

Cockhedge Medical Centre Ltd

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

This is the report of findings from our inspection of Cockhedge Medical Centre Ltd which is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on 5th May 2015 at the practice location. We spoke with patients, staff and the practice management team.

The practice was rated as Good. A safe, caring, effective, responsive and well- led service was provided that met the needs of the population it served.

Our key findings were as follows:-

- There were systems in place to protect patients from avoidable harm, such as from the risks associated with medicines and infection control. There were clear processes in place to investigate and act upon any incident and to share learning with staff to mitigate future risk.
- Patients care needs were assessed and care and treatment was being considered in line with best

practice national guidelines. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed.

- Feedback from patients showed they were very happy with the care given by all staff. They felt listened to, treated with dignity and respect and involved in decision making around their care and treatment.
- The practice planned its services to meet the differing needs of patients. The practice encouraged patients to give their views about the services offered and made changes as a consequence.
- There was a clear leadership structure in place. Quality and performance were monitored, risks were identified and managed. The practice ensured that staff had access to learning and improvement opportunities.

There were areas of practice where the provider needs to make improvements.

The provider should:

Summary of findings

- Make a record of the physical and mental fitness of staff during the recruitment process.

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 safe. There were systems in place to protect patients from avoidable harm and abuse. Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were clear processes in place to investigate and act upon any incident and to share learning with staff to mitigate future risk. There were appropriate systems in place to protect patients from the risks associated with medicines and infection control. The staffing numbers and skill mix were reviewed to ensure that patients were safe and their care and treatment needs were met. We found that the recruitment practices could be improved by recording an assessment of the physical and mental fitness of staff.

Good



Are services effective?

The practice is rated as good for effective. Patients care needs were assessed and care and treatment was being considered in line with best practice national guidelines. Staff were provided with the training needed to carry out their roles and they were appropriately supported. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed. The practice monitored its performance and had systems in place to improve outcomes for patients. The practice worked with health and social care services to promote patient care.

Good



Are services caring?

The practice is rated as good for caring. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy. Patients were provided with support to enable them to cope emotionally with care and treatment.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice planned its services to meet the differing needs of patients. They monitored the service to identify patient needs and service improvements that needed to be prioritised. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Good



Summary of findings

Are services well-led?

The practice is rated as good for well led. There was a clear leadership structure in place. Quality and performance were monitored, risks were identified and managed. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the practice manager. Staff told us they could raise concerns and felt they were listened to. The practice had systems to seek and act upon feedback from patients.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care. The practice nurse visited housebound patients who required immunisation such as flu and pneumonia vaccinations. The practice had a record of carers and used this information to discuss any support needed and to refer carers on to other services if necessary. The practice ensured each person who was over the age of 75 had a named GP and an annual health check that incorporated health education to maintain a healthy lifestyle. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified all patients at risk of unplanned hospital admissions and a care plan had been developed to support them.

Good



People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions and to follow up unplanned hospital admissions in a timely manner. Clinical staff kept up to update in specialist areas which helped them ensure best practice guidance was always being considered. The practice had achieved and implemented the Gold Standards Framework for end of life care. One of the GPs took the lead for this group of patients. They kept a record of patients needing palliative care. Gold Standards Framework meetings were held alongside multi-disciplinary meetings every three months where the needs of patients with terminal illnesses and complex health needs were discussed. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. Child health surveillance and

Good



Summary of findings

immunisation clinics were provided. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. Staff were knowledgeable about child protection and the practice nurse took the lead for safeguarding. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. Liaison took place with the health visiting service to discuss any children who were at risk of abuse and advice was taken from the Warrington Clinical Commissioning Group lead for safeguarding where necessary.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the population group of working-age people (including those recently retired and students). The practice was open Monday to Friday from 07.30 to 18.30. The practice offered open access (no appointment needed) every morning alongside pre-bookable appointments, telephone consultations were available and patients could book appointments in person, on-line or via the telephone. This provided flexibility to working patients and those in full time education. The practice monitored patient satisfaction with access to the service through patient feedback and this feedback indicated patients were overall satisfied. Health checks were offered to patients who were over 45 years of age to promote patient well-being and prevent any health concerns.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. The practice had a small number of homeless patients. The practice provided these patients with same day appointments to attempt to reduce attendance at accident and emergency departments. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance in order to ensure the length of the appointment was appropriate. Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in this.

