

# Guardian Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

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 Guardian Medical Centre on 16 March 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.
- 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 measures were carried out. However, some improvements were required, for example a health and safety risk assessment had not been carried out and there were some shortfalls in practice as a result of this.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the clinical care and treatment they received was very positive.
- Data showed that outcomes for patients at this practice were similar to locally and nationally reported outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff felt well supported in their roles and 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.
- Overall, patients told us the appointments system was flexible and they could get an appointment when they needed one. However, a proportion of patients told us they had difficulty in getting through to the practice by telephone and getting an appointment with a GP.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about services and how to complain was available. Complaints had been investigated and responded to in a thorough, sensitive and 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.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

The areas where the provider must make improvement are:

- The provider must carry out a health and safety risk assessment and plan to mitigate risks including those associated with electrical safety.

The areas where the provider should make improvement are:

- Maintain a clear and auditable record of staff training for staff in all roles to assist the provider in identifying staff training needs and plan for training requirements.
- The provider should develop their own safeguarding procedure so that staff have ready access to the key pieces of information they need.
- Ensure all relevant checks are carried out in relation to the recruitment of staff.

**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 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 processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice. The provider held a copy of the local safeguarding procedure. The provider should also have their own procedure so that staff have ready access to the key pieces of information they need.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- The provider had not carried out a health and safety risk assessment. A variety of safety checks were carried out on the premises and equipment used but there was no assessment or programme in place to ensure all required checks were carried out and kept up to date.
- The practice had a large and well established staff team.
- 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 were comparable to local and national averages. For example; 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 93.49% compared to a national average of 89.9%. Immunisation and health screening uptake were in line with national averages.

# Summary of findings

- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked on a multidisciplinary basis 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. Patients were referred to secondary care in timely manner. Test results were read and responded to effectively.
- Clinical audits were carried out to drive improvement in performance and 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 staff appraisals was in place and staff had undergone an appraisal within the last year.

## 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. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained their confidentiality.
- Data showed that patients generally rated the practice comparable to 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 for patients about the services available to them was easy to understand and accessible.
- The practice maintained a register of patients who were carers in order to tailor the service 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 partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- Overall, the appointment systems was flexible and responsive to patient needs. The practice offered a range of pre-bookable, on the day and urgent appointments. Whilst the feedback

# Summary of findings

about the appointments system was mostly positive we did receive some negative feedback. The provider should consider this and make additional adjustments to the system in response.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear 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 clear systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and monitor and improve quality.
- There was a culture of openness and the provider was aware of and complied with the requirements of the Duty of Candour.
- The practice proactively sought feedback from staff and patients. The practice had an active patient participation group (PPG). However, there was a lack of management presence at the PPG meetings.
- 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 and personalised care and treatment to meet the needs of 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 older people, for example, the provision of care plans for patients over the age of 75 and screening for dementia. Health checks were also provided to patients over 75 years of age.
- 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. Screening uptake for bowel cancer and breast cancer were higher than local and national averages. For example, 77.8% of females aged 50-70 had been screened for breast cancer compared to a national average of 74%.
- GPs carried out regular visits to a local care home 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.
- The practice had hosted coffee mornings for patients over the age of 75 and invited speakers to provide advice on health matters.

### 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 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.

# Summary of findings

- Data from 2014 to 2015 showed that the practice was comparable 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 96.98% compared to a national average of 94.45%.
- Longer appointments and home visits were available for patients with long term conditions when these were required. The practice contacted patients following admission to hospital to check if they required any services from the practice.
- Staff referred patients for advice and support to promote healthy lifestyle choices such as smoking cessation, healthy eating and exercise. The practice hosted a weekly dietician clinic.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.

## 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.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to local safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations. 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.
- Appointments were available outside of school hours. The premises were suitable for children and babies and baby changing facilities were available.
- Family planning services were provided. The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 80.39% which was comparable to the national average of 81.83%.

**Good**





# Summary of findings

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

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice offered a range of appointments to meet the needs of the working age population, those recently retired and students.
- Later appointments were available one evening per week and early morning appointments were provided one morning per week.
- Patients had the option of telephone consultations and this was advantageous for some people in this group as they did not always have to attend the practice in person.
- 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 Sundays, through a pre-booked appointment system.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice offered NHS health checks for people aged 40-74 years of age.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- 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 translation service were available. The practice had a hearing loop system but this was not in use. The practice manager agreed to address this.
- The practice had a designated lead GP to support patients with issues of substance misuse.

# Summary of findings

- Information and advice was available about how patients could access a range of support groups and voluntary organisations. The practice hosted a Citizens Advice Bureau session on a weekly basis.

## 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).

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to average. For example, data showed that 79.31% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This compared to a national average of 84.01%.
- GPs carried out cognitive assessments with patients and referred people to a local memory clinic for support if required. The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took.
- The practice provided primary care to patients living in a local facility for people with enduring mental health needs.
- Patients experiencing poor mental health were informed about how to access a range of 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 in comparison to or lower than other practices for patients' experiences of the care and treatment provided and their interactions with clinicians. The practice generally scored lower than local and national averages for questions about patients' experiences of making an appointment. The results are based on aggregated data collected from January-March 2015 and July-September 2015. 293 survey forms were distributed and 96 were returned which equates to a 32.8% response rate. The response represents approximately 1% of the practice population.

The practice received scores that were comparable to or lower 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 GPs.

For example:

- 81.9% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.6% and national average of 88.6%.
- 91% said the last nurse they spoke to was good at listening to them (CCG average 92.6% national average 91%).
- 81.4 % said the last GP they saw gave them enough time (CCG average 89.2%, national average 86.6%).
- 95.3% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%).

Overall, the practice scored lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 58.86% 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 national average of 73.26%.
- 70.3% were fairly or very satisfied with the surgery's opening hours (national average 78.3%).
- 81.5% found the receptionists at the surgery helpful (CCG average 84.4%, national average 86.8%).
- 28% said they always or almost always got to see or speak to their preferred GP (national average of 36%).

However, 78.6% described their experience of making an appointment as good compared to a CCG average of 68.1% and a national average 73.3%.

84.61% percent of patients who completed the survey described their overall experience of the surgery as 'fairly good' or 'very good' compared to a national average of 85.05%.

We spoke with 12 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 21 comment cards. All of these were positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care. Staff were described as 'helpful', 'courteous' and 'friendly'. Three out of the 21 comment cards cited concerns with getting through to the practice by phone and we received a number of concerns about this during face to face discussions with patients.

## Areas for improvement

### Action the service MUST take to improve

Action the provider must take to improve:

- The provider must carry out a health and safety risk assessment and plan to mitigate risks including those associated with electrical safety.

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

Action the provider should make improvement are:

- Maintain a clear and auditable record of staff training for staff in all roles to assist the provider in identifying staff training needs and plan for training requirements.
- The provider should develop their own safeguarding procedure so that staff have ready access to the key pieces of information they need.
- Ensure all relevant checks are carried out in relation to the recruitment of staff.

# Guardian Medical Centre

## 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 Guardian Medical Centre

Guardian Medical Centre is located at Guardian Street, Warrington, Cheshire WA5 1UD. The practice was providing a service to approximately 9,775 patients at the time of our inspection. The practice is situated in an area with average levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health conditions is lower than the local and national average.

The practice is run by four GP partners and there are an additional four salaried GPs (two male and six female). There are two practice nurses, one health care assistant, a practice manager and a team of reception/administration staff. The practice is open from 8am to 6.30pm Monday to Friday. The practice provided one early morning surgery (from 7am) and one late evening surgery (until 8pm) per week. 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 and between 8am to 8pm Saturdays 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 and it hosts final year medical students.

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 16 March 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, practice nurses, a health care assistant, the practice manager, reception and administrative staff.
- Spoke with patients who used the service and met with members of the patient participation group (PPG).
- 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 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 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)

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 an effective system in place for reporting and recording 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 practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at a weekly practice meeting and we were assured that learning from events had been disseminated and implemented into practice to prevent a re-occurrence. Quarterly meetings were held to review significant events.

### Overview of safety systems and processes

The practice had processes and practices in place to keep people safe and safeguard them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults. A copy of the local safeguarding procedure was accessible to all staff. The procedure outlined who to contact for further guidance if staff had concerns about a patient's welfare. We noted that the provider did not have their own safeguarding policy and procedure. 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 lead member of staff for safeguarding. 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). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care assistant was the infection control lead and they liaised with the local infection prevention team as required to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the practice had achieved high scores and we saw evidence that action was being taken to address any improvements required as a result of the audits.
- 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. Medicines prescribing data for the practice was comparable to national prescribing data. The practice had emergency medicines, oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. A system was in place to monitor the expiry dates of emergency medicines and the medicines we checked were in date and fit for use. Staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved. Prescriptions were stored securely and destroyed as required.
- 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 practices. Our findings showed that overall 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 Disclosure and Barring Service. However, two more recently appointed members of staff had commenced without an up to date DBS as the checks were outside of the portability timeframe.

### Monitoring risks to patients

## Are services safe?

There were a number of 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. The practice had up to date fire risk assessments and carried out regular fire drills. Infection control and Legionella protocols were in place. However, the practice did not have a health and safety risk assessment in place and some health and safety related checks overdue. For example, the electrical installation check and portable appliance testing.
- 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 the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all 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 available on the premises and oxygen with adult and children's masks.
- Systems were in place to record accidents and incidents.
- A system was in place for responding to patient safety alerts.

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.

The practice had systems in place to keep clinical staff up to date. Staff had ready 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 monitored the implementation of best practice guidelines through a range of regular clinical meetings. Bi- annual clinical training meetings were also provided. In 2015 these included learning on sepsis and chronic kidney disease

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 99.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed;

- The practice's performance for diabetes related indicators was comparable to or in some cases higher than the Clinical Commissioning Group (CCG) and national average. For example, 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 87.7% compared to a national average of 80.53%.

- 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 93.49% compared to a national average of 89.9%.
- 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 with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 92.81% compared to a national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 79.31% compared to a national average of 84.01%.

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. A number of full cycle clinical audits had been completed in the last two years and these demonstrated improvements to the care and treatment provided to patients. For example, one audit had been carried out in response to new guidelines regarding the management of patients with atrial fibrillation (a heart condition that causes an irregular and or abnormally fast heart rate). The audit resulted in the practice identifying a greater number of patients who required an assessment of their condition and this led to an increase in patients being offered appropriate treatment.

### 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 had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. A clear

# Are services effective?

## (for example, treatment is effective)

and auditable record of staff training for staff in all roles was not being maintained. This is required to demonstrate the training provided to the staff team and to assist the provider in identifying staff training needs and to plan for training requirements.

- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had 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.
- 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. GP attended meetings with the CCG and one GP was a lead in the CCG. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

The practice was a training practice. We spoke with a trainee GP who gave us very 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 practice reviewed hospital admissions data on a regular basis. GPs used national standards for the referral of patients with suspected cancers to be referred and seen

within two weeks. The referrals process was particularly efficient as all referrals were sent within short timescales. Robust systems were in place to ensure referrals to secondary care and results were followed up.

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. We saw evidence that multi-disciplinary meetings took place on a regular basis and the care and treatment plans for patients with complex needs care were reviewed at these.

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. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions. They also had a system to inform the out of hours service about patient's needs.

### 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. The practice was not aware if any of its patients were subject to Deprivation of Liberty Safeguards (DoLS). The provider told us they intended to contact all local residential establishments where patients were living to establish this information.
- When providing care and treatment for children and young people, staff carried 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.

# Are services effective?

(for example, treatment is effective)

## Health promotion and prevention

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients with these conditions or at risk of developing them were referred to or signposted for lifestyle advice such as dietary advice or smoking cessation. Information and advice was available about how to access a range of support groups and voluntary organisations. The practice hosted a weekly dietician's clinic.

The practice encouraged patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 80.39%, which was comparable with the national average of 81.83%. There

was a policy to offer reminders for patients who did not attend for their cervical screening tests. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer and screening rates were similar to 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 93.1% to 98.5% and five year olds from 90.3% to 98.5%.

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.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff 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 21 comment cards we received were highly positive and complimentary about the caring nature of the service provided by the practice. Patients said they felt the practice offered an 'excellent' service and staff were helpful and treated them with dignity and respect. Patients' feedback described staff as; 'professional', 'caring', 'friendly' and 'efficient'.

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 - March 2015 and July - September 2015. The practice scored similar to average when compared to Clinical Commissioning Group (CCG) and national scores, for being treated with care and concern and having trust in clinical staff. For example:

- 81.1% 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 (national average 85.34%).
- 90.79% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (national average 90.58%).
- 95.3% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%).
- 98.2% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98.1%, national average 97.1%).

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

- 81.5% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84.4% and a national average of 86.8%.
- 84.61% described their overall experience of the practice as 'fairly good' or 'very good' (national average 85.05%).

We met with two members of the patient participation group (PPG). The PPG was well established. We also spoke with an additional ten patients who were attending the practice at the time of our inspection. Overall, patients gave us positive feedback about the caring nature of 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 similar to or lower than local and national averages for patient satisfaction in these areas. For example:

- 81.9% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90.6% and a national average of 88.6%.
- 91% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92.6%, national average of 91.0%).
- 80.9% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 90.0% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90.8%, national average of 89%).
- 75.09% said the last GP they saw was good or very good at involving them in decisions about their care (national average of 85.09%).

## Are services caring?

- 88.52% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (national average of 85.09%).

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**

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 on the practice's website.

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.

Patients receiving end of life care were signposted to support services. Staff sent a bereavement card to carers following bereavement and they signposted them to bereavement support services.

# 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 at risk and developing care plans with them to prevent an unplanned admission.

Longer appointments and home visits were available for older patients and patients with enhanced needs. Same day appointments were provided for patients who required an urgent appointment and for babies and patients with serious medical conditions.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice provided one early morning surgery (from 7am) and one late evening surgery (until 8pm) per week. 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 and between 8am to 8pm Saturdays and Sunday mornings. This was by pre-booked appointment.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable with but lower than local and national averages.

- 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 58.86% compared to a national average of 73.26%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 70.73% compared to a national average of 78.3%.
- 73.48% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse, compared to a national average of 76.06%.

- 78.6% of patients described their experience of making an appointment as good (CCG average 68.1%, national average 73.3%).
- 70.73% said they were fairly or very satisfied with the opening hours (CCG average of 69.1% and a national average of 78.3%).

However, 99.4% of respondents said the last appointment they got was convenient. This was higher than the CCG average of 91.7% and the national average of 91.8%.

The majority of patients we spoke with or those who had completed comment cards told us that they were able to get an appointment when they needed one. However, a small number patients told us they found it difficult to get through to the practice by phone and that sometimes by the time they got through there were no appointments left. The provider had reviewed and changed the appointments system to ensure it was flexible to accommodate peoples' needs and a range of appointments including pre-bookable, on the day and urgent appointments were available. Following our feedback the provider agreed to review the system further to include looking at the proportion of pre-bookable appointments provided and the way in which reception staff dealt with requests for appointments.

The practice was located in a purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing but this was not in use at the time of our visit. The practice manager agreed to address this. Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. For example the practice used a translation service for people who required this.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. A complaints policy and procedures was in place. However, this did not include information on the various stages of complaints. A notice in the waiting room advised patients of the complaints process and provided the contact details for referring complaints on to NHS England and the Health Ombudsman.

We looked at complaints received in the last 12 months and found that these had been handled appropriately.

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

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. We noted however that not all complaints responses had advised patients of what they could do if they were not satisfied with the outcome of their complaint.

Lessons had been learnt from concerns and complaints and action had been taken 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 clear vision to deliver high quality care and promote good outcomes for patients. Staff were aware of this and worked in support of it.

The GP partners had knowledge of and incorporated local and national objectives. One of the GP partners was a lead with the Clinical Commissioning Group.

### Governance arrangements

The practice had systems and procedures in place to ensure the service was safe and effective. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. 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 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 practice manager had started to improve how these meetings were recorded to ensure the minutes were detailed and informative. They had also introduced standing agenda items to the meetings.

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. The practice was in the process of reviewing and updating all policies and procedures.

Overall, there were systems in place for identifying, recording and managing risks and for implementing actions to mitigate risks. A health and safety risk assessment had not been carried out and the practice manager agreed to address this.

### Leadership, openness and transparency

The partners in the practice 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 listened to them.

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 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 were aware of which GPs had lead roles and special interests for the different areas of work and therefore they knew who to approach for help and advice. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of training linked to their roles and responsibilities.

Staff told us they felt valued and supported in their work and they described good team working.

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

The practice actively encouraged and valued patient and staff feedback through a range of means such as; the patient participation group (PPG), face to face discussions, complaints, staff appraisals and staff meetings.

Staff told us they were involved in discussions about how to develop the practice, and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

The PPG was well established. Members of the PPG told us they were involved in a range of activities including regular attendance at meetings with practice staff. However, the



# Are services well-led?

Good 

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

practice manager or GP partners did not attend these meetings and we found that a number of issues had been repeatedly raised by the PPG but had not been resolved or responded to effectively.

## Continuous improvement

There was a clear focus on continuous learning and development at all levels within the practice. This included the practice providing training for GPs, being involved in local schemes to improve outcomes for patients and having representation on the CCG.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>Regulation 17: Good Governance</b>  The provider had not carried out a health and safety risk assessment to identify risks to peoples' safety and ensure measures are in place to mitigate these. Regulation 17 (1)(2)(b).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	