of patients said the opening times of the practice were convenient. The score for this locally was 73.8% and nationally 75.7%.

GP availability on Monday for the practice was limited by the fact that the GP working on a Monday was 'on-call' and not actually physically present at the practice for the majority of the day. The GP did deliver the extended hours clinic between 4pm and 7pm on a Monday. We had been made aware that this had resulted in some complaints from community nurses, patients and their carers. We asked the provider if arrangements for the presence of a GP at the practice had been reviewed. The provider referred to contractual responsibilities, which did not specifically state that a GP should be on site throughout the day, but available if needed. It was not clear how fast the on-call GP could respond to a call to see a patient; we did note that the advanced nurse practitioner was routinely available throughout the day.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The Chairperson of the PPG gave assurances that the practice population generally, were aware of the PPG and if they were unhappy with anything, patients would often register concerns with the PPG. One example of this was feedback from patients on extended opening hours. The majority of patients preferred the extended hours surgeries to be in the evening as opposed to early mornings. As a result, extended hours surgeries are held on a Monday evening.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We reviewed complaints made by patients in the last 12 months. From these we could see there were no recurring themes. The practice had handled all complaints in line with the complaints procedure and all complaints were analysed and shared with staff at meetings. Any learning points were shared with all staff.

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 vision to deliver care and treatment to patients and promote good outcomes for patients. The practice had supporting business plans which reflected the vision. Performance data was regularly reviewed to ensure all key indicators of performance were being achieved, for example QOF results.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of care and treatment to patients. This outlined procedures in place and ensured that areas such as staffing, key responsibilities at practice level and the extent of each staff members role was clearly understood. Policies we reviewed included those on health and safety, infection control, handling complaints and reporting of significant events. All areas had identified leads and staff were aware of their role and responsibility in dealing with issues that may arise from time to time.

When making checks on building safety, we noted the practice could not produce a certificate confirming the electrical safety of the building. We noted that the provider had not followed this up with the landlord of the building, following the recent testing of all electrics and appliances at the practice. When the practice manager emailed the landlord's appointed contractor on the day of our inspection to request the certificate, they were told some remedial works were required. An email sent to CQC by the practice confirmed these remedial works but that the building was safe. We responded to this, pointing out to the contractor and the provider, that if the building was safe, a certificate – not an email – should be issued to confirm this. The provider may wish to note, the lack of a valid, authorised NICEIC electrical safety certificate could impact on any insurances in place and mean that the provider is not meeting all regulatory responsibilities in relation to patients and staff.

Leadership, openness and transparency

Services at the practice were delivered by a permanent nursing team made up of an advanced nurse prescriber, a practice nurse and a health care assistant. GPs at the practice were locums who had worked regularly at the practice for some time. In terms of leadership, each GP had some lead roles, for example, as the lead at the practice on safeguarding. Nurses were appointed as deputies on lead roles, as the GPs only worked part time hours. The main leadership figure for staff was the practice manager, who had support from the regional manager who was based at a practice locally. Administrative support staff spoke highly of the practice manager and said they enjoyed working under the leadership of the practice manager.

At the end of our inspection day, we asked the provider about access arrangements to a GP on Monday of each week, other than for the extended hours surgery between 4 pm and 7pm. This was not made clear in the clinic times given in the patient information leaflet for the practice, as confirmed by patients we spoke with. Whilst the arrangement in place may have met contractual requirements the Inspector was not persuaded that it was made clear to patients, or that the arrangement had been systematically reviewed on a regular basis to ensure patient needs had been met.

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

We were made aware of feedback from other stakeholders in the community on how the practice had failed to hold regular multi-disciplinary team meetings relating to the care of patients. When we inspected, we found these were in place and were scheduled to take place regularly. When we spoke to one of the GPs at the practice about this, they explained that as locums they had not previously been made aware by the provider of the expectation to hold these meetings. This indicated that communication between provider and GPs employed on a locum basis needed to be clearer.

Innovation

The practice staff highlighted a number of community initiatives they had signed up to, to highlight additional services for patients. One good example was the visits to the practice each week by a Community Well-being Officer. The Officer updated the practice patient information notice boards with details of what is happening in the community, and stays at the practice throughout the day to talk to patients and gain insight of what their wider needs may be. This is a service aimed at all patient groups but examples we saw would be of interest to those groups who may be

Are services well-led?

Good

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

more vulnerable to social isolation. For example, those recently bereaved or those people who live alone, and for those people who do not live geographically closer to family members.