People experiencing poor mental health (including people with dementia)

Good



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

Summary of findings

The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information for patients in the waiting areas to inform them of other services available. For example, for patients who may experience depression or those who would benefit from counselling services for bereavement. The practice promoted the care of veterans following discharge from military service, which facilitated additional support and care if required.

Summary of findings

What people who use the service say

We looked at 37 CQC comment cards that patients had completed prior to the inspection and spoke with ten patients. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GP, treatments were explained, they felt listened to, involved in decisions about their care and they had confidence in the clinical staff.

The National GP Patient Survey in March 2014 found that 75% of patients at the practice stated 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. Ninety two percent of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. Seventy two percent said the GPs were good or very good at involving them in decisions about their care and 92% felt the nurses were good or very good at involving them in decisions about their care. Ninety one percent of patients

were very satisfied or fairly satisfied with opening hours. Eighty three percent rated their ability to get through on the telephone easy or very easy. Eighty two percent of patients described the overall experience of their GP surgery as fairly good or very good. These results were about average when compared to other practices nationally.

A patient access survey carried out by Warrington Clinical Commissioning Group in January 2015 showed that when compared to other practices in Warrington Cockhedge Medical Centre Ltd was rated the second best practice. The practice was rated the best for helpfulness of receptionists.

We looked at the results of the last patient survey undertaken by the practice in 2013 and completed by 111 patients. The results were positive with the majority of patients indicating they were treated with respect and dignity, very or fairly satisfied with the care provided and happy with the arrangements for making appointments and getting repeat prescriptions.

Areas for improvement

Action the service **SHOULD** take to improve

- Make a record of the physical and mental fitness of staff during the recruitment process.

Cockhedge Medical Centre Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP.

Background to Cockhedge Medical Centre Ltd

Cockhedge Medical Centre Limited is based in the Cockhedge Shopping Centre in Warrington. The practice treats patients of all ages and provides a range of medical services. The medical centre is led by Dr Whitenburgh and the staff team includes a locum GP, a business manager, a practice nurse, a healthcare assistant/medicines management co-ordinator/office manager, senior receptionist and two receptionists.

The practice is open Monday to Friday from 07.30 to 18.30. The practice offers open access (no appointment needed) every morning alongside pre-bookable appointments. In the afternoon pre-bookable appointments and book on the day appointments are available. Patients can book appointments in person, on-line or via the telephone. The practice provides telephone consultations and home visits to patients who are housebound or too ill to attend the practice. The practice closes one afternoon per month for staff training. When the practice is closed patients access Warrington GP Out of Hours Service.

The practice is part of Warrington Clinical Commissioning Group. It is responsible for providing primary care services to approximately 3,050 patients. The practice is situated in

an economically deprived area. Forty three percent of patients have a long standing health condition, 53% of patients have health related problems in daily life and 12% of patients have caring responsibilities. The practice has a small percentage of older patients and the majority of the patient population are between the ages of 20 and 54. The practice has a Primary Medical Services (PMS) contract.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Detailed findings

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 5th May 2015.

We reviewed all areas of the practice, including the administration areas. We sought views from patients via comment cards and we spoke to ten patients. We spoke with two GPs, the practice nurse, the business manager, one administrative/reception member of staff and a member of staff who combined the roles of healthcare assistant, medicines management coordinator and office manager.

Are services safe?

Our findings

Safe Track Record

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring safety incidents. We looked at a sample of records of significant events that had occurred in the last 12 months. There was evidence that appropriate learning had taken place and that findings were disseminated to relevant staff.

The practice held meetings at which significant events were discussed in order to cascade any learning points. We viewed analysis documentation which included details of the events, details of the investigations, learning outcomes and action plans. Staff we spoke with told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally.

Reliable safety systems and processes including safeguarding

Staff had access to safeguarding policies and procedures for both children and vulnerable adults. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were available to staff and we saw that all staff had signed to say they had read and understood them. Staff had access to contact details for both child and adult safeguarding teams.

Records and staff we spoke with confirmed they had received training in safeguarding at a level appropriate to their role. Staff we spoke with demonstrated a good knowledge and understanding of safeguarding and its application.

