

Westminster Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westminster Surgery Centre on 25 April 2017.

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, equipment checks were carried out, there were systems to control infection and keep the premises clean.
- 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 supported. They had access to training and development opportunities and had received training appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- 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.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

- Provide clear guidance to staff concerning the body to contact for advice about possible safeguarding concerns and ensure all requests for information for safeguarding meetings and the response are placed on patients' records.
- The health and safety risk assessment specific to the practice should contain more detail about possible risks and how they are to be mitigated.

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- In-house tests of the fire alarm and emergency lighting should consistently take place at the recommended frequencies.
- A planned programme of audits should be put in place.
- The salaried GP should have an in-house appraisal in addition to the external appraisal process.
- The plans in place for improving the patient recall systems to ensure patients are recalled for monitoring long-term conditions and routine screening for cancer should be periodically reviewed to ensure they are effective.
- A record should be maintained of all clinical training provided to assist with monitoring training needs.
- Information about how patients can make a complaint should be more easily accessible on the provider's website. The procedure should include the contact details of who complaints should be directed to at the practice and a record should be made of the date responses were made to complainants.
- The systems for gathering patient feedback should be reviewed to ensure that this information is routinely sought.
- The website should contain information to describe the services offered for patients such as the staff available, clinics and it should provide health promotion information.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. There were appropriate systems in place to ensure that equipment was safe to use. Staff had received training in health and safety to support them in their roles. There were appropriate recruitment systems to ensure staff were suitable for their role. The practice maintained appropriate standards of cleanliness and hygiene. Staff were aware of procedures for safeguarding patients from the risk of abuse. Staff knew how to report safety issues and these were investigated and overall, appropriate action taken.

We found areas where the provider should make improvements. The guidance on for staff concerning the body to contact for advice about possible safeguarding concerns was not clear and all requests for information for safeguarding meetings and the response were not contained within patients' records. The health and safety risk assessment specific to the practice did not contain sufficient information. And in-house tests of the fire alarm and emergency lighting were not taking place consistently at the recommended frequencies.

Good



Are services effective?

The practice is rated as 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. Staff had access to training and development opportunities and had received training appropriate to their roles. We found areas where the provider should make improvements. An in-house appraisal was not provided to salaried GPs, a planned programme of audits was not in place and the records of clinical training that needed periodic review were not held centrally to assist with monitoring training needs.

Good



Are services caring?

The practice is rated as good for providing caring services. 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. Responses to the National GP Patient Survey (July 2016) relating to the caring approach of the practice were in-line with local and national averages.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a system in place to suitably manage and respond to complaints made about the service. The complaint procedure did not include the contact details of who complaints should be directed to at the practice and a record had not been made of the date responses were made to complainants. We found that information about how patients can make a complaint was not easily accessible on the provider's website.

Good



Are services well-led?

The practice is rated as good for providing well-led services. The provider had a vision and strategy to deliver high quality care and promote good outcomes for patients. The provider had a number of policies and procedures to govern activity. The practice sought feedback from staff. The practice was working on setting up a Patient Participation Group (PPG) so that it could actively seek patients' views and involve patients in the operation of the service. The practice was working on its systems to improve its monitoring of long term conditions and increasing the number of patients who attended routine cancer screening appointments.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. The practice had entered a pooled funding arrangement with other local practices in Ellesmere Port to commission an Early Visiting Service. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and the use of emergency services. The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services to older people such as vaccinations for flu and shingles. Staff told us that they looked for opportunities to refer older people to sources of social support. For example, socially isolated patients were referred to Trinity Church which provided chair based exercise and luncheon clubs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population and this was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. Quality and Outcome Framework (QOF) data for 2015-2016 showed the practice was overall performing in-line with other practices locally and nationally in the monitoring of long term conditions. The QOF results for 2016-2017 which were not verified showed an overall decrease in attainment. We were informed that improvements had been or were being made to the service to address this. For example, the system for ensuring patients had their conditions reviewed was being improved through a revised re-call system. The practice had also introduced the 'Year of care' for patients with long term conditions to streamline its management of long term conditions and minimise the number of appointments patients had to attend.

