

Western Ave Medical Centre

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 Western Ave Medical Centre on 26th July 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, medication 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.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They had an annual appraisal and told us they had received training appropriate to their roles.
- Patients were positive about the care and treatment they received from the practice. The National GP 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 overall comparable to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
 - The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was generally in line with local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

Summary of findings

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

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.
- Ensure that the electrical wiring at the premises is safe.

The areas where the provider should make improvements are:

- Document reviews of significant events to demonstrate that actions identified have been implemented.
- Clearly demonstrate that patient safety alerts are being received and the action taken.

- Ensure the safety of the premises by carrying out regular checks of the emergency lighting and by taking appropriate action to address the security risk presented by the windows.
- The records of all staff training should be improved to assist in monitoring and planning for the training needs of staff.
- A procedure around the use of a medical scribe (staff member who records patient consultations) which detailed their role and remit should be developed.
- The procedure clinical staff follow to ensure their equipment and instruments are suitably cleaned should be recorded.

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. Improvements were needed to the records of recruitment to demonstrate that the staff employed were suitable for their roles. We found that improvements should be made to records relating to significant events, patient safety alerts and tests of emergency lighting. Risks to the security presented by the windows at the practice should be carried out and action taken to minimise any risks identified. Following our visit the practice manager confirmed that window restrictors would be fitted. An up to date electrical wiring certificate was not available, a date for an electrical wiring inspection to be carried out had been organised. 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.

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. Staff told us they had received training appropriate to their roles. The records of all staff training should be improved to assist in monitoring and planning for the training needs of staff.

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. Results from the National GP Patient Survey showed that patient responses regarding care and treatment were comparable to local and national averages.

Good



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

Good



Summary of findings

different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

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 was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They provided an Acute Visiting service which had the aim of improving patient access to GP services and to the resources needed to support patients at home therefore reducing emergency admissions to hospital and use of emergency services. The group of neighbourhood practices had employed a GP to offer a frailty service. The GP worked with the community care team to identify patients over 75 at risk of unplanned hospital admission. The GP visited these patients and drew up a care plan on how best to manage their condition and prevent a re-admission. The practice had employed a pharmacist to focus on poly pharmacy with the aim of reducing falls and unplanned hospital admissions amongst its older patient population. 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. This included a text messaging reminder service informing patients that their review was due. The practice had received the West Cheshire CCG award for asthma clinical care in September 2015. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with

Good



Summary of findings

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 provided information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this. Patients were also referred to educational courses on how to manage their conditions.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Appointments for young children were prioritised. The practice had a large number of children who had been identified by social services as needing support. There were robust systems in place to safeguard children. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. 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. The practice was planning to deliver a patient education event for parents covering common childhood conditions and when to worry signs. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Family planning and sexual health services were provided. The practice had achieved the highest chlamydia screening rate in West Cheshire CCG 2014/2015.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could order repeat prescriptions and book appointments on-line which provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. Reception staff had received training on sign-posting patients who do not necessarily need to see a GP. For example to services such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients

Good



Summary of findings

without the need to see a GP for a referral). The practice hosted clinics provided by charitable organisations such as Remploy which provides support to patients with illness/stress related to employment/lack of employment.

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 recall system to ensure patients with a learning disability received an annual health check. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. Staff had attended training on domestic abuse to help them to provide appropriate support to patients. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. A representative from the Carers Trust visited the practice and provided information for patients about the services provided. The practice had received a Carers Trust Award for increasing the number of carers identified. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator. The practice hosted clinics provided by charitable organisations such as Stonham Housing which provided support to people experiencing housing issues.

Good



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. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had a large number of patients who experienced poor mental health. The practice had employed a mental health nurse and a psychological wellbeing co-ordinator to provide quicker access to mental health services and reduce prescribing. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.

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 the practice was overall performing in line with local and national averages. The practice distributed 404 forms and 99 were returned representing 2.5% of the total practice population. The results showed:-

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

However, in relation to being able to get an appointment the results were comparable to but lower than local and national averages:-

- 61% 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%.

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. The results were also discussed with the Patient Participation Group (PPG). A number of changes had been made in the last two years

to provide better access to the service for patients. For example, the appointment system had been reviewed, receptionists trained to sign-post patients to alternative resources if appropriate, a system for managing missed appointments had been introduced, staffing levels had been reviewed and written advice about the management of certain conditions had been introduced to reduce the need for face to face appointments.