The practice nurse was the lead for safeguarding. They attended meetings with and received regular updates from the safeguarding lead from the commissioning organisation. This established link meant that advice and

guidance could be easily sought when needed. The practice did not have a named health visitor. Any concerns about the welfare of children were referred to the health visiting service for the area. Codes and alerts were applied to the electronic case management system to ensure identified risks to children, young people and vulnerable adults were clearly flagged and reviewed.

Medicines Management

GPs worked with the medicines management team from the Clinical Commissioning Group (CCG) to review prescribing trends and medicine audits. GPs reviewed their prescribing practices as and when medicine alerts were received and in accordance with good practice guidelines. The GPs told us there was a system in place for undertaking medicine reviews. Patient medicine reviews were undertaken during consultations and chronic condition reviews. The GPs were supported by a medicines coordinator who had been trained by the medicines management team from the CCG.

We looked at how the practice stored and monitored emergency medicines and vaccines. Vaccines were securely stored and were in date and organised with stock rotation evident. We saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of the vaccines. A cold chain policy (cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines) was in place for the safe management of vaccines. We noted that this needed to contain some further information about what to do in the event of the cold chain not being maintained. We spoke to staff who managed the vaccines and they had a clear understanding of the actions they needed to take to keep vaccines safe. Emergency medicines were in date and held securely.

Cleanliness & Infection Control

Staff had access to an infection control policy with supporting processes and guidance. There was a lead member of staff for infection control who had completed training relevant to this role and who attended regular infection control meetings with the Clinical Commissioning Group. All staff had received training in infection control.

The patients we spoke with commented that the practice was clean and appeared hygienic. We looked around the premises and found them to be clean. The treatment rooms, waiting areas and toilets were in good condition and supported infection control practices. Surfaces were

Are services safe?

intact, easy to clean and the premises were uncluttered. Staff had access to gloves and aprons and there were appropriate segregated waste disposal systems for clinical and non-clinical waste. We observed good hand washing facilities to promote good standards of hygiene. Instructions about hand hygiene were available throughout the practice with hand gels in clinical rooms.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only. Checks were carried out to ensure items such as instruments, gloves and hand gels were available and in date.

The practice and the Clinical Commissioning Group carried out infection control audits with the last one undertaken in November 2014. This indicated that overall the practice was meeting effective infection control standards. A cleaning schedule was in place and regular checks were undertaken by the practice manager to ensure cleaning was carried out to a satisfactory standard. We were told that water safety systems were checked to guard against the risk of Legionella.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. We were shown a certificate to demonstrate that equipment such as the weighing scales, vaccine fridge, thermometers and blood pressure machines had been tested and calibrated. All portable electrical equipment was routinely tested.

Staffing & Recruitment

Staffing levels were reviewed to ensure patients were kept safe and their needs were met. In the event of unplanned absences staff covered from within the service. Duty rotas took into account planned absence such as holidays. Locum GPs provided cover for holidays and the same locums were used where possible to promote continuity for patients. The registered manager and the practice manager told us that patient demand was monitored through the appointment system and staff and patient feedback to ensure that sufficient staffing levels were in place.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at the recruitment records of a clinical and a non-clinical member of staff who were the

last two staff to be employed. We found that the recruitment procedure had in general been followed and the required checks had been undertaken to show the applicants were suitable for their posts. We noted that a record of the physical and mental fitness of staff had not been made.

All staff had received a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check and we looked at a sample of records to confirm this (these checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post). The professional registration of clinical staff was checked prior to appointment and there was a system in place to record checks of on going professional registration with the General Medical Council (GMC) and Nursing Midwifery Council (NMC).

Monitoring Safety & Responding to Risk

The practice had other systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included medicines management, dealing with emergencies and monitoring the safety of equipment. Health and safety information was displayed for staff to see around the premises. The practice manager was the lead for health and safety and these issues were discussed at staff meetings. The building was leased and the landlord ensured that checks were undertaken of the fire safety systems. A sample of records confirming this were seen. We noted that the fire risk assessment needed to be updated.

Arrangements to deal with emergencies and major incidents

Emergency medicines were available and staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The practice had oxygen for use in the event of an emergency. This was appropriately stored and monitored to ensure suitability for use. The practice had risk assessed the need for an automated external defibrillator (used to attempt to restart a person's heart in an emergency) and concluded that this was not necessary. We noted that a record had not been made of this.

Staff told us they had up to date training in dealing with medical emergencies including cardiopulmonary

Are services safe?

resuscitation (CPR). Samples of training certificates confirmed that this training was up to date. We noted that drills to test out the accessibility of emergency equipment and staff response times were not undertaken.

A disaster recovery and business continuity plan was in place. The plan included the actions to be taken following

loss of building, loss of telephone system, loss of computer and electrical equipment, loss of utilities and staff incapacity. Key contact numbers were included for staff to refer to.

Panic buttons were available for staff on their computers and in treatment rooms and in the reception area for staff to call for assistance. The majority of staff had received training in managing abusive or aggressive patients.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were systems in place to ensure the clinical staff were familiar with new clinical protocols, the needs of patients with complex health needs were reviewed and to keep up to date with best practice guidelines and relevant legislation. GPs and the practice nurse attended training and educational events provided by the Clinical Commissioning Group (CCG) and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. The health care assistant/ medicines management co-ordinator had received the training necessary to carry out their role, they met regularly with the medicines management team from the CCG and they said they received good support from the GPs and practice nurse.

The clinical staff specialised and lead in clinical areas, for example, the GPs specialised in sexual health and unplanned care. The practice nurse managed specialist clinical areas such as diabetes, asthma and cervical cytology. This meant that the clinicians were able to focus on specific conditions and provide patients with regular support based on up to date information.

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

The practice provided several enhanced services which involved them working closely with the CCG to ensure patient needs were effectively assessed. For example, the practice took part in the avoiding unplanned admissions to hospital scheme. The clinicians discussed patient's needs at multi-disciplinary meetings and ensured care plans were in place and regularly reviewed.

Management, monitoring and improving outcomes for people

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD), which were used to arrange annual health reviews.

There were systems in place to evaluate the operation of the service and the care and treatment given. The practice used the information it collected for the Quality Outcomes Framework (QOF) to monitor the quality of services provided. The report from 2013-2014 showed the practice was meeting national targets and performing better than average in a number of areas, for example, in relation to checks for patients with diabetes, blood pressure readings for hypertensive patients, cervical screening, care planning for adults with long term mental health diagnoses and maintaining a register for adult patients with a learning disability and patients in need of palliative care.

The practice worked with the Clinical Commissioning Group (CCG) to monitor and improve outcomes for patients. We looked at an analysis of how the practice compared to other practices in Warrington in relation to flu vaccination uptake amongst vulnerable patients. This showed the practice performed well, for example, the practice had the highest uptake of flu vaccinations for 3 and 4 year olds.

Quality improvement audits were carried out. Examples of audits included prescribing of medications, audit of referrals and an audit of admissions to accident and emergency. We looked at a sample of audits and found that the results either confirmed no changes were needed to practice or where necessary changes had been made to practice to improve patient care.

The GPs and practice nurse had key roles in monitoring and improving outcomes for patients. These roles included managing long term conditions, safeguarding and palliative care. The practice had achieved and implemented the Gold Standards Framework for end of life care. One of the GPs took the lead for this group of patients. They kept a record of patients needing palliative care. Gold Standards Framework meetings were held alongside multi-disciplinary meetings every three months where the needs of patients with terminal illnesses and complex health needs were discussed. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

An appraisal policy was in place. Staff were offered annual appraisals to review performance and identify development needs for the coming year. We spoke to a receptionist/administrative member of staff and a member

Are services effective?

(for example, treatment is effective)

of staff who combined the roles of office manager, medicines management coordinator and health care assistant. They told us the practice was supportive of their learning and development needs. They said they had received an appraisal in the last 12 months and that a personal development plan had been drawn up as a result which identified any training needed. We spoke to both GPs and the practice nurse who told us they had annual appraisals and we saw records to demonstrate that they undertook training/learning to inform their practice. GPs told us they had protected learning time and met with their external appraisers to reflect on their practice, review training needs and identify areas for development. Training records showed that staff had completed training to keep their skills and knowledge up to date. A system was in place to identify training needs and take action to address any shortfalls.

The staff we spoke with told us they felt well supported in their roles. Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. Developmental and governance meetings took place to share information, look at what was working well and where any improvements needed to be made. For example, the practice closed one afternoon per month for in-house developmental meetings, to enable staff to attend external training events or complete in-house training. The GPs and nurse shared information about new protocols and best practice guidelines. Practice meetings involving the whole staff team took place every three months and provided an opportunity to share information vital for the operation of the service.

Working with colleagues and other services

The practice worked with other agencies and professionals to support continuity of care for patients. The practice provided the 'out of hours' service with information, to support, for example 'end of life care.' Information received from other agencies, such as A&E or hospital outpatient departments were read and actioned by the GPs in a timely manner. GPs described how blood result information would be sent through to them and the system in place to respond to any concerns identified. There was a system in place to identify patients at risk of unplanned hospital admissions and to follow up the healthcare needs of these patients.

The practice liaised with other healthcare professionals such as the Community Diabetic Specialist, the Community

Matron and mental health services to promote patient care. Multi-disciplinary team and palliative care meetings were held on a three monthly basis. Clinical staff met with district nurses, community matrons and Macmillan nurses to discuss any concerns about patient welfare and identify where further support may be required. GPs were invited to attend child and vulnerable adult safeguarding conferences, when they were unable to attend these meetings they provided a report detailing their involvement with the patient.

Information Sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the computer system for future reference. All members of staff were trained on the system.

The practice had systems in place to communicate with other providers. For example, there was a system for communicating with the local out of hour's provider to enable patient data to be shared in a secure and timely manner and systems in place for making referrals to other health services.

The practice was implementing the electronic Summary Care Record and information was available for patients to refer to (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

Consent to care and treatment

We spoke with clinical staff about their understanding of the Mental Capacity Act 2005. They provided us with examples of their understanding around consent and mental capacity issues. They were aware of the circumstances in which best interest decisions may need to be made in line with the Mental Capacity Act when someone may lack capacity to make their own decisions. Clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). We noted that the consent policy and procedure needed further information about best interest decision making in order to provide clearer guidance to staff.

Are services effective?

(for example, treatment is effective)

Health Promotion & Prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, children's immunisations, long term condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets and posters in the waiting area about the services available. This included smoking cessation, various cancers screening, health checks and travel advice. We noted a culture among the clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic cervical screening, flu vaccinations and offering smoking cessation advice to smokers. We looked at an analysis of how the practice compared to other practices in Warrington in relation to flu vaccination uptake amongst vulnerable patients. This showed the practice performed well, for example, the practice had the highest uptake of flu vaccinations for 3 and 4 year olds. The practice also performed well in relation to childhood immunisations.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action.

Quality and Outcomes Framework (QOF) information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives and exceeding these targets in several areas. For example, the QOF results for March 2014 showed that the practice performed better than average in providing some diabetes checks, blood pressure readings for hypertensive patients and in ensuring women aged 25 – 65 had cervical screening within the last 5 years.

New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment. This provided the practice with important information about their medical history, current health concerns and lifestyle choices. This ensured the patients' individual needs were assessed and access to support and treatment was available as soon as possible.

The practice identified patients who needed on-going support with their health. The practice kept up to date disease registers for patients with long term conditions such as diabetes, asthma and chronic heart disease which were used to arrange annual health reviews. The practice also kept registers of vulnerable patients such as those with mental health needs and learning disabilities and used these to plan annual health checks.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We looked at 37 CQC comment cards that patients had completed prior to the inspection and spoke with ten patients. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GP, treatments were explained and that they felt listened to.

The National GP Patient Survey in March 2014 found that 75% of patients at the practice stated 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. Ninety two percent of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. These responses were about average when compared to other practices nationally. Eighty two percent of patients who responded to this survey described the overall experience of their GP surgery as fairly good or very good.

The results of the last patient survey carried out in 2013 indicated that patients felt respected and that the majority would recommend the practice to others. This survey had 111 responses.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the visit. Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was an area available if patients wished to discuss something with them away from the reception area.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and

treatment rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations.

Information was provided to patients about the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. For example, data from the National GP Patient Survey in March 2014 showed 72% of practice respondents said the GPs were good or very good at involving them in decisions about their care and 92% felt the nurses were good or very good at involving them in decisions about their care. These responses were about average when compared to other practices nationally.

Patients we spoke with told us that health issues were discussed with them, treatments were explained, they felt listened to and they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received indicated they felt listened to, supported and they had confidence in the clinical staff.

Patient/carer support to cope emotionally with care and treatment

Information was on display in the waiting area about the support available to patients to help them to cope emotionally with care and treatment. Information available included information about advocacy services, bereavement services and services for carers. Staff spoken with told us that bereaved relatives known to the practice were offered support following bereavement. There were counselling services and mental health support services which the GPs and nursing staff were able to refer patients on to.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with Warrington Clinical Commissioning Group (CCG) to address local needs and service improvements that needed to be prioritised.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The practice was proactive in contacting patients who failed to attend vaccination and screening programmes. The practice staff also worked opportunistically to ensure patients received these services.

Referrals for investigations or treatment were mostly done through the "Choose and Book" system which gave patients the opportunity to decide where they would like to go for further treatment. Administrative staff monitored referrals to ensure all referral letters were completed in a timely manner.

The practice worked to the National Gold Standard Framework in end of life care (The National Gold Standards Framework (GSF) Centre in End of Life Care provides training to enable generalist frontline staff to provide a gold standard of care for people nearing the end of life).

One of the GPs took the lead for this group of patients. They kept a record of patients needing palliative care. Gold Standards Framework meetings were held alongside multi-disciplinary meetings every three months where the needs of patients with terminal illnesses and complex health needs were discussed. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

The practice offered patients a chaperone prior to any examination or procedure. (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 had received training around carrying out this role.

The practice had a Patient Representative Group (PRG). The purpose of the PRG was to meet with practice staff to review the services provided, develop a practice action

plan, and help determine the commissioning of future services in the neighbourhood. Surveys sent by the practice were agreed with the PRG and an action plan devised with them. The results of the last patient survey in February 2013 indicated that patients wanted improvements to be made to the practice website, publicising opening hours and the promotion of the online repeat prescription service. Records showed that an action plan had been put in place to address these issues. We met with representatives of the PRG who told us that improvements had been made to the practice as a result of their involvement, they said they felt they were listened to and that their opinions mattered.

Tackling inequity and promoting equality

The practice provided disabled access in the reception and waiting areas, as well as in the consulting and treatment rooms. Disabled parking facilities were available.

Staff were knowledgeable about interpreter services for patients where English was not their first language. Information about interpreting services was available in the waiting area. In order to increase the uptake of cervical screening guidance for patients in a range of languages had been produced. Staff told us that this had encouraged patients from different religious and ethnic backgrounds to have this procedure.

Patients' electronic records contained alerts for staff regarding patients requiring additional assistance in order to ensure the length of the appointment was appropriate. For example, if a patient required interpreting services then a double appointment was offered to the patient to ensure there was sufficient time for the consultation.

Staff spoken with indicated they had received training around equality, diversity and human rights.

Access to the service

The practice was open Monday to Friday from 07.30 to 18.30. The practice offered open access (no appointment needed) every morning alongside pre-bookable appointments. In the afternoon pre-bookable appointments and book on the day appointments were available. Patients could book appointments in person, on-line or via the telephone. The practice provided telephone consultations and home visits to patients who

Are services responsive to people's needs?

(for example, to feedback?)

were housebound or too ill to attend the practice. The practice closed one afternoon per month for staff training. When the practice was closed patients accessed Warrington GP Out of Hours Service.

The National GP Patient Survey in March 2014 found that 91% of patients were very satisfied or fairly satisfied with opening hours. Eighty three percent rated their ability to get through on the telephone as easy or very easy. These results were above average when compared to other practices nationally.

We looked at 37 CQC comment cards that patients had completed prior to the inspection. The comments indicated that patients were very happy with the standard of care provided and a number mentioned being able to get an appointment when they needed one. Two patients commented they would like more book in advance appointments. We spoke with ten patients. They all said they were able to get an appointment when one was needed, that it was easy to get through to the practice by phone and that reception staff were friendly and helpful. They said they were satisfied with arrangements for repeat prescriptions and that if a referral to another service was needed this had been done in a timely manner.

A patient access survey carried out by Warrington Clinical Commissioning Group in January 2015 showed that when compared to other practices in Warrington it was rated the second best practice. The practice was rated the best for helpfulness of receptionists.

The results of the last patient survey carried out in 2013 and completed by 111 patients indicated that the majority of patients found it very easy or fairly easy to get through on the phone, book an appointment on the day, get a repeat prescription and obtain test results by phone.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaint policy and procedure were available in the reception area. Reference was made to how to make a complaint and the complaint policy on the practice's website and in the patient information leaflet. The policy included contact details for the Health Service Ombudsman and NHS England, should patients wish to take their concerns outside of the practice.

We looked at the record of complaints and found documentation to record the details of the concerns raised and the action taken. Staff we spoke with were knowledgeable about the policy and the procedures for patients to make a complaint.

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 ethos which included, providing a service which put patients first, providing high-quality care, treating patients with dignity and respect in a clean and safe environment and respecting and adhering to the code of patient confidentiality. Staff we spoke with were aware of the culture and values of the practice and told us patients were at the heart of everything they did. They felt that patients were involved in all decisions about their care and that patient safety was paramount. Comments we received from patients were very complimentary of the standard of care received at the practice and confirmed that patients were consulted, given a high standard of care and treated with respect. The practice had a patients' charter which summarised its aims and objectives and was displayed at the practice and on the website for patients to see.

Governance Arrangements

Meetings took place and there were systems in place to share information, look at what was working well and where any improvements needed to be made. For example, the GPs and nurse met informally to discuss new protocols, to review complex patient needs and keep up to date with best practice guidelines. Practice meetings involving the whole staff team took place every three months and provided an opportunity to share information vital for the operation of the service. The business manager and the registered manager frequently discussed the operation of the practice and any actions needed to improve the operation of the service.

The practice had a number of policies and procedures in place to govern activity and staff knew how to access them. We looked at a sample of policies and procedures, generally the policies had been recently reviewed and contained the required information, however, the policy for the safe storage of vaccines and the consent to treatment policy did not provide sufficient guidance for staff.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The GPs spoken with told us that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

Quality improvement audits were carried out. Examples of audits included prescribing of medications, audit of referrals and an audit of admissions to accident and

emergency. We looked at a sample of audits and found that the results either confirmed no changes were needed to practice or where necessary changes had been made to practice to improve patient care.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff told us and minutes from practice meetings indicated that the outcome of significant incidents and complaints and how they were to be learned from were discussed.

Leadership, openness and transparency

There was a leadership structure in place and clear lines of accountability. We spoke with 6 members of staff and they were all clear about their own roles and responsibilities. They all told us that they felt valued and well supported.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the business manager or registered manager. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the business manager. Staff told us they could raise concerns and felt they were listened to.

Human resource policies and procedures, for example, the induction, sickness and absence and disciplinary procedures were available for staff to refer to. These procedures were in a staff handbook which was updated on an annual basis. A whistle blowing policy and procedure was available and staff spoken with were aware of the process to follow.

Practice seeks and acts on feedback from users, public and staff

Patient feedback was obtained through carrying out surveys, reviewing the results of national surveys, comments and suggestions forms and through the complaint procedure. We looked at the results of the last patient surveys undertaken by the practice in February 2013. The results showed that patients were overall very satisfied with the service provided.

The practice had a Patient Representative Group (PRG). The purpose of the PRG was to meet with practice staff to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. Surveys sent by the practice were agreed with the PRG and an action plan devised with them. The last patient survey was carried out in February

Are services well-led?

Good 

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

2013 and the results were made available for patients to view on the practice website. The results indicated that patients wanted improvements to be made to the practice website, publicising opening hours and the promotion of the online repeat prescription service. Records showed that an action plan had been put in place to address these issues. We met with representatives of the PRG who told us that improvements had been made to the practice as a result of their involvement, they said they felt they were listened to and that their opinions mattered.

A leaflet was on reception and handed out to patients encouraging them to access and participate in the NHS friends and family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from January to April 2015 showed that patients who had responded were either “extremely likely” or “likely” to recommend the practice.

Staff told us they felt able to give their views at practice meetings. Staff told us they could raise concerns and felt they were listened to.

Management lead through learning & improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff were offered annual appraisals to review performance and identify development needs for the coming year. Staff told us the practice was supportive of their learning and development needs and that they felt well supported in their roles. Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other.

Procedures were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety. The results were disseminated via email, verbally and discussed at practice meetings and if necessary changes were made to the practice’s procedures and staff training.