

Upton Village Surgery

Quality Report

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Chester

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Upton Village Surgery on 21 June 2016.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, infection control procedures, medication management and the management of staffing levels. Improvements were needed to the records of recruitment to demonstrate the suitability of staff employed. Improvements should be made to the management of printable prescriptions.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They told us they had received training appropriate to their roles. The records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey January 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were comparable to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was generally in line with local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.

Summary of findings

- There were systems in place to monitor and improve quality and identify risk.

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

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.

The areas where the provider should make improvements are:

- A record should be made of the receipt and allocation of printable prescriptions.
- Review the system of identifying staff training requirements to assist in monitoring and planning for the training needs of staff.
- The complaint procedure at the practice should be improved to reflect the alternative complaint pathways advertised on the practice website.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. We found that the recruitment practices did not demonstrate that appropriate information was available to show the suitability of staff for employment. A record was not made of the receipt and allocation of printable prescriptions and the security of these prescriptions should be improved. Following our visit we were informed that these prescriptions had been moved to a secure area. Some staff had not received training in adult safeguarding. A plan was in place to address this. There were systems to protect patients from the risks associated with staffing levels, infection control and medicines management. Safety events were reported, investigated and action taken to reduce a re-occurrence.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. Staff told us they had received training appropriate to their roles. The records of all staff training should be improved to assist in monitoring and planning for the training needs of staff.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a 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 good for providing well-led services. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous learning and improvement.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



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 and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice worked with the Clinical Commissioning Group (CCG) and with a cluster of three other practices to enhance patient care. For example, the practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. This service was currently being reviewed to assess sustainability. Care plans were developed for older people with the aim of ensuring all necessary support was provided and reducing hospital admissions. A review of polypharmacy had been undertaken in the last two years due to it being closely linked with unplanned hospital admissions. There was a plan to re-visit this again with the support of the CCG pharmacy team. Annual health checks for patients over 75 years of age were carried out.

People with long term conditions

Good



The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), 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. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients

Summary of findings

who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives. The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.

Families, children and young people

Good



The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Appointments for young children were prioritised. A teenage drop-in clinic was provided and a letter was sent to all teenagers telling them about this service and inviting them to the practice. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. Training records did not clearly show if staff had up to date training relevant to their role. A plan was put in place to address this following our visit. The safeguarding lead staff liaised with the health visiting service, school nurses and midwife to discuss any concerns about children and how they could be best supported. Family planning and sexual health services were provided.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could order repeat prescriptions on-line which provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. Reception staff had received training on sign-posting patients who do not necessarily need to see a GP. For example to services such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).

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. Patients'

Summary of findings

electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. Some staff needed training in adult safeguarding and a plan was in place to address this. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. A representative from the Carers Trust visited the practice and provided information for patients about the services provided. The practice had received a certificate from the Carers Trust in 2016 recognising the support it provided to carers. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support, this included opportunistic assessments. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that the practice was performing in line with local and national averages. The practice distributed 236 forms, 112 (29%) were returned which represents just under 2% of the total practice population. The results showed:-

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring.

We spoke with three patients during the inspection. All were happy with the care they received. They said that a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Feedback from patients indicated they were generally satisfied with access to the service. They said that they were able to get an appointment when one was needed and that they were happy with opening hours.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. We looked at the results from January to May 2016. The maximum number of patients to complete the survey was 25. The majority of these patients said they would either be extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.

Action the service **SHOULD** take to improve

- A record should be made of the receipt and allocation of printable prescriptions.

- Review the system of identifying staff training requirements to assist in monitoring and planning for the training needs of staff.
- The complaint procedure should contain details of who the complainant can contact if they feel unable to complain directly to the practice or need advice and support.

Upton Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Upton Village Surgery

Upton Village Surgery are responsible for providing primary care services to approximately 6,500 patients. The practice is situated in Wealstone Lane, Upton, Chester. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The age profile of the practice is about average when compared to other practices locally and nationally. The number of patients with a long standing health condition is lower when compared to other practices nationally.

The staff team includes three partner GPs, one salaried GP, three practice nurses, a health care assistant, practice manager and administration and reception staff. The practice is a training practice and at the time of our visit had two GP registrars working for them as part of their training and development in general practice. The practice is open 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Services (GMS) contract. The practice offers a range of enhanced services including flu and shingles vaccinations, timely diagnosis of dementia and minor surgery.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

Detailed findings

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 21st June 2016. We sought views from patients face-to-face and reviewed CQC comment

cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

When referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the time of inspection.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The GPs held meetings at which significant events were discussed and there was a system to cascade any learning points to other clinical and non-clinical staff via meetings and email. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. A review of the action taken following significant events was undertaken and documented to demonstrate that actions identified had been implemented. There was also a comprehensive system in place for the management of patient safety alerts. Patient safety alerts were sent to all relevant staff and a record was maintained of each alert for reference and of any actions taken.

Overview of safety systems and processes

- Staff spoken with knew how to report any safeguarding concerns about children and vulnerable adults and they knew who had the lead responsibility for this at the practice.

The practice had adult and child safeguarding policies and procedures for staff to refer to. Alerts were placed on computer records to indicate any concerns about patients' welfare. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. The safeguarding lead GP liaised with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. Some staff had not received up to date training in adult safeguarding and training had been organised to address this. Records did not clearly demonstrate that the nursing team had undertaken safeguarding children training at Level 2 which is recommended by the Royal College of Nursing. Following our visit confirmation that all nurses had completed Level 2 training was provided.

- A notice was displayed in the waiting room, treatment rooms and patient information leaflets, advising

patients that a chaperone was available if required. The three practice nurses acted as chaperones. Records did not indicate if chaperone training had been provided. Following our visit it was confirmed that this had been undertaken. A Disclosure and Barring Service (DBS) check had not been undertaken for the three practice nurses. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place for staff to refer to. Records showed that administrative staff had not received training in infection control, however, the administrative staff spoken with said they had received in-house training. The practice manager told us they had a plan in place to address this. Infection control audits were undertaken and any improvements were identified as a result.
- The arrangements for managing emergency drugs and vaccinations, in the practice kept patients safe. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription pads were securely stored and there were systems in place to monitor their use. A record was not made of the receipt and allocation of printable prescriptions and these prescriptions were not stored securely. Following our visit we were informed that these prescriptions were now stored in a locked cupboard and access to them was limited.
- We reviewed four personnel files of staff and found that improvements were needed to the records to demonstrate suitability for employment. The files we looked at contained evidence of checks of identity, physical and mental fitness, curriculum vitae, contracts and job descriptions. However, one record contained no written references and one record did not demonstrate that registration with the Nursing and Midwifery Council

Are services safe?

had been checked prior to employment. DBS checks had not been applied for, for the three practice nurses and for two of the GP partners. We were informed that all GPs had received a DBS check to enable registration on the Performers List however evidence of these checks was not available. Following our visit we were informed that the process of applying for these checks for the GPs had commenced. A system was in place to carry out periodic checks of the Performers List and General Medical Council (GMC). However there was no system for carrying out regular checks with the Nursing and Midwifery Council (NMC) to ensure the continued suitability of nursing staff. Following our visit we were informed that all of the Nursing staff had been checked with the NMC and a system put in place to ensure regular checks were carried out.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed for staff to refer to. Regular checks were made of fire safety equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice carried out risk assessments to monitor the safety of the premises. The

practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff generally received annual basic life support training. The training records showed two staff needed this training renewed and a date for this was being sought. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed 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. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 99.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 89% compared to the national average of 84%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 72% compared to the national average of 75%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% compared to the national average of 82%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 82% compared to the national average of 78%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 98% compared to the national average of 94%.

The practice carried out audits that demonstrated quality improvement. For example, in the last two years medication audits such as the prescribing of tamoxifen and an audit of patients with elevated ferritin levels (ferritin is the major iron storage protein in the body and elevated levels can indicate certain conditions) had been carried out. Findings were used by the practice to improve services. For example, changes had been made to patient's medication. There were continuous improvement audits for minor surgery and cytology. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well

Are services effective?

(for example, treatment is effective)

supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.

- The training records were incomplete and did not reflect all the training staff told us they had undertaken. Records showed that all staff had completed child safeguarding, fire safety and basic life support however the dates of training updates in these areas were not recorded. The records did not show that all staff had completed adult safeguarding, infection control and information governance. The practice team updated their mandatory training at their regular half day closures. Records showed that training over the next three months included adult and child safeguarding and information governance. Role specific training was provided to clinical and non-clinical staff dependent on their roles. Clinical staff told us they had received training to update their skills but this was not fully reflected in the central training records held by the practice manager.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with

legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. Clinical staff had received training on the Mental Capacity Act 2005, however, some staff told us this was over two years ago and refresher training would be beneficial.

Supporting patients to live healthier lives

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

New patients registering with the practice completed a health questionnaire and were offered a health assessment with a health care assistant.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. We looked at the childhood immunisation rates which were held at the practice. This indicated that a high percentage of the eligible patient population had received their immunisations. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy.

We received 20 comment cards and spoke to two patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 96% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 91% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally comparable to local and national averages.

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

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. The Carers Trust visited the service to provide information to patients. The practice had received a certificate from the Carers Trust in 2016 recognising the support it provided to carers. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as flu and shingles vaccinations, timely diagnosis of dementia and minor surgery. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. This service was currently being reviewed to assess sustainability. Care plans were developed for older people with the aim of ensuring all necessary support was provided and reducing hospital admissions.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

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

- The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- A teenage drop-in clinic was provided and a letter was sent to all teenagers telling them about this service and inviting them to the practice.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- Translation services and an audio hearing loop were available if needed.

- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service that was being piloted in the area (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The practice staff had attended training on promoting the equality and diversity of patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

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

- 77% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 73% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the CCG average of 71% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 66% of patients said they usually got to see or speak to their preferred GP phone compared to the CCG average of 59% and national average of 59%.

However, in relation to experience of making an appointment the results were comparable to but lower than local and national averages:-

- 66% describe their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

We received 20 comment cards and spoke to three patients. Patients generally said that they were able to get an appointment when one was needed and that they were happy with opening hours. Three patients said there were delays in the telephone being answered and one said that a prescription request had not been dealt with efficiently. A suggestion for improving disability access was made. This was fed back to the practice manager and registered manager who said they would look at how this could be rectified.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

For example, they were aware patients were experiencing difficulties getting through on the telephone and they were looking at ways to address this.

Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice and referred to in the patient information leaflet and on the practice website. This provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint. We noted that the complaints paperwork available at the practice should be improved to reflect the alternative complaint pathways advertised on the practice website.

The practice kept a record of written complaints. We reviewed a sample of two received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

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 mission statement to provide a high standard of service and care to their patients in a modern setting whilst retaining the traditional values of family medicine. To play an active part in the planning of health services for the local community and the development of primary care through their involvement with West Cheshire Clinical Commissioning Group (CCG). The mission statement was detailed in the patient information leaflet and on the practice website. The waiting area and practice information leaflet displayed the patient charter which detailed the rights of patients when using the service, for example, to be treated courteously and be provided with appropriate information about their health.

Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. The practice had systems in place for identifying, recording and managing risks. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary.

Staff had access to appropriate support. They had annual appraisals, opportunities to meet as a team and they told us they had access to the training they needed for their roles. We found that the system for identifying staff training requirements should be reviewed to assist in monitoring and planning for the training needs of staff.

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

Leadership and culture

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the

practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical and non-clinical staff had meetings to review their roles and keep up to date with any changes. GPs and nurses met together to discuss clinical issues such as new protocols or to review complex patient needs. Partners and the practice manager met to look at the overall operation of the service and future development.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met 4 or 5 times a year and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the reception layout, publicising patient services and patient parking. The practice had worked with the PPG to make the changes identified. The practice had also worked with the PPG to devise a letter that could be sent to patients who missed their appointments. The PPG member spoken with felt they were listened to and kept informed and consulted about changes and developments at the practice.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. We looked at the results from January to May 2016. The maximum number of patients to complete the survey was 25. The majority of these patients said they would either be extremely likely or likely to recommend the practice.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. This service was currently being reviewed to assess sustainability. The practice was undergoing a re-organisation to ensure it could continue to effectively meet the needs of patients and enhance patient care. As part of this it was developing the services provided by the nursing team and reception team to ensure in-house and community health and social care resources were more effectively utilised. The practice was aware of the challenges it faced and was planning to meet these.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not operated effectively to ensure the required information was available for each member of staff employed.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	