A patient survey was carried out by the practice in May 2016 which had 103 respondents. This showed positive results with 93% indicating the last time they wanted to see or speak to a clinician the appointment was very or fairly convenient. Ninety three percent said they would definitely or probably recommend the practice to family and friends.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring.

We spoke with nine patients, four of whom were Patient Participation Group members. All were happy with the care they received. They said that a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Feedback from patients indicated they were generally satisfied with access to the service. They said that they were able to get an appointment when one was needed and that they were happy with opening hours.

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.
- Ensure that the electrical wiring at the premises is safe.

Action the service **SHOULD** take to improve

- Document reviews of significant events to demonstrate that actions identified have been implemented.
- Clearly demonstrate that patient safety alerts are being received and the action taken.

Summary of findings

- Ensure the safety of the premises by carrying out regular checks of the emergency lighting and by taking appropriate action to address the security risk presented by the windows.
- The records of all staff training should be improved to assist in monitoring and planning for the training needs of staff.
- A procedure around the use of a medical scribe (staff member who records patient consultations) which detailed their role and remit should be developed.
- The procedure clinical staff follow to ensure their equipment and instruments are suitably cleaned should be recorded.

Western Ave Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Western Ave Medical Centre

Western Ave Medical Centre is responsible for providing primary care services to approximately 3,900 patients. The practice is situated in Gordon Road, off Western Avenue, Chester. The practice has 73% of patients who are under the age of 50, with 46% being under 30 years of age. The practice is based in an area with higher levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is slightly higher than average when compared to local and national averages.

The staff team includes two partner GPs, two salaried GPs, two nurse practitioners, two practice nurses, a phlebotomist, pharmacist, practice manager and administration and reception staff. Two GPs are male and the remaining GPs and nursing team are female. The practice is open 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a Personal Medical Services (GMS) contract. The practice offers a range of enhanced services such as flu and shingles vaccinations, minor surgery, near patient testing anti-coagulation and spirometry.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Detailed findings

- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 26th July 2016. 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.

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 the time of inspection.

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. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. A review of the action taken following significant events was carried out however this was not recorded. During the inspection it became apparent that no patient safety alerts had been received since February 2016 as the agency the practice was registered with and stopped sending these. Following our visit the practice manager confirmed that the practice had registered with the Medicines and Healthcare Products Regulatory Agency (MHRA).

Overview of safety systems and processes

- There were robust systems in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies 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 GPs attended safeguarding meetings when possible and provided reports where necessary. There was a dedicated administrative member of staff who managed requests for attendance at safeguarding meetings and reports. The practice monitored accident and emergency attendance to ensure the welfare of vulnerable patients was safeguarded. Staff demonstrated they understood their responsibilities and all had received training on safeguarding relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- 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. Staff told us they had undertaken training in infection control, however the training records did not show all staff had completed this. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice manager monitored the effectiveness of the external cleaning company however a record was not made of this. We noted that the procedure clinical staff follow for ensuring their equipment and instruments are suitably cleaned was not recorded for staff to refer to.
- The arrangements for managing emergency drugs and vaccinations, in the practice kept patients safe. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Emergency medicines were all in date, regularly checked and held securely. 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.
- We reviewed three staff personnel files that contained checks of identity, curriculum vitae, DBS checks (or an appropriate risk assessment indicating why a DBS was not required) contracts and job descriptions. However, two records contained no written references and no evidence of satisfactory information about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. One record did not demonstrate that registration with the Nursing and Midwifery Council had been checked prior to employment. DBS checks were in place for all clinical

Are services safe?

staff and any non-clinical staff who acted as chaperones. A system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) to ensure the continued suitability of nursing 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. Fire safety equipment was serviced annually and a fire drill had taken place within the last 6 months. Staff told us they had undertaken training in fire safety however the training records did not show all staff had completed this. A fire risk assessment had been carried out which had identified that improvements were needed to fire detection systems. We saw confirmation that this work was being undertaken within the next 2 weeks. In-house checks of the fire alarm took place however there were no records of checks of emergency lighting.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. An electrical wiring certificate was not available for the premises. The practice manager confirmed that the electrical wiring was being inspected on 4th August 2016. The practice carried out risk assessments to monitor the safety of the premises such as control of substances hazardous to health and legionella (legionella is a term for a

particular bacterium which can contaminate water systems in buildings). We found that some ground floor windows could be opened widely and may present a risk to the security of the premises. Following our visit the practice manager confirmed that window restrictors would be fitted to reduce the risks presented.