Good



The practice ran clinics and had introduced initiatives to support patients with their long term conditions. For example, the health care assistant ran a lifestyle clinic, the practice hosted an Arthritis UK session where patients were given information and could ask questions about the condition. A monthly diabetic specialist nurse

Summary of findings

clinic was held which reviewed patients with complex or poorly controlled diabetes. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with the local housing trust to co-host a healthy living event. This was attended by other organisations such as leisure services and Age Concern. Clinical staff performed clinical checks at this event, such as blood pressure readings and gave lifestyle advice. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. To increase uptake of vaccinations opportunistic vaccinations were offered and the practice had been working proactively with a local school to increase childhood vaccination rates. Cervical screening and contraceptive services were provided. Similarly the practice was working on improving cervical screening rates by offering opportunistic screening, additional cervical screening clinics and by promoting the practice's relationship with local women by attending the local school sports day. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. The practice was developing a sexual health and family planning clinic which would offer sexual health advice, chlamydia screening and family planning services.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday. Patients could book routine appointments in person and via the telephone. Telephone consultations were offered by the GPs, nurse clinician and practice nurse. Repeat prescriptions could be ordered by attending the practice. The practice was planning to introduce on-line ordering of repeat prescriptions. Telephone consultations were also offered. 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 (CWP).

Good



Summary of findings

The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice and family planning services. Reception staff sign-posted patients who did not necessarily need to see a GP.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. A register was kept of patients with a learning disability and there was a system to ensure these patients received an annual health check. The practice had a small travelling community and it offered these patients opportunistic health checks and vaccinations to support their needs and lifestyle. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and children and all staff had safeguarding training relevant to their role. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them through organisations such as the Carers Trust. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator. The practice hosted a regular debt advice and housing advice drop in service.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. Staff had attended training in dementia to highlight the issues these patients may face. The practice had a clear policy for patients presenting in mental health crisis. A GP appointment was offered the same day and the patient was admitted to hospital depending on the GPs assessment.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice was generally performing in-line with local and national averages. The practice distributed 335 forms 102 (30%) were returned which represents approximately 3.8% of the total practice population. The results showed that patients' responses about whether they were treated with respect and compassion by clinical and reception staff were in-line with local and national averages. For example results showed:

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 93% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 94% 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%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- 71% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 71% and national average of 73%.

- 74% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.

Patient responses to the waiting time to be seen and being able to get an appointment were below local and national averages. The results showed:

- 52% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and national average of 65%.
- 74% of patients stated that they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.

The practice reviewed National GP Survey results and where there was a shortfall they produced an action plan indicating the improvements to be made. For example, to improve access the appointment system had been reviewed. An on-line system for booking appointments was being developed. The practice did not have a patient participation Group (PPG). This would assist in gathering patient opinion when looking at ways to make improvements.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were positive about the standard of care received. We spoke with three patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Feedback from patients indicated that they were satisfied with access to 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.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Provide clear guidance to staff concerning the body to contact for advice about possible safeguarding concerns and ensure all requests for information for safeguarding meetings and the response are placed on patients' records.
- The health and safety risk assessment specific to the practice should contain more detail about possible risks and how they are to be mitigated.
- In-house tests of the fire alarm and emergency lighting should consistently take place at the recommended frequencies.
- A planned programme of audits should be put in place.
- The salaried GP should have an in-house appraisal in addition to the external appraisal process.
- The plans in place for improving the patient recall systems to ensure patients are recalled for monitoring long-term conditions and routine screening for cancer should be periodically reviewed to ensure they are effective.
- A record should be maintained of all clinical training provided to assist with monitoring training needs.
- Information about how patients can make a complaint should be more easily accessible on the provider's website. The procedure should include the contact details of who complaints should be directed to at the practice and a record should be made of the date responses were made to complainants.
- The systems for gathering patient feedback should be reviewed to ensure that this information is routinely sought.
- The website should contain information to describe the services offered for patients such as the staff available, clinics and it should provide health promotion information.

Westminster 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 Westminster Surgery

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) became the registered provider for Westminster Surgery in May 2016, although we were told that they had operated the practice from July 2015. The practice is responsible for providing primary care services to approximately 2,717 patients. The practice is situated in Ellesmere Port in Cheshire. The practice is based in an area with higher than average levels of economic deprivation when compared to other practices nationally.

The staff team includes a salaried GP, a nurse clinician, a practice nurse, a health care assistant, clinical manager, acting business manager and administration and reception staff. The clinical staff are female. There are vacancies for a full time GP which is currently being covered by locum staff, permanent business manager and an administrative member of staff.

Westminster Surgery is open from 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. Patient facilities are located on the ground floor. Patients are able to park close to the practice and car parking spaces for patients with a physical disability were available.

The practice has an Alternative Provider Medical Service (APMS) contract. The practice offers a range of enhanced services including spirometry (a test to see how well lungs work) and anticoagulation monitoring.

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

Detailed findings

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

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

announced inspection on 25 April 2017. 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.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for identifying and reporting significant events. Staff spoken with knew how to identify and report a significant event. Significant events were reported to the deputy clinical services manager who investigated and identified learning points. Staff told us that significant events were discussed at practice meetings where possible and learning points were communicated to staff at team meetings and through emails. We looked at a sample of two significant events which indicated that action had been taken to improve safety in the practice where necessary. A periodic review of all significant events took place by the clinical services manager and deputy clinical services manager.

Overview of safety systems and processes

- Policies and procedures for safeguarding adults and children were accessible to all staff. There was a lead member of staff for safeguarding. Although reporting concerns to the local authority was a clearly established process the body to contact for advice and guidance was not clear as to whether this should be sought from the safeguarding lead for the CCG or Cheshire and Wirral Partnership NHS Foundation Trust (CWP). This should be established so that staff have clear guidance. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. We found that some requests for conference reports and the response had not been placed on patients' records. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The practice met with the health visiting service monthly to discuss any concerns about children and their families and how they could be best supported. Staff told us there were systems in place to identify and follow up children living in disadvantaged circumstances who were at risk, for example, children and young people with a high number of A and E attendances.
- A notice was displayed advising patients that a chaperone was available if required. The practice nurse, health care assistant and two non-clinical members of staff acted as chaperones and they had received

guidance about undertaking this role. A Disclosure and Barring Service (DBS) check had been undertaken for the staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place for staff to refer to. Staff had received training in infection control. Infection control audits were undertaken and action had been carried out to address any improvements identified.
- The arrangements for managing medicines, including 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed five staff personnel files, this included three permanent staff and two locum GPs. Recruitment was undertaken by the human resources department for Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and all personnel files were held at the Trust headquarters. We saw that appropriate recruitment checks were undertaken including references, DBS checks, identity checks, GMC registration and qualification checks.

Monitoring risks to patients

- Cheshire and Wirral Partnership NHS Foundation Trust (CWP) had procedures in place for monitoring and managing risks to patient and staff safety. CWP had an estates department that was responsible for carrying out building and equipment checks. Regular checks were made by the estates department of fire safety equipment to ensure it was in good working order. In-house checks of the fire alarm were not taking place weekly and in-house checks of the emergency lighting were not taking place monthly. The electrical wiring at the premises had been replaced when the premises

Are services safe?

were recently refurbished and was not due to be re-inspected. The estates department carried out monitoring and testing for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was a process in place for testing portable appliances and medical equipment. A health and safety risk assessment of the premises had been undertaken however the documented assessment did not contain sufficient detail about possible risks and how they were to be mitigated.

- 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 to ensure that enough staff were on duty. A salaried GP had recently left their employment at the practice and this position was being covered by locum GPs whilst a

salaried GP was being recruited. There was also a vacancy for an administrative member of staff and a permanent business manager which had also been advertised.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms and panic buttons which alerted staff to any emergency. All staff had up to date basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. All relevant staff had access to this plan to ensure a timely response in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. The GP we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2015-2016) showed the practice had achieved 95% of the total number of points available which was comparable to local (98%) and national (95%) averages. The practice had an 12% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) compared to the Clinical Commissioning Group (CCG) (8%) and national (10%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 95% compared to the CCG average of 91% and the national average of 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 79% compared to the CCG average of 84% and the national average of 83%.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 74% compared to the CCG average of 75% and the national average of 76%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 76% compared to the CCG average of 80% and the national average of 78%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 77% compared to the CCG average of 83% and the national average of 84%.

We looked at the unverified QOF results for 2016-2017. This showed an overall decrease in attainment to 87%. We were informed that improvements had been made to the service or were being planned to address this. The system for ensuring patients had their conditions reviewed was being improved through a revised re-call system. Staff training on the recall system and correct coding had been provided. The practice recognised it had difficulty in engaging its patient population and had provided educational events and literature in the waiting areas to improve patient awareness. The recruitment for the post of permanent business manager was underway. The business manager would have the responsibility for monthly reviews of QOF targets. A further administrative member of staff was also being recruited that would assist with patient re-call. The practice had introduced the 'Year of care' for patients with long term conditions to streamline its management of long term conditions and minimising the number of appointments patients had to attend. The practice had also introduced a new system of providing opportunistic health checks for all long term conditions when patients presented at the practice. The practice had also invested in the MJOG system which would enable them to recall patient through text and email which would improve the speed of contacting patients.

The practice had carried out audits that demonstrated quality improvement. We saw an audit of emergency admissions and an audit of referrals which had resulted in changes to practice. For example, the referral audit had identified high referral areas and as a result referral pathways had been reviewed. There was no planned programme of future audits to be undertaken which would

Are services effective?

(for example, treatment is effective)

assist with monitoring the quality of the service. The practice maintained a list of all patients who received palliative care however we noted that an audit had not taken place to establish how many patients had died in their preferred place of death. Prescribing data showed the practice was performing satisfactorily however there were no recent prescribing audits carried out. The salaried GP we spoke with told us that when the post of salaried GP was filled this would be put in place as it would create additional time for clinical staff.

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. Patient notes were updated following these meetings.

Effective staffing

- