

# Dr Christopher Steere

## 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 Dr Christopher Steere, also known as Neston Medical Centre on 20 September 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. Evidence that the electric wiring installation for the premises was safe was not in place. Improvements were also needed to the management of health and safety at the premises.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.

Staff had received training in safeguarding vulnerable adults and children and there were clear written procedures for safeguarding patients from the risk of abuse.

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they felt well supported. Improvements should be made to the systems for identifying and recording staff training. Work was in progress to ensure all staff received an annual appraisal.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey July 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were comparable to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.

# Summary of findings

- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was 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.

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

- The provider must ensure the premises are safely maintained. Evidence of a satisfactory electrical wiring inspection, up to date fire risk assessment and risk assessment of the premises needs to be made available

The areas where the provider should make improvements are:

- Put in place a formal process for reviewing significant events to demonstrate that actions identified have been effective.

- Review the system for ensuring staff understand how to identify child and adult safeguarding concerns.
- Maintain recruitment records that demonstrate that persons employed are able by reason of their health (after reasonable adjustments) to perform the tasks for which they are employed.
- Keep a record to demonstrate that cleaning standards are being maintained.
- The system for identifying staff training needs and completion of training should be improved.
- All staff should receive a formally documented annual appraisal.
- An annual review of complaints should be undertaken and the contact details of the Parliamentary Health Service Ombudsman should be included in correspondence sent to complainants.

**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 management of health and safety to ensure that the premises were safe. An electrical wiring inspection, up to date fire risk assessment and risk assessment of the premises had not been carried out. Safety events were reported, investigated and action taken to reduce a re-occurrence. A review of significant events was not formally carried out to demonstrate that actions identified had been effective. There were systems to protect patients from the risks associated with infection control and medicines management. The premises were clean, however, a record was not kept of checks carried out to ensure cleaning standards were maintained. Appropriate recruitment was generally carried out to ensure the suitability of staff for their roles. The records did not demonstrate that persons employed were able by reason of their health (after reasonable adjustments) to perform the tasks for which they were employed. Staff had received training in safeguarding children from abuse and there were appropriate written procedures for safeguarding patients for staff to refer to. Some staff had not received adult safeguarding training. Following our visit the practice manager confirmed that all available staff had completed this and that there was a plan in place for any remaining staff to undertake this on their return to work. The system for ensuring staff understood how to identify safeguarding concerns should be reviewed as two staff spoken with were unclear about what constituted abuse.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services. Clinical staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Clinical staff kept up to date in their specialist areas to ensure they were able to meet the needs of patients. 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. Improvements should be made to the induction records and to the systems for ensuring all staff received an annual appraisal. Staff told us they felt well supported and they had received training appropriate to their roles. The system for identifying the training needs of staff and ensuring that all staff undertook the training they required for their roles should be improved.

**Good**



# Summary of findings

## Are services caring?

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a system in place to suitably manage and respond to complaints made about the service. An annual review of complaints should be undertaken to allow patterns and trends to be identified. The details of the Parliamentary Health Service Ombudsman should be included in the response letter sent to complainants following a complaint investigation.

Good



## Are services well-led?

The practice is rated as good for providing well-led services. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice sought feedback from patients, which it acted on. The practice had a focus on continuous 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. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. The practice had provided an Early Visiting Service over the last two winter periods. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks. A practice nurse visited housebound patients and patients residing in care homes to provide vaccinations and reviews of long term conditions.

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 such as screening programmes and vaccination programmes. The practice had a system in place to recall patients for reviews of long term conditions. Alerts were placed on patient records to ensure same day access where necessary. Nurses made visits to housebound patients with long term conditions. Quality and Outcome Framework (QOF) data 2014 -2015 showed the practice was performing in-line with other practices at a local and national level in the monitoring of long term conditions. The practice reviewed the services provided to patients with long-term conditions following best practice guidance from the Clinical Commissioning Group (CCG) and National Institute of Clinical Excellence (NICE). The nursing 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

Good



# Summary of findings

provide support and access specialist help when needed. 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.

## **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. Immunisation rates were relatively high for all standard childhood immunisations. Appointments for young children were prioritised. Appointments were available outside of school hours and the premises were suitable for children and babies. Family planning and sexual health services were provided. The lead GP liaised with other health care professionals to ensure the needs of vulnerable children were addressed, they met with the health visiting service, staff had received safeguarding training relevant to their role and alerts were placed on patient records to identify any children subject to safeguarding concerns.

**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 some 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 evening appointments to be offered to working patients. 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. Patients were also able to access the out of hour's service provided by Wirral Community NHS Trust. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening. Reception staff sign-posted 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 without the need to see a GP for a referral).

