Springfields 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springfield Medical Centre on 20 January 2016. Overall the practice is rated as outstanding.

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

- Staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Staff were well supported in their roles and were kept up to date with training and professional development. They had the skills, knowledge and experience to deliver effective care and treatment.
- Systems were in place to deal with emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Patients said they were treated with compassion, dignity and respect.
- Patients felt informed about their health conditions and the treatment options available to them.
- The practice was proactive in identifying and supporting patients to prevent common health conditions.
- Patients found it easy to make an appointment and there was good continuity of care.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff understood their roles and responsibilities.
- Information about the services provided and other local support services were made readily available to patients.

Summary of findings

- The practice sought patient views about the service and acted upon their feedback.
- Engagement with the Patient Participation Group (PPG) was very strong and the PPG had been involved in an extensive list of activities.
- Complaints were investigated and responded to appropriately.
- Significant events were investigated and action was taken as a result of the learning.
- The practice made good use of audits and the results of these were used to improve outcomes for patients.
- The GPs were knowledgeable of and incorporated local and national objectives and strategies into their work.

Areas where the provider should make improvement:

- The practice should look to improve how they share the learning from significant events and should consider auditing their practices to prevent any re-occurrence of events.

Areas of outstanding practice:

- One of the GP partners had a lead role for cancer within the CCG and this had resulted in greater awareness of the early signs and symptoms of cancer amongst staff at the practice and had been instrumental in the practice's high rate of cancer referrals and in them hosting a range of cancer awareness events.
- GPs were highly commended by patients for their caring and compassionate attitude towards them. The practice provided a flexible and patient centred approach. For example, the GPs provided patients who were receiving end of life care at home, their carers and relevant health professionals, with direct contact numbers so that they could be contacted for advice and support 24 hours per day 7 days per week.
- One of the GPs had received two awards from the Clinical Commissioning Group in 2015 in recognition of their contribution to healthcare within the locality and to innovation in practice.
- A member of staff was designated as a 'patient co-ordinator'. Their role was to act as a point of contact for advice and support and to assist patients in navigating services.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

The practice had systems, processes and practices in place to keep people safe. There was a system in place for reporting and investigating significant events. Lessons learned from significant events were shared to ensure improvements were made. However, the provider did not always share this in a formalised way and changes to practice following significant events were not always reviewed.

The practice was safely maintained. Tests were carried out on the premises and on equipment on a regular basis and infection control practices were carried out appropriately.

Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.

The practice was sufficiently staffed and many of the staff had worked at the practice for a number of years. Staff were only employed when appropriate pre-employment checks had been carried out.

Systems for managing medicines were safe and the practice was equipped with a good supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patient's 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 above average when compared to local and national data. For example, a higher than average number of patients who had diabetes had undergone checks on their health.

Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment.

Clinical audits were carried out which resulted in improved outcomes for patients. The audits had a clear focus and purpose.

Staff worked on a multidisciplinary basis to support patients who had more complex needs.

Summary of findings

The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Are services caring?

Outstanding 

The practice is rated as outstanding for providing caring services. Patients' views gathered at inspection clearly demonstrated that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients gave us very positive feedback about the practice and the caring nature of staff in all roles. Data showed that patients consistently rated the practice higher than local and national averages for aspects of care. For example, being given enough time during consultations, having tests and treatments explained, being treated with care and concern and having trust and confidence in the clinicians.

Patients who were receiving care and treatment at the end of their lives were given direct contact numbers for their GP so that they could seek their support at all times.

The practice maintained a register of patients who were carers in order to tailor the service provided. Carers were provided with appropriate advice, guidance and support.

Staff had worked at the practice for many years and felt they understood the needs of the patients well. The clinicians had a good knowledge of the patients and they strived to provide person centred care and treatment. A member of staff had been designated with a 'patient co-ordinator' role and they helped to co-ordinate the service to patients who required additional support.

Are services responsive to people's needs?

Good 

The practice is rated as good for providing responsive services.

The practice reviewed the needs of the local population and worked in collaboration with partner agencies to improve outcomes for patients. Clinical staff attended regular meetings, including multi-disciplinary meetings, to review the needs of patients and plan for meeting these.

The appointments system was well managed. Patients said they found it easy to get an appointment with a named GP and that there was good continuity of care.

The practice had good facilities and was well equipped to treat patients and meet their needs.

The practice had an active and engaged 'Patient Participation Group' (PPG) and feedback from patients was encouraged and acted upon.

Summary of findings

Complaints had been investigated and responded to appropriately. People had been provided with a thorough and sensitive response to their complaint.

Are services well-led?

Outstanding ☆

The practice is rated as outstanding for being well-led. There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The GP partners had knowledge of and incorporated local and national objectives. One GP held an active lead role in the CCG and they used their knowledge to improve the experience of patients using the practice and to impart their learning across the locality.

There was a high level of constructive engagement with staff and a high level of staff satisfaction. There was a clear leadership structure, staff were clear about their roles and responsibilities and the limitations of these and they felt very well supported by the GP partners and practice management. Staff were provided with a high level of good quality training to support them in their roles. Staff told us the practice encouraged a culture of openness.

The practice had appropriate policies and standard operating procedures in place to support staff in their role and govern activity. There were clear systems in place to govern the practice and support the provision of good quality care. This included arrangements to monitor and improve quality and identify risk. The GPs met on a daily basis to review patient's needs, care and treatment. This meeting also provided an opportunity to ensure effective communication between GPs. Regular clinical governance meetings were also held. GPs had a clear understanding of the performance of the practice. The data we reviewed as part of our inspection was positive in all areas.

There was a strong focus on continuous learning, development and improvement linked to outcomes for patients. The challenges and future developments of the practice had been considered.

There was an engaged patient participation group who were actively involved in practice developments and the practice acted on feedback from patients. Patient satisfaction with the practice was very high. All feedback we received about the practice was very positive and complimentary about staff in all roles.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

The practice offered proactive and personalised care and treatment to meet the needs of the older people in its population.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice kept up to date registers of patients with a range of health conditions and used this information to plan reviews of health care. Home visits and urgent appointments were provided for those 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. GPs attended multi-disciplinary meetings to review the care and treatment provided to people who were receiving end of life care and to prevent unplanned hospital admissions.

People with long term conditions

Outstanding

The practice is rated as outstanding 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. 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.

Clinical staff had lead roles in chronic disease management and they had been provided with diploma level training in long term conditions.

Patients with long term conditions attended regular reviews to check that their health and medication needs were being met. Dedicated administrative staff were responsible for maintaining an up to date record of patients who required a review and patients were sent reminders to attend for health checks if they failed to attend their original appointment.

Data from 2014 to 2015 showed that the practice was performing higher than average for the care and treatment of people with chronic health conditions, for example patients with diabetes.

Summary of findings

The practice worked proactively to identify patients at risk of developing health conditions and referred /signposted patients for advice and support on preventative care.

Longer appointments and home visits were available when needed. The GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care to people with more complex needs and those receiving end of life care.

The GPs provided their direct telephone numbers to patients receiving end of life care at home, their carers and relevant health professionals to enable them to contact the GPs at all times for advice and support. The practice worked to avoid unplanned hospital admissions for patients.

Families, children and young people

Good

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Regular meetings were held with a health visitor linked to the practice to share information or concerns about child welfare.

Appointments were available outside of school hours and appointments were provided to children at short notice.

The premises were suitable for children and babies and baby changing facilities were provided.

Child immunisation rates were comparable with local Clinical Commissioning Group benchmarking for standard childhood immunisations. Immunisations could be provided without a pre-booked appointment to encourage uptake. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.

The practice hosted a breast feeding clinic to promote breast feeding and support patients in this.

The staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.

Working age people (including those recently retired and students)

Outstanding

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

Summary of findings

The practice offered electronic prescribing and an online appointment services which provided flexibility to working patients and those in full time education.

Telephone consultations were available every day through the 'Doctor first' appointment system. The practice was open on Saturday mornings to accommodate working patients and 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 8.00am to 8.00pm Saturdays and Sundays, through a pre-booked appointment system. The GPs also contacted working patients outside of practice opening hours if they required this.

Feedback from patients about matters such as; accessing the practice, making appointments and opening times was consistently higher than local and national averages.

The practice provided an enhanced service allowing patients who lived out of area to register at the practice if they worked in the area.

A range of health promotion and screening that reflected the needs for this age group was available to patients.

The practice website provided a good range of information about the practice and the services offered and provided advice on common health conditions and preventative care.

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.

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.

The practice held a register of patients living in vulnerable circumstances and they used this information to tailor the service provided. For example, longer appointments and annual health checks were provided for people with a learning disability.

The GPs used assessment tools to assess patients' cognitive ability when this was required and care planning was carried out for patients living with dementia.

One of the GPs took the lead for drug misuse within the practice and they had received training for this. The practice hosted a weekly drug misuse clinic.

Information and advice was available about how to access a range of support groups and voluntary organisations. The Citizens Advice Bureau provided regular sessions to provide advice to patients.

Summary of findings

The practice worked with multi-disciplinary teams in the case management of vulnerable people when required.

People experiencing poor mental health (including people with dementia)

Good

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

Data about how people with mental health needs were supported showed that outcomes for patients using this practice were above average compared to national data. For example, the percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months was higher than the national average.

The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them. The GPs carried out cognitive assessments with patients and referred patients to a memory clinic if this was appropriate.

Staff were knowledgeable with regards to consent and supporting patients to obtain consent.

Patients with poor mental health were given extended appointments.

Patients experiencing poor mental health were provided with information about how to access support groups and voluntary organisations.

Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took and patients who did not attend were sent follow up reminders.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice consistently scored higher than local and national averages. There were 104 responses out of the 331 surveys distributed which is a response rate of 31.4%. The response represents 1.73% of the practice population.

The practice received consistently higher scores than those of the Clinical Commissioning Group (CCG) average and national average from patients for matters such as: feeling listened to, being given enough time, being treated with care and concern, having confidence in the clinicians and making an appointment.

For example:

- 96.9% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.4% and national average of 88.6%.
- 99.1% said the last nurse they spoke to was good at listening to them (CCG average 91.3%, national average 91%).
- 96.2% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%).
- 94.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%).

The practice received high scores from patients for being able to access the practice for an appointment. For example:

- 84.5% of patients described their experience of making an appointment as good compared to a CCG average of 66% and a national average of 73.3%.
- 73.6% found it easy to get through to the surgery by phone (CCG average 60.5%, national average 73.3%).

A high percentage of patients, 92.9% described their overall experience of the surgery as good compared to a CCG average of 82.2% and a national average of 84.8%.

We spoke with nine patients during the course of the inspection visit and they told us the care and treatment they received was of a very high standard. As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards and all of these were positive about the standard of care provided. Reception staff, nurses and GPs received praise for their caring and professional attitude. Patients informed us that they could always get an urgent appointment and that the appointments system was efficient. Staff were described as 'courteous', 'professional', 'personable', 'caring' and 'efficient'. Patients told us: "They make you feel important and valued", "Nothing is too much trouble" and "The staff give one hundred percentage - one hundred percent of the time".

Areas for improvement

Action the service SHOULD take to improve

- The practice should look to improve how they share the learning from significant events and should consider auditing their practices to prevent any re-occurrence of events.

Summary of findings

Outstanding practice

Areas of outstanding practice:

- One of the GP partners had a lead role for cancer within the CCG and this had resulted in greater awareness of the early signs and symptoms of cancer amongst staff at the practice and had been instrumental in the practice's high rate of cancer referrals and in them hosting a range of cancer awareness events.
- GPs were highly commended by patients for their caring and compassionate attitude towards them. The practice provided a flexible and patient centred approach. For example, the GPs provided patients who were receiving end of life care at home, their carers and relevant health professionals, with direct contact numbers so that they could be contacted for advice and support 24 hours per day 7 days per week.
- One of the GPs had received two awards from the Clinical Commissioning Group in 2015 in recognition of their contribution to healthcare within the locality and to innovation in practice.
- A member of staff was designated as a 'patient co-ordinator'. Their role was to act as a point of contact for advice and support and to assist patients in navigating services.

Springfields 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 Springfields Medical Centre

Springfields Medical Centre is located in Bath Street Health & Wellbeing Centre, Legh Street Warrington, Cheshire. The practice provides a service to approximately 6,000 patients. The practice is situated in an area with average levels of deprivation when compared to other practices nationally. The percentage of patients with long standing health conditions is slightly lower than the national average. The percentage of patients with health related problems in daily life is higher than the national average. Unemployment levels are also higher than the national average.

The practice is run by two GP partners and there is an additional salaried GP (3 female). There are four practice nurses, two health care assistants, a practice manager, deputy practice manager and team of reception and administration staff.

The practice is open from 8.00am to 6.30pm Monday to Friday and Saturday from 8.15am to 12.00pm 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 the Health and Wellbeing Centre in which the practice was housed from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice has a Personal Medical Services (PMS) contract and offers a range of enhanced services for example; childhood vaccination and immunisation, facilitating early diagnosis and support to patients with dementia and health checks for patients who have a learning disability.

Why we carried out this inspection

We carried out a comprehensive inspection of the service 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed information from CQC intelligent monitoring systems. We also reviewed national patient survey information.

We carried out an announced visit on 20 January 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant, the practice manager, deputy manager and reception 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.
- We looked at the systems in place for the running of the service.
- Viewed a sample of the practice's key policies and procedures.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and would complete a significant events form. The practice could demonstrate that they had learned from events. Lessons learned had been disseminated across the staff team and action was taken to make any required improvements. Staff were able to provide examples of significant events, and of the learning and subsequent actions taken to prevent a recurrence. Significant events were discussed as a rolling agenda item at staff meetings. We were assured that significant events had been investigated and that learning from these had been shared. However, the practice should review how they share the learning from significant events formally and should consider introducing audits to prevent any re-occurrence of events.

Overview of safety systems and processes

The practice had clear systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. There was a lead member of staff for safeguarding. The GPs provided safeguarding reports where necessary to other agencies. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. All staff had received safeguarding training relevant to their role. Staff demonstrated they understood their responsibilities to report safeguarding. The practice held regular meetings with a designated health visitor to share information and concerns about individual patients or families.
- 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 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).
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean. A practice nurse was the dedicated infection control 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 and staff had received up to date training in infection control. Regular infection control audits had been undertaken. The results of the audits were good and one hundred percent scores had been achieved for both internal and external 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 data and any variables had been recognised and acted upon. The practice had emergency medicines including 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. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had a high level of staff retention and many of the staff across all roles had been in post for a significant number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications,

registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that a record of nurse registration renewal dates was not being maintained. The practice manager told us they would introduce this with immediate effect.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice manager forwarded safety alerts to the relevant staff and maintained a log of what actions had been taken in response to the alerts. There was a health and safety policy available and staff had been provided with training in health and safety. The health and safety risk assessment for the practice was basic, the practice manager agreed to review and update this. The practice had an up to date fire risk assessment and regular fire drills had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- 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 the different staffing groups to ensure that enough staff were on duty. Information for locum GPs was available in the event that this was required. The practice employed four practice nurses, one of who was an advanced nurse practitioner. The practice had participated in the 'Productive General Practice' framework designed to review the changing needs of patients, understand the demands on the service and align capacity of the practice to meet demand.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual training in basic life support. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. The choice of emergency medicines had been determined in response to best practice guidance. The rational for the emergency medicines had been described and there was an agreed date to review these. Systems were in place to record accidents and incidents. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed patient's 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. GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions.

The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers and referrals were monitored to ensure an appointment was provided within two weeks.

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. For example, patients on the palliative care register or those who were vulnerable adults or children at risk.

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 98.8% 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;

- Performance for diabetes related indicators were comparable to or higher than the CCG and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.79% compared to a national average of 88.3%.
- 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 91.82% compared to a national average of 89.9%.
- The performance for mental health related indicators was better 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 92.59% 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 91.11%% compared to a national average of 84.01%.

Clinical audits had been carried out and these demonstrated improvements in outcomes for patients. The practice considered which audits they would complete based on matters such as NICE guidance, recommendations from the local Clinical Commissioning Group (CCG) and the Royal College of General Practitioners.

We looked at a sample of two clinical audits completed in the last two years; these were all completed audits where the improvements made were implemented and monitored. The audits demonstrated that improved outcomes for patients had been achieved. For example an audit was carried out to identify patients receiving a class of medicines for high blood pressure and heart failure and to establish if those patients had had their renal function measured annually. A second audit showed an increase in the number of patients who had undergone renal function measuring.

The practice was run by long established GPs. The GPs met on a daily basis to discuss the needs of the patients, hospital discharges etc. The practice should consider maintaining a record of the main outcomes of these meetings. Clinical meetings were held formally on a four to six weekly basis.

Staff attended a range of formal, informal and multi-disciplinary meetings. The practice was closed for one half day per month to allow for 'practice learning time' which enabled staff to attend meetings and undertake training and professional development opportunities. The practice should consider providing a 'practice meeting' that includes bringing each of the different staff groups together. This would assist with the sharing of information and provide staff in different roles with the opportunity to contribute to the development of the service.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Staff told us they felt well supported in the roles. 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 access to and made use of e-learning training modules and in-house training. All staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. The staff training matrix showed that reception and administration staff had been provided with a good level of training in role specific tasks. Staff training had been scheduled for all 'front of house' staff to undertake 'Making every contact count' training. This training is aimed to assist staff to be receptive to how patients present and to promote advice and signposting for healthy lifestyle choices. Practice nurses had been provided with diploma level training relevant to treating patients with long-term conditions such as diabetes and heart disease. One of the practice nurses was a trained nurse clinician. One of the GP partners had been actively involved in the design of a training programme to enable practice nurses to become 'cancer champions' across the CCG. They told us they intended to develop this role within the practice so that the 'cancer champion' becomes a key worker for patients with cancer, is a point of contact for them, and will take an active part in multi-disciplinary meetings and undertake holistic cancer care reviews.

All clinical staff were kept up to date with relevant training, accreditation and revalidation. All staff had undergone an appraisal within the last 12 months. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

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

GPs attended meetings with neighbouring practices to consider the care and treatment of people with multiple and complex health issues and patients nearing the end of life. 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 the avoiding unplanned admissions to hospital enhanced service, which 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 patient's 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 Mental Capacity Act 2005 (MCA) is legislation

designed to protect people who are unable to make decisions for themselves and to ensure that decisions are made in people's best interests. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Staff described how they obtained consent and consent was recorded for minor procedures. The practice was not aware of patients who were subject to Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards [DoLS] is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The practice manager told us they would carry out a piece of work to identify patients and keep an up to date record of their status.

Staff had been provided with training in information governance (protecting personal information) and there was a lead member of staff for this. Staff were able to clearly demonstrate their understanding of confidentiality and how it applied to their work.

Health promotion and prevention

One of the GP partners was the cancer lead with the Clinical Commissioning Group. As part of this they had designed and undertook a cancer screening uptake project and led

Good

Are services effective?

(for example, treatment is effective)

on this across a Federation of practices. The GP partner told us their lead and associated work had resulted in an increased awareness amongst staff of signs and symptoms of cancer, and the importance of early diagnosis and rapid referral. This had resulted in a higher than average cancer referral rate for patients to secondary care and in the practice having referred 30 of the total of 104 patients from across the CCG into a cancer rehabilitation programme. The practice participated actively in the 'Be Clear on Cancer' campaigns with waiting room displays and leaflets. The next campaign due to start in February was the "blood in pee" campaign. All receptionists and health care assistants had been provided with training delivered by Cancer Research UK to raise the awareness of symptoms and signs of cancer. The practice has hosted two events to raise the awareness of cancer, the symptoms and signs and also the success of early diagnosis and treatment. They also referred patients for MacMillan cancer support services and for benefits advice.

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 who had long term conditions were followed up throughout the year to ensure they attended health reviews and they were signposted to relevant services. Patients identified at risk of developing a health condition were referred to or signposted for lifestyle advice such as dietary advice or smoking cessation.

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. Health assessments were also provided opportunistically, for example, when patients who had not visited the practice for some time presented with minor ailments they were offered relevant health checks.

The uptake for the cervical screening programme was 84.8%, which was comparable with the national average of 82%. 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. Bowel cancer screening rates were comparable to the national average. Childhood immunisation rates were in line with local averages.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw 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 patient's privacy and dignity during examinations 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 told us they could offer patients a private room if they wanted to discuss sensitive issues or if they appeared distressed.

The practice had a long standing staff team in relation to both clinical and non-clinical staff. This meant staff knew the patient group well and patients received a good level of consistency in the people providing their care and treatment. During discussions with staff they consistently demonstrated a strong patient centred approach to their work.

One of the GP partners had received an award for 'Outstanding Contribution to all Areas of Healthcare in Warrington' by the CCG in 2015. The GP was nominated by the practice based on; the personalised care they gave to patients, the quality of the provision of support to palliative care patients, going over and above the requirements of their contract, contacting patients after surgery hours to fit in with patient's working hours and generally providing a person centred approach.

We made comment cards available at the practice prior to our inspection visit. All of the 28 CQC patient comment cards we received were highly positive and complimentary about the service provided by the practice. Patients said they felt the practice offered an 'excellent' service and staff were helpful, caring and treated them with dignity and respect. Patient's feedback described the staff as; 'brilliant', 'professional', 'diligent' and patients felt that staff 'listened' and showed 'compassion' and 'understanding' towards them.

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 July - September 2014 and January - March 2015.

The practice scored higher than average for patient satisfaction in relation to consultations with doctors when compared to the average Clinical Commissioning Group (CCG) and national scores. For example:

- 96.2% said the GP gave them enough time compared to a CCG average of 89.4% and a national average 86.6%.
- 99% said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%).
- 91.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85.1%).

The practice scored high and above average for patient's feedback about the nursing staff. For example:

- 99.1% said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 92% and a national average of 91.9%.
- 94.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%).
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 97.7%, national average 97.1%).

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

- 94.4% said they found the receptionists at the practice helpful (CCG average 83.8%, national average 86.8%)
- 92.9% described their overall experience of the practice as good (CCG average 82.2%, national average 84.8%).

We met with five members of the patient participation group (PPG). They told us they felt listened to by staff at the practice. The PPG was well engaged and actively involved in areas of development. The provided us with an extensive list of the work they were involved in both within the practice and across the CCG locality. They used an area of the waiting room to advertise and display their work and they had their own website, a link for which was provided on the practice's website. Members of the PPG met regularly and they were involved in helping to promote

Are services caring?

health awareness and the organisation of health promotion events in the practice. The PPG told us they were committed to the practice as a way of demonstrating their gratitude for the commitment shown by the GPs.

We also spoke with an additional four patients who were attending the practice at the time of our inspection. All of the nine patients we spoke with during the course of the inspection gave us highly positive feedback about the service they received from the GPs, practice nurses and reception staff. Staff were commended for their commitment, professionalism and compassion. Patients comments included: “They make you feel important and valued”, “Nothing is too much trouble” and “The staff give one hundred percent - one hundred percent of the time”.

Staff we spoke with during the course of the inspection demonstrated a very caring and person centred approach to their work. Staff had been involved in a number of charity events to raise funds for cancer research and a local hospice.

Care planning and involvement in decisions about care and treatment

Patients told us through discussions and in comment cards that they felt listened to and involved in making decisions about the care and treatment they received. Results from the national GP patient survey reflected this as the practice had scored consistently higher than local and national averages for patient satisfaction. For example:

- 96.9% said the GP was good at listening to them compared to a CCG average of 90.4% and a national average of 88.6%.
- 94.6% said the last GP they saw was good at explaining tests and treatments (CCG average of 86.9%, national average of 86%).
- 89.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.7%, national average of 81.4%).

The same questions about nursing staff were higher than average. For example:

- 99.1% said the last nurse they saw or spoke to was good at listening to them (CCG average of 91.3%, national average of 91.0%)
- 94.8% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 89.4%, national average of 89.6%)
- 86.6% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 85.3%, national average of 84.8%).

Staff told us that translation services were available for patients who did not have English as their first language. They also told us the information available to patients could be provided in alternative language or formats if this was required by the patients. 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

A large amount of information leaflets were available in the waiting area. These provided information on how patients could access a number of support groups and organisations and included signposting patients to counselling services and advocacy services. Information about health conditions and signposting information was also available on the practice website. The local Citizens Advice Bureau provided regular drop in sessions at the practice to provide support for patients.

Patients were referred to a healthy living centre if this was appropriate to their needs and they were provided with advice and guidance for promoting good health such as smoking cessation advice and support.

Systems were in place to notify the ‘out of hours’ service of patients giving cause for concern. The GPs provided patients who were receiving end of life care at home, their carers and district nurses with contact numbers so that they could be contacted at any time if the patient required advice and support. We heard examples from patients about the impact of this and how the GPs had acted above and beyond their duties for the welfare of the patients in providing support at this time. Patients receiving end of life care were signposted to support services. Staff sent bereavement cards to carers following a bereavement and they signposted them to bereavement support services.

The practice's computer system alerted GPs if a patient was also a carer. Carers were offered longer appointments if required. They were also offered flu immunisations and health checks.

Outstanding ☆

Are services caring?

The practice was fully accessible to people who required disabled access and appropriate equipment was available to accommodate people's needs for example, height adjustable beds. Staff had been provided with training to assist them in supporting patients who were deaf or hard of hearing and a hearing loop system was in place. The practice sent out easy read letters inviting people who had a learning disability into the practice for health checks. Translation services were available and regularly used for patients who required this.

A 'patient co-ordinator' role had been developed. This was reported to be of great value to patients as it provided a named person for patients to contact for advice, support and assistance in navigating services.

The practice maintained a register of known carers. The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Alerts were put on carer's patient records to ensure they were offered longer appointments.

Good

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 improve the service provided. 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.

The practice reviewed patient 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. Robust systems were in place to ensure referrals to secondary care and results were followed up.

Access to the service

The management of the appointment system provided clear evidence that that practice was responsive to patients' needs.

The practice was open from 8.00am to 6.30pm Monday to Friday and Saturday from 8.15am to 12.00pm. 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 the Health and Wellbeing Centre in which the practice was housed from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays. This was by pre-booked appointment. The practice provided an enhanced service allowing patients who lived out of area to register at the practice if they worked in the area. Outside of practice hours patients could access the Bridgewater Trust for primary medical services.

Patients we spoke with on the day of our visit told us they were able to get appointments when they needed them. The practice used the 'Doctor first' appointment system whereby patients underwent a telephone consultation with a GP who then decided if a face to face consultation was required or if they could provide advice or treatment without the patient needing to attend the practice in person. The majority of GP appointments whether by telephone consultation or face to face were provided the same day. Telephone consultations were provided in the morning and afternoon and face to face appointments followed each slot as required. The practice reported that the system had increased the number of patient consultations significantly. This system had been introduced to improve patient access and was a result of an exercise to assess demand and capacity. The effectiveness of the system had been assessed using patient feedback and it was rescheduled to be assessed again in the future. Feedback we obtained through the course of our inspection was positive and indicated that the system worked for patients. A small number of comments indicated that some patients preferred the previous appointments system but they were not critical of the current system.

There were alerts on the computerised system if patients required support for their appointment. There were longer appointments available for people with a learning disability. Home visits were available for older patients and other patients who required these. Pre-booked appointments could be made for people attending clinics for a review of a long term condition and GP appointments could be booked in advance if this was required. Services were also provided on an opportunistic basis such as child immunisations.

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

- 80.8% of patients were satisfied with the practice's opening hours compared to the national average of 74.9%.
- 73.6% of patients said they could get through easily to the surgery by phone (CCG average 60.5%, national average 73.32%).
- 84.5% of patients described their experience of making an appointment as good (CCG average 66%, national average 73.3%).
- 82.4% said the practice was open at times that are convenient compared to the CCG average of 69.1% and a national average of 73.8%.

The practice was located in a modern purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who were deaf or had difficulty hearing.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. The practice manager was the lead person for ensuring complaints were managed. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with a sensitive explanation and an apology or sympathetic response when this was appropriate. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice should ensure they carry out a periodic review of the nature of complaints to ensure any themes have been identified and actions taken to address these and prevent a reoccurrence.

Are services well-led?

Outstanding ☆

(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 and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were aware of the vision and values of the practice and they were supported to deliver these. The practice was proactive in improving the care and treatment provided to it's patients and to driving improvements to primary care across the locality.

The GP partners had knowledge of and incorporated local and national objectives. One of the GP partners was the cancer lead with the Clinical Commissioning Group. They had designed and undertook a cancer screening uptake project and led on this across a Federation of GP practises.

The GP partner had received an award at the CCG awards in 2015 as part of a team for 'Best innovation in practice' for their work on a cancer rehabilitation project.

The GP partner had also been registered as a stake holder for the National Institute for Clinical Excellence (NICE) guidelines for cancer in 2015 in advance of publication. The GP had reviewed the guidelines and shared their learning from this amongst colleagues within the practice and had hosted and delivered a learning event for all GP's across the CCG. The practice had also hosted a number of patient events to raise the awareness of cancer.

The GP partner had been actively involved in the design and delivery of a training programme to train nurses across the Clinical Commissioning Group (CCG) to be 'cancer champions'. Their intention was to develop this role within the practice so that the 'champion' becomes a key worker for patients with cancer, is a point of contact for them, and who will take an active part in multi-disciplinary meetings and undertake holistic cancer care reviews.

The GP partner was a director for 'Warrington Health Plus'. This is a community interest company funded by the Prime Minister's Challenge Fund. As a result the GP was clearly aware of the local health economy and demographics and was involved in developing strategies to improve the provision of primary care across the CCG whilst working in collaboration with secondary care and community care providers. The practice manager also represented practice managers on the 'Warrington Health Plus' and 'Primary Care Strategy group'.

The GP partner had also won an award in 2015 for "Services to Warrington Healthcare above and beyond the call of duty" for their work at Springfields Medical Centre.

Governance arrangements

The practice had systems and procedures in place to ensure the service was safe and effective.

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 used evidence based guidance in their clinical work with patients. A programme of continuous clinical audit was in place and this was used to monitor quality and to make improvements to outcomes for patients.

There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.

The GPs used recognised tools to review and monitor aspects of the service and deliver improvements. For example, the practice had used the 'Productive General Practice Programme', which is a nationally accredited programme, to review clinical and administrative systems and assess capacity and demand.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

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 practice and remain on the National Performers List held by NHS England). All other staff were supported through annual appraisal and continuing professional development.

There were clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines and other information. Records showed that regular clinical and

Are services well-led?

Outstanding ☆

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

non-clinical meetings were carried out as part of the quality improvement process to improve the service and patient care. These included a number of documented clinical, multi-disciplinary and business 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.

Leadership, openness and transparency

The GPs provided safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that the GPs were very approachable and they felt comfortable to raise any issues or concerns with them. Patient feedback about staff in all roles was highly positive. They told us they felt the GP partners were very committed, compassionate and dedicated to the practice.

Many of the staff including the GPs, practice nurses, the practice manager and the reception and administration team had worked together for several years and had been afforded opportunities to develop within their role. They told us they enjoyed their work, they worked well as a team and they knew the needs of the patient population well.

Staff told us they felt valued, well supported and well trained. Staff were engaged and involved in discussions about service development in the practice, and were encouraged to identify opportunities to improve the service delivered by the practice. The practice encouraged a culture of openness and transparency. The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

Staff were aware of which GPs had specific responsibility for different areas of work and therefore they knew who to approach for help and advice. Staff had been provided with an extensive range of good quality training linked to their roles and responsibilities. They told us they were very well supported with their professional development.

A range of meetings were held at the practice on a regular basis. GPs met informally on a daily basis to look at patient care and four to six weekly formal clinical meetings were held. Clinical staff attended a range of multi-disciplinary meetings and local strategy and development meetings.

Seeking and acting on feedback

The practice actively encouraged and valued patient and staff feedback through a range of means such as; the patient participation group, surveys, face to face discussions, complaints, appraisals and meetings. Staff were able to share examples of how they had implemented changes as a result of patient feedback. The practice patient participation group (PPG) was very well engaged and actively involved in areas of development. They used an area of the waiting room to advertise and display their work and they had their own website, a link for which was provided on the practice's website. Members of the PPG met regularly and they were involved in helping to promote health awareness and the organisation of health promotion events in the practice. They also sought patient feedback on events and the feedback we saw indicated that the impact of the events, in terms of content and whether they were beneficial for the patients was 'excellent' from all patients involved. The practice also provided opportunities for patients to receive information and to feedback about the service through the use of social media.

A patient co-ordinator role had been developed by the deputy manager. This was reported to be of great value in providing advice and support to patients and in helping them to navigate services.

Continuous improvement

There was a strong focus on continuous learning and improvement 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. The practice had a 3 year business development plan which outlined future development of the service including greater use of technology and social media for the convenience of patients and continued input into the development of primary care across the locality. The GPs were also aware of challenges to the service and worked to meet these. The challenges included the population growth of the practice and the recruitment of a salaried GP.