

# Brookfield 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brookfield Surgery on 15 June 2016. 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 report incidents and near misses.
- Significant events had been investigated and action had been taken as a result of the learning from events. However, the recording of significant events did not always clearly demonstrate this.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians was very positive.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff felt well supported and they were kept up to date with appropriate training.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- The appointment system was flexible and responsive to patients' needs. Patients said they found it easy to make an appointment with a named GP and there was good continuity of care.

# Summary of findings

- The practice had good facilities, including disabled access and it was well equipped to treat patients and meet their needs. However, some patients raised a concern that the practice provided limited parking facilities.
- Information about the services provided and about how to make a complaint was available. Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.
- Clearly demonstrate/document the actions taken following significant events.
- Review the chaperoning procedures to ensure these are in line with best practice.
- Consider a planned programme of full cycle audits and formalise a processes for sharing the outcome of audits and implementing changes to practise.
- Review and update the information provided to patients about making and escalating a complaint.
- Risk assess and plan to mitigate risks associated with the use of the annexe.
- Review staff files to ensure all required proof of identification is held by the provider.

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

Chief Inspector of General Practice

The areas where the provider should make improvements are;

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Risks to patients were assessed and well managed.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- The practice had a large and well established staff team. We looked at a sample of staff recruitment records and found that appropriate pre-employment checks had been carried out to ensure staff suitability.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.

# Summary of findings

- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisals was in place and staff attended regular meetings.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients told us staff were caring and we saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients consistently rated the practice higher than others locally and nationally for aspects of care. For example, having tests and treatments explained to them and for being treated with care and concern.
- Information was provided to patients about the services available to them.
- The practice maintained a register of patients who were carers in order to tailor the services provided. For example to offer them health checks and immunisations.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was flexible and responsive to patients' needs. The vast majority of patients we spoke with said they did not find it difficult to get an appointment and that there was good continuity of care. Urgent and routine appointments were available the same day and routine appointments could also be booked in advance.
- The practice worked as part of a cluster of practices to enable patients to access primary care outside of core hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available. This required review to ensure patients were provided with accurate and up to date information. The practice responded quickly to issues raised and the learning from complaints was shared.

## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. 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.
- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients and acted upon this.
- There was a clear focus on continuous learning, development and improvement linked to outcomes for patients. The challenges and future developments of the practice had been considered.

**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.

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice provided a range of enhanced services, for example, the provision of care plans for patients over the age of 75 and those at the highest risk of unplanned hospital admission.
- There was a designated clinical lead for the care and assessment of patients aged 75 and over.
- Patients over the age of 65 were encouraged to have annual flu vaccines and pneumococcal and shingles vaccinations as required.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages. For example, 98% of patients with COPD had had a review undertaken including an assessment of breathlessness in the preceding 12 months compared to a national average of 89%.
- GPs carried out regular visits to local care homes to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

### People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive

# Summary of findings

pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.

- Regular, structured health reviews were carried out for patients with long term conditions.
- Clinical leads had been designated to support patients with specific long term conditions.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.
- Data from 2014 to 2015 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation was 97% compared to a national average of 94%.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.
- Regular clinical meetings were held to review the clinical care and treatment provided to patients who were seriously ill.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances. A GP was the designated lead for child protection.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Weekly antenatal and post natal clinics were held and the practice worked closely with the community midwife.
- Child immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake.
- The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.

Good





# Summary of findings

- Family planning and contraceptive services were provided.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

## 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 provided appointments in line with their core contract arrangements and patient feedback was that the appointment system was sufficiently flexible to meet their needs. However, in the national patient survey, the practice had scored lower than the national average for patient satisfaction with the surgery opening hours and the provider was considering how they would improve this.
- The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm in the evenings Monday to Friday, and from 8am to 8pm Saturdays and Sunday mornings, through a pre-booked appointment system.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to or above national averages. For example 72% of females aged 50-70 had been screened for breast cancer in the last three years compared to a national average of 72%. The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 85% which was higher than the national average of 81%.
- The practice was proactive in offering online services including the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required.

Good



# Summary of findings

- The practice had a designated lead for patients with a learning disability.
- 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.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- The practice had a designated lead for mental health.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The results of the national GP patient survey published on 7 January 2016 showed the practice was performing comparable to and sometimes better than other practices locally and nationally for patients' experiences of the care and treatment provided and their experiences of making an appointment. There were 236 survey forms distributed and 123 were returned which equates to a 52% response rate. The response represents approximately 1.3% of the practice population.

The practice received scores that were comparable to and higher than the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the clinical staff.

For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.
- 92% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 93% said the last GP they saw gave them enough time (CCG average 89%, national average 86%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 99% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scored comparable to or higher than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 73% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 60% and a national average of 73%.
- 80% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 86% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).
- 38% said they always or almost always got to see or speak to their preferred GP (CCG average 30% national average of 36%).

A higher than average percentage of patients, 91% described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 82% and a national average of 85%. A lower than average percentage, 68% were fairly or very satisfied with the surgery's opening hours (CCG average 73%, national average 78%).

We spoke with seven patients during the course of the inspection visit and they told us the care and treatment they received was good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards. All of these were positive about the standard of care and treatment patients received. Staff were described as; 'helpful', 'pleasant', 'respectful', 'caring' and 'professional'.

## Areas for improvement

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

- Clearly demonstrate/document the actions taken following significant events.

- Review the chaperoning procedures to ensure these are in line with best practice.

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- Consider a planned programme of full cycle audits and formalise a processes for sharing the outcome of audits and implementing changes to practise.
- Review and update the information provided to patients about making and escalating a complaint.
- Risk assess and plan to mitigate risks associated with the use of the annexe.
- Review staff files to ensure all required proof of identification is held by the provider.

# Brookfield 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 advisor and a practice manager specialist advisor.

## Background to Brookfield Surgery

Brookfield Surgery is located in Lymm, Warrington, Cheshire. The practice was providing a service to approximately 9,000 patients at the time of our inspection.

The practice is part of Warrington Commissioning Group (CCG) and is situated in an area with low levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health condition is 56% which is similar to the local and national average.

The practice is run by four GP partners and there are an additional two salaried GPs (two male and four female). There are three practice nurses, a practice manager, a finance manager and a team of reception and administrative staff. The practice is open from 8am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday, 8am to 8pm Saturday and Sunday mornings. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services. The practice is a training practice for trainee GPs.

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

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: childhood vaccination and immunisation and avoiding unplanned hospital admissions.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 June 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and reception and administrative staff.

# Detailed findings

- Spoke with patients who used the service and met with members of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Significant events were investigated and discussed at practice meetings and a review of significant events was also carried out on a bi annual basis. We were assured that overall there had been learning from the findings of significant events and that this had been disseminated and implemented into practice. However, this was not always clearly documented in the significant event records.

A system was in place for responding to patient safety alerts to ensure the information had been disseminated appropriately and action had been taken to make any required changes to practise.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a named GP who was the lead for safeguarding children and adults. The GPs provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Staff told us how they carried out their chaperoning duties but these were not always in line with best practice guidance. The practice agreed to review their chaperoning procedures and provide an update on these to all relevant staff.
- 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 were responsible for liaising with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the practice had achieved a high score of 98% compliance for their most recent audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team and staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved. Medicines prescribing data for the practice was comparable to national prescribing data. A system was in place to account for blank prescriptions and they were stored securely.
- The practice had a high level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment

# Are services safe?

practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the DBS. A system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. We did note that there was a lack of photographic identification for some of the longer term members of staff. The practice manager agreed to address this.

## 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 in the reception office that staff could refer to.
- The practice had an up to date fire risk assessment and fire safety procedures.
- The practice had a variety of other risk assessments in place to ensure the safety of the premises such as infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

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

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency. A waiting area and clinical rooms were also provided in an annexe located separately to the main building. The provider should carry out an assessment of any risks associated with the use of this and plan to mitigate these.
- All staff had received annual basic life support training. The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- Systems were in place to record accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The clinicians assessed patients' 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. NICE provides evidence-based information for health professionals.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example, the referral of patients with suspected cancers.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

### Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 96% of the total number of points available with 12% exception reporting (reporting for the number of patients excluded from the results). This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators were comparable to the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared to a CCG average of 82% and a national average of 88%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 98% compared to a CCG average of 91% a national average of 89%.
- The performance for mental health related indicators was comparable to or in some cases higher than the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% (CCG average 85%, national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 92% (CCG average 92%, national average of 88%).

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We found there had been two audits carried in the last two years. One of these demonstrated improvements in anti-biotic prescribing. Another was the first stage of a two cycle audit into patients' experiences of minor surgery. The provider did not have a planned programme of audit and there were no formal processes in place for disseminating the outcome of audits. The provider told us they would implement this.

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic and an in house phlebotomy (taking blood for tests) service.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life

# Are services effective?

## (for example, treatment is effective)

support and information governance awareness. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme. Staff had access to and made use of e-learning training modules and in-house training.

- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. GPs held daily informal meetings and six weekly clinical meetings. Practice nurses attended local practice nurse forums and they were scheduled to start holding regular meetings.
- Two of the GPs were GP trainers and there were two trainee GPs (registrars) on placement at the time of the inspection. We met with one of the GP registrars and they gave us positive feedback about the quality of the training and support provided by the GPs.

### 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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

The GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up. The practice agreed to review the current system to improve effectiveness.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. Care plans had been developed for patients at most risk of an unplanned admission. A review of unplanned hospital admissions had recently been carried out with a view to improving the service patients received so as to prevent an unplanned admission.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Written consent was obtained and recorded for minor surgical procedures such as removal of skin lesions.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

The practice identified patients in need of extra support. These included patients in the last 12 months of their life, patients with conditions such as heart failure, hypertension, epilepsy, depression and kidney disease. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.

The practice offered national screening programmes, vaccination programmes and long term condition reviews. 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. For example, the practice's uptake for the cervical screening programme for women aged 25-64 within the target period was 79% which was comparable with the

national average of 74%. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer. Bowel cancer screening rates were higher than the national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 93% to 97%.

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 were identified.

Information and advice was available about how patients could access a range of support groups and voluntary organisations. Health promotion information was available in the reception area and on the website.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 12 comment cards we received were positive about the caring nature of the service provided by the practice. Patients said staff were helpful and treated them with dignity and respect. Patients' feedback described staff as; 'helpful', 'pleasant', 'respectful', 'caring' and 'professional'. We found during discussions with staff that they consistently demonstrated a patient centred approach to their work.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between January to March 2015 and July to September 2015. The practice scored higher than average, when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 93% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89% and a national average 86%.
- 93% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 87 %, national average 85%).
- 97% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).
- 93% said that the last time they saw or spoke to a nurse, they were good or very good at treating them with care and concern (CCG average 90%, national average 90%).

- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 99% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored comparable to and higher than local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 86% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84% and a national average of 86%.
- 91% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 82%, national average 85%).

We spoke with seven patients who were attending the practice at the time of our inspection. All of the patients we spoke with gave us highly positive feedback about the caring nature of the GPs and other clinical staff.

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

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had scored comparable to local and national averages for patient satisfaction in these areas. For example:

- 94% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90% and a national average of 88%.
- 92% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 88% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 93% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 89%).

## Are services caring?

- 88% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 82%, national average of 81%).
- 90% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 85%, national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language. The practice's website provided information about the services provided in a wide range of languages.

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

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

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available at the practice and on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 78 carers on the register. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks. Written information was available to direct carers to the various avenues of support available to them.

Patients receiving end of life care were signposted to support services. Staff contacted bereaved family members as appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in them not being able to attend the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday, 8am to 8pm Saturday and Sunday mornings. This was by pre-booked appointment.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. The majority of patients we spoke with on the day told us they were able to get appointments when they needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or higher than local and national averages. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 73% compared to a CCG average of 60% and a national average of 73%.
- 78% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 70%, national average 76%).
- 80% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%).

However, the practice scored lower than average for patient satisfaction with opening hours as 68% of respondents said the practice was open at times that were convenient compared to a CCG average of 71% and a national average of 78%.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available. A number of the patients we spoke with told us they found a lack of parking proved difficult for them. Two disabled parking spaces were available for patients use but there was no other patient parking available in the grounds. The practice had made a decision to use the majority of the car park for staff only and this had been based on a risk assessment following a number of safety incidents in the car park.

### Listening and learning from concerns and complaints.

The practice had a system for handling complaints and concerns. A complaints policy and procedure was in place. We saw that information was available to help patients understand the complaints procedure. However, this required review to ensure it provided clear, accurate and up to date information and contact details for raising a complaint to NHS England if people did not want to complain to the practice and to outline the role of the Parliamentary and Health Services Ombudsman (PHSO) if a complainant was not satisfied with the outcome of the providers investigation into their complaint. PHSO information was provided at the response letter stage.

## Are services responsive to people's needs? (for example, to feedback?)

There were designated members of staff who handled all complaints in the practice. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate.

Complaints were discussed at practice meetings and additional meetings were held twice per year to review complaints and identify trends. We found that lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experience of the service.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included providing a holistic approach to the care of patients, encouraging the prevention of disease, the provision of appropriate care, providing advice and support in times of difficulty and referring patients to the best available specialist care. The practice aimed to provide a service that was friendly and welcoming and one in which all staff were approachable. The staff we spoke with knew and understood the aims, objectives and values of the practice and their responsibilities in relation to these.

The GP partners had knowledge of and incorporated local and national objectives. They worked within the locality as a cluster of practices and as part of a federation of practices.

### Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The GPs used evidence based guidance in their clinical work with patients. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to or higher than other practices locally and nationally for the indicators measured.
- The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care. The nursing team had recently introduced a schedule of meetings to improve communication and look at practice developments.
- Staff were aware of which GPs had lead roles and therefore they knew who to approach for help and advice.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

### Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen them.

The partners encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with appropriate training linked to their roles and responsibilities.

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

The practice actively encouraged and valued feedback from patients and staff:

- The practice had a newly established 'Patient Participation Group' (PPG). Members of the PPG told us



# Are services well-led?

Good 

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

they had attended one meeting so far and further meetings were planned. Feedback from members of the PPG was very positive and they told us they felt staff provided a high quality service.

- The practice used information from complaints received to make improvements to the service.
- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs and being involved in local schemes to improve outcomes for patients. The GPs and management team were aware of challenges to the service. These included: the increasing demand for services and changes in patients' expectations, including extended opening hours.