**Good**



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

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

**Good**



# Summary of findings

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. The practice worked with health and social care services to support the needs of vulnerable 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. The practice referred patients to local health and social care services for support, such as drug and alcohol services.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. 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.

**Good**





# Summary of findings

## What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice was performing in line with local and national averages. The practice distributed 221 forms, 114 (52%) were returned which represents 1.5% of the total practice population. The results showed:-

- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%. 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 78% described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

We spoke with seven patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. We also spoke with the manager of a local care home who told us that patients were treated with respect and dignity. Feedback from patients indicated they were able to get an appointment when one was needed, they could get through to the practice easily by telephone and that they were happy with opening hours.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 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. Patients told us they were able to see a clinician as needed, they were happy with opening times and the management of prescriptions.

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. Results from June to August 2016 showed that 10 responses had been received and patients were either extremely likely or likely to recommend the practice to family or friends.

## Areas for improvement

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

- The provider must ensure the premises are safely maintained. Evidence of a satisfactory electrical wiring inspection, up to date fire risk assessment and risk assessment of the premises needs to be made available.

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

- Put in place a formal process for reviewing significant events to demonstrate that actions identified have been effective.

- Review the system for ensuring staff understand how to identify child and adult safeguarding concerns.
- Maintain recruitment records that demonstrate that persons employed are able by reason of their health (after reasonable adjustments) to perform the tasks for which they are employed.
- Keep a record to demonstrate that cleaning standards are being maintained.
- The system for identifying staff training needs and completion of training should be improved.

## Summary of findings

- All staff should receive a formally documented annual appraisal.
- An annual review of complaints should be undertaken and the contact details of the Parliamentary Health Service Ombudsman should be included in correspondence sent to complainants.

# Dr Christopher Steere

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Christopher Steere

Dr Christopher Steere also known as Neston Medical Centre is responsible for providing primary care services to approximately 7,400 patients. The practice is situated in Liverpool Road, Neston, Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a slightly higher than average number of patients over the age of 65 and an about average number of patients with a long standing health condition when compared to other practices locally and nationally.

The staff team includes Dr Christopher Steere and three salaried GPs. An advanced nurse practitioner who is also the practice manager, three practice nurses, a health care assistant, an assistant practice manager and administration and reception staff. Two GPs are female and two are male. The nursing staff and health care assistant 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. Patients are also able to access the out of hour's service provided by Wirral Community NHS Trust. All patient facilities are on the ground floor. The practice has a small car park for on-site parking.

Dr Christopher Steere has a General Medical Services (GMS) contract. The practice offers a range of enhanced services including, minor surgery, timely diagnosis of dementia, avoiding unplanned hospital admissions and influenza and shingles immunisations.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

## Detailed findings

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

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

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

announced inspection on 20 September 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 identifying and reporting significant events. Staff spoken with knew how to identify and report a significant event. Records showed and staff told us that significant events were investigated and learning points from significant events were communicated to staff at team meetings and through emails. We looked at a sample of significant events and discussed a sample with staff which indicated that action had been taken to improve safety in the practice where necessary. A review of the action taken following significant events was not formally carried out and documented. There was a system in place for the management of patient safety alerts.

### Overview of safety systems and processes

- Staff spoken with knew who to report any safeguarding concerns about children and vulnerable adults to and they knew who had the lead responsibility for this at the practice. The practice had adult and child safeguarding policies and procedures for staff to refer to. Contact numbers of safeguarding agencies were displayed. Most staff spoken with demonstrated they understood their responsibilities in relation to safeguarding. Two administrative staff were unclear about what constituted abuse. All staff had received safeguarding children training relevant to their role. On-line training had been completed and a presentation had also been provided to all staff at a team meeting. Some staff had not completed adult safeguarding training and confirmation was provided following the inspection that this had been completed by all available staff on-line. A plan was in place for remaining staff to complete this on their return to work. The system for ensuring staff understanding following training sessions should be reviewed. The practice manager had planned to ensure that safeguarding adults and children was frequently discussed by including this as an agenda item at full staff meetings. Alerts were placed on computer records to indicate any concerns about patients' welfare. We checked some of these records and found that some adults were recorded as being subject to safeguarding concerns. This system should be reviewed to ensure accuracy. The safeguarding lead GP liaised with the health visiting service to discuss any concerns about children and their families and how they could be best supported.
- A notice was displayed in the waiting room and treatment rooms advising patients that a chaperone was available if required. The practice nurses, health care assistant and some reception staff acted as chaperones and they had received guidance about undertaking this role. A Disclosure and Barring Service (DBS) check had been undertaken for the staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 were infection control protocols in place for staff to refer to. Staff had received training in infection control. Infection control audits were undertaken. We saw that an audit had been completed by the practice in April 2016 which identified areas for improvement. We were told that most of the shortfalls identified had been addressed, however a record was not made to demonstrate this. A more recent audit had been undertaken by the local Infection Prevention and Control Team in September 2016 and the practice manager was in the process of completing an action plan in response to this. The practice employed a cleaning company who had a schedule of the cleaning work to be undertaken. There was however no recorded system for checking that standards were being maintained.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank electronic prescription forms and prescription pads were securely stored and there were systems in place to monitor their

## Are services safe?

use. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines.

- We reviewed the personnel files of three staff who had been recruited within the last 12 months. Records showed the required recruitment information was in place such as DBS checks, references, identity, qualifications and a curriculum vitae. However, there was no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. 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 was a health and safety policy available with a poster displayed for staff to refer to. Regular checks were made of fire safety equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a risk assessment in place for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). An up to date inspection of the safety of the electrical installation at the premises had not been carried out. A date to undertake this was provided following the inspection. The fire risk

assessment had not been reviewed since 2007.

Following our visit we were provided with a date for this to be completed. A risk assessment of the premises had not been completed. A fire drill had been carried out within the last 12 months however not all staff had completed fire safety training. The practice manager confirmed that all available staff had completed this following the inspection and that a plan was in place for the remaining staff to complete this on their return to work.

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

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff had received basic life support 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. All relevant staff had access to this plan to ensure a timely response in the event of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. GPs, the advanced nurse practitioner, practice nurses and health care assistant attended training and educational events provided by the Clinical Commissioning Group (CCG). Clinical staff attended meetings where they could discuss new protocols and review any patients with complex needs. A GP we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital to ensure an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2014-2015) showed the practice had achieved 96% of the total number of points available which was comparable to local (96%) and national (95%) averages. The practice had a 9% 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 locally and nationally:

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% compared to the CCG average of 82% and the national average of 82%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84% compared to the CCG average of 84% and 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 74% compared to the CCG average of 73% and the national average of 75%.
- 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 83% compared to the CCG average of 83% and the national average of 81%.

The practice was below local and national averages in relation to recording alcohol consumption for patients with poor mental health:-

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 69% compared to the CCG average of 89% and the national average of 90%.

The practice was aware of this and had looked to address this by encouraging patients to attend for appointments, however, difficulty was reported in engaging these patients to attend.

The practice had carried out audits that demonstrated quality improvement. We saw medication audits which indicated changes had been made to patient's medication and prescribing practices as a result. We saw an audit of patients with vitamin B12 deficiency that had led to a revised protocol being developed for clinicians to refer to. An audit of chronic obstructive pulmonary disease (COPD) to ascertain how many patients had a rescue pack at home. This indicated that this information had not been coded and so further work was planned to ensure all eligible patients had rescue packs and to re-audit. A breast screening audit had identified 45 patients had not attended. They were contacted and sent information explaining the benefits of the procedure and the uptake had subsequently increased. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

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



# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. We spoke with a newly appointed member of staff who confirmed they had received an induction and had been provided with the information they needed for their role. The induction records for clinical and non-clinical staff were not very detailed. This had been identified by the practice manager and work was taking place to provide a more thorough record.
- Locum GPs were provided with information they needed for their role and a locum pack was in place providing written information and sign posting to support this.
- An appraisal system had only recently been introduced to identify staff learning needs. The practice manager had been in post for five months and was working to ensure all staff had an annual appraisal. They had undertaken training on carrying out effective appraisals, completed one appraisal and had planned for the other appraisals to be completed within the next three months. The practice manager and staff told us that in the absence of an appraisal system staff learning needs were identified through meetings and informal discussion. 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. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- 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 a sample of training records to support this.
- The central training record for staff showed several gaps in training. The records did not reflect all the training staff had completed and the practice manager reported that they were working on this to provide an accurate record of all role specific and generic training. The records showed not all staff had completed information governance, health and safety, adult safeguarding or fire safety. Following our visit the practice manager confirmed that all available staff had now completed all

training and there was a plan in place for any remaining staff to complete this on their return to work. The practice manager recently obtained an on-line training system to assist with keeping up to date with staff training needs.

### 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. We found that when providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance. Clinical staff spoken with had received guidance and training about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. However, the staff training records did not indicate if all clinical staff had received formal training in this area.

### Supporting patients to live healthier lives

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

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse.

We looked at the childhood immunisation rates which were held at the practice. This indicated that a high percentage of the eligible patient population had received their immunisations. 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 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 seven patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. We also spoke with the manager of a local care home who told us that patients were treated with respect and dignity.

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

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 95% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 98% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.

- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

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

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

Data from the National GP Patient Survey July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to local and national averages, for example:

- 90% 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%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 98% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls. For example, as a result of patients' responses being slightly lower than local and national averages in relation to nurses involving patients in decisions and patients having confidence and trust in them the practice were undertaking surveys following individual nurse consultations. We saw the results of a survey completed by 20 patients which indicated patients were very satisfied with the service provided.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Information about support groups was also available on the practice website. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Written information was available to direct carers to the various avenues of support available to them. The

practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (approximately 0.4% of the practice list). As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available.

# 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 minor surgery, timely diagnosis of dementia, influenza and shingles immunisations and improving on-line access. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. The practice had provided an Early Visiting Service over the last two winter periods. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks with the overall aim of reducing hospital admissions.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice had also recently set up monthly meetings with the health visiting service.

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

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The practice nurse visited older patients at home to review long term conditions and provide immunisations.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- Patients were able to receive travel vaccinations.
- The three neighbourhood practices hosted consultant led clinics for ease of access for local patients. These included consultant led clinics for patients with atrial fibrillation, diabetes, cardiac and psychiatric conditions.

- Patients could also access other services provided by the neighbourhood practices such as a contraception and sexual health service provided every Wednesday evening.
- Translation services were available if needed.
- 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 (this provided physiotherapy appointments for patients without the need to see a GP for a referral).

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients. Patients could book appointments in person, via the telephone and some appointments could be booked on-line. Repeat prescriptions could be ordered on-line or by attending the practice. All patients requesting an appointment were assessed through telephone triage by either a GP or advanced nurse practitioner. If an appointment was required this was arranged at a mutually agreed time. Appointments with the nursing team could be made up to four weeks in advance. The management team told us how the triage system had improved patient access and provided a more planned approach to patient care.

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. Patients were also able to access the out of hour's service provided by Wirral Community NHS Trust.

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

- 94% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG

# Are services responsive to people's needs?

## (for example, to feedback?)

average of 87% and the national average of 85%. 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

- 81% 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%.
- 78% described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 52% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 58% and the national average of 59%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards. Patients told us they were overall able to see a clinician as needed, they were happy with opening times and the management of prescriptions. We spoke with seven patients during the inspection. They were happy with access to the practice and said they were able to get through to the practice by telephone, could make an appointment that was convenient to them and that they were happy with opening hours.

The practice reviewed the National GP Patient Survey and was aware of areas where improvements were needed. For example, clinical sessions had been increased as a result of patients' responses being slightly lower than local and national average concerning seeing a GP of their choice.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice. Details of how to complain were in the patient information leaflet and on the practice website. The information available 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 complaints. We reviewed a sample of complaints received within the last 12 months. Records showed they had been investigated and patients informed of the outcome. The records showed openness and transparency in dealing with complaints. The details of the Parliamentary Health Service Ombudsman were detailed in the complaint procedure but not detailed in the response letter sent to complainants following the complaint investigation. An annual review of complaints was not undertaken to allow patterns and trends to be identified.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These were to work in partnership with patients and to provide the best possible standard of care by continuing to develop a high quality, accessible service to the practice population. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. 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.

### 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. A staff handbook was provided to all staff which contained employment policies and procedures such as whistleblowing, equal opportunities, bullying and harassment and disciplinary procedures.

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. We found that a review of the action taken following significant events was not formally carried out and documented.

The practice had completed clinical audits and quality monitoring audits to evaluate the operation of the service and the care and treatment given. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

### 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. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff had meetings to review patients with complex needs and keep up to date with any changes. Arrangements were in place to update colleagues unable to attend these meetings. The practice manager, assistant practice manager and partner GP 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 four times a year 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 reception area. The practice had worked with the PPG to make the changes identified. We spoke to one member of the PPG who said they felt they were listened to and changes had been made to the practice as a consequence. We reviewed minutes of PPG meetings which indicated how the PPG worked with the practice to improve the service for patients. For example, the PPG were assisting the practice to petition the council to improve the condition of the pavement outside the surgery and the PPG had encouraged patients to register as carers.
- 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. Results from June to August 2016 showed that 10 responses had been received and patients were either extremely likely or likely to recommend the practice to family or friends.
- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. Administrative staff

# Are services well-led?

Good 

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

spoken with said that they would like a meeting specifically to talk about their roles and responsibilities. We discussed this with the provider and practice manager who said that these meetings used to take place and that there was a plan in place to re-instate them.

## Continuous improvement

There was a focus on continuous improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the practice had provided an Early Visiting Service

over the last two years. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks. The management team were looking at further ways to improve the service such as through the facilitation of secondary care services working at the practice and provision of in-house extended hours services

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <ol style="list-style-type: none"><li>1. All premises and equipment used by the service provider must be – (e) properly maintained</li></ol> <p>Evidence of a satisfactory electrical wiring inspection, up to date fire risk assessment and risk assessment of the premises needs to be made available.</p>