- 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. The training records did not reflect the dates that staff had received basic life support training. Staff spoken with confirmed they had received this and a sample of training certificates reviewed supported this. One member of staff was overdue for refresher training. The practice manager was aware of this and was identifying a date for this training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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 97.5% of the total number of points available. The practice had a 7% exception reporting rate (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the national average of 84%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 84% compared to the national average of 75%.
- 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 90% compared to the national average of 78%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 76% compared to the national average of 80%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 97% compared to the national average of 90%.

The practice carried out audits to monitor the quality of service provided. We saw a minor surgery audit and an audit of prescribing of antibiotics. The minor surgery audit indicated no improvements were needed. The antibiotic prescribing audit showed that adjustments needed to be made to prescribing practices and a re-audit showed that the identified changes had been made.

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 all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

Are services effective?

(for example, treatment is effective)

safety, health and safety and confidentiality. Locum GPs were provided with information they needed for their role and a locum pack was being developed to support this.

- 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.
- The practice manager and staff spoken with told us they had undertaken all mandatory training including safeguarding, basic life support, infection control and fire safety. The central record of staff training that would be used to monitor staff training and plan for this did not show dates of training and did not reflect all the training provided. The practice manager had recognised this and was working on improving this record. The practice team updated their mandatory training at their regular half day closures. Records showed that a training plan was in place and training over the next three months included information governance and fire safety.
- 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 and we saw some training certificates to support this but this was not fully reflected in the central training records held by the practice manager.

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.

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.

The practice had taken part in a number of health campaigns to encourage patients to live healthier lives. Comparisons of uptake rates between practices from West Cheshire CCG showed the practice had effectively engaged patients. For example, the results for 2014/2015 showed the practice had engaged the most patients for screening for chlamydia, had the highest uptake rate for flu vaccinations for over 65 year olds, second highest uptake for cervical screening and 92% uptake for shingles vaccinations.

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. The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 82% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its

Are services effective?

(for example, treatment is effective)

patients to attend national screening programmes for bowel and breast cancer screening. Bowel screening rates were slightly lower than CCG and national averages. The practice was aware of this and had sent information leaflets to patients who had not attended detailing the importance of the screening and how to access a new screening kit. An alert had also been placed on patient notes to ensure that patients were encouraged to attend.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 91% to 100%. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 4 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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 comparable to local and national averages, with some results being slightly lower than these averages.

- 89% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 78% 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%.

- 84% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 85% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 87% 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 91%.
- 97% 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 had reviewed the outcome of the National GP Patient Survey and had discussed it with the wider staff team. The practice had looked at ways of addressing the service provided, for example, by altering the appointment system as access was felt to impact on patients overall experience of the service. The practice manager had also discussed the results with the Patient participation Group and there was a plan in place to carry out an in-house survey to see if there had been an improvement in patient feedback.

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.

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

Are services caring?

- 78% 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 had looked at ways of addressing the service provided to improve patient feedback. For example, longer appointments with GPs and nurses had been made available for some conditions. A patient survey was carried out by the practice in May 2016 which had 103 respondents. This showed positive results with 83% of respondents indicating that the last time they saw or spoke to a nurse, the nurse was very good or good at helping them understand decisions about their care. Eighty eight percent of patients said the last time they saw or spoke to a GP, the GP was very good or good at helping them understand decisions about their care.

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 56 patients as carers (1.4% of the practice list). This information was used to support carers and direct them to appropriate resources. Written information was available to direct carers to the various avenues of support available to them. The Carers Trust visited the service to provide information to patients. The practice had received a Carers Trust Award for increasing the number of carers identified so that they could be offered support.

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, minor surgery, near patient testing anti-coagulation and spirometry. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They provided an Acute Visiting service which had the aim of improving patient access to GP services and to the resources needed to support patients at home therefore reducing emergency admissions to hospital and use of emergency services. The group of neighbourhood practices had employed a GP to offer a frailty service. The GP worked with the community care team to identify patients over 75 at risk of unplanned hospital admission. The GP visited these patients and drew up a care plan on how best to manage their condition and prevent a re-admission.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

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

- The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice. A system was in place to prioritise home visits.
- The practice manager and GP partner reviewed all attendances at the hospital accident and emergency service to try and reduce these attendances. Patients who attended inappropriately or who left before they were seen were sent a letter informing them of other services available to them other than accident and emergency.

- The practice had employed a pharmacist to focus on polypharmacy with the aim of reducing falls and unplanned hospital admissions amongst its older patient population.
- 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.
- The practice had a large number of patients who experienced poor mental health. The practice had employed a mental health nurse and a psychological wellbeing co-ordinator to provide quicker access to mental health services and reduce prescribing.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- The practice was planning to deliver a patient education event for parents covering most common conditions and when to worry signs.
- Translation services and an audio hearing loop were available if needed.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- 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.
- 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).
- The practice hosted clinics provided by charitable organisations such as Stonham Housing (provides support to people experiencing housing issues) and Remploy (which provides support to patients with illness/stress related to employment/lack of employment).
- The practice staff had attended training on promoting the equality and diversity of patients.
- Staff had attended training on domestic abuse to help them to provide appropriate support to patients.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice produced a newsletter for patients informing them about any changes at the practice, new developments and services offered.

Access to the service

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, via the telephone or on-line. Repeat prescriptions could be ordered on-line or by attending the practice. A texting service was in operation to remind patients about their appointments and reduce the occurrence of missed appointments. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice had employed a medical scribe to record patient consultations therefore creating more time for a GP to undertake other tasks. This was currently being tested out by the practice and patient feedback so far had been positive with patients reporting that they felt the GP was listening to them rather than concentrating on the computer. Patients were informed that the GP had a scribe working alongside them and were asked for permission for the scribe to be there prior to the consultation. We found that there was currently no procedure around the use of a scribe which detailed their role and remit and more detailed information about this should also be made available for patients.

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

- 77% describe their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 72% 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%.

However, in relation to being able to get an appointment the results were comparable to but lower than local and national averages:-

- 61% 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%.

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. The results were also discussed with the Patient Participation Group (PPG). A number of changes had been made in the last two years to provide better access for patients. For example, the appointment system had been reviewed, receptionists trained to sign-post patients to alternative resources if appropriate, a system for managing missed appointments had been introduced, staffing levels had been reviewed and written advice about the management of certain conditions had been introduced to reduce the need for face to face appointments.

A patient survey was carried out by the practice in May 2016 which had 103 respondents. This showed positive results with 93% indicating the last time they wanted to see or speak to a clinician the appointment was very or fairly convenient. Ninety three percent said they would definitely or probably recommend the practice to family and friends and 97% found the reception staff helpful.

We received 23 comment cards and spoke to nine patients, including four members of the PPG. Patients said that they were able to get an appointment when one was needed and that they were happy with opening hours.

Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice and referred to 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.

The practice kept a record of written complaints. We reviewed a sample of four received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of

Are services responsive to people's needs?

(for example, to feedback?)

complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The staff we spoke with told us it was the aim of the practice to deliver high quality care and promote good outcomes for patients. The practice did not have a recorded mission statement which was displayed so that patients knew and understood the values. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service. The website and waiting area displayed information about Patient Rights and Responsibilities which detailed the rights of patients when using the service, for example, to be treated courteously and be provided with appropriate information about their health.

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.

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

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

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical 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. The PPG met every 6-8 weeks and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the appointment system and type of appointments available. The practice had worked with the PPG to make the changes identified. The PPG member spoken with felt they were listened to and kept informed and consulted about changes and developments at the practice.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. We looked at the results from May and June 2016. In May 100% of respondents (12 responses) were either extremely likely or likely to recommend the service to friends and family and in June 75% (4 responses) said they would either be extremely likely or likely to recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

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. They provided an Acute Visiting service which had the aim of improving patient access to GP services and to the resources needed to support patients at home therefore reducing emergency admissions to hospital and use of emergency services. The group of neighbourhood practices had employed a GP to offer a frailty service. The GP worked with the community care team to identify patients over 75 at risk of unplanned hospital admission. The GP visited these patients and drew up a care plan on how best to manage their condition and prevent a re-admission.

The practice had introduced a number of services to meet the needs of its patient population and ensure the effective

use of resources. The practice had employed a pharmacist to focus on polypharmacy with the aim of reducing falls and unplanned hospital admissions amongst its older patient population. The practice had employed a mental health nurse and a psychological wellbeing co-ordinator to provide quicker access to mental health services for its patients and reduce prescribing. The practice manager and GP partner reviewed all attendances at the hospital accident and emergency service to try and reduce these attendances. Patients who attended inappropriately or who left before they were seen were sent a letter informing them of other services available to them other than accident and emergency. The practice also had plans in place to provide further services to support patients such as an education event for parents covering common childhood conditions and how to identify and respond to concerns.

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

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Recruitment procedures were not operated effectively to ensure the required information was available for each member of staff employed.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
An electrical wiring certificate was not in place to demonstrate that the electrical wiring was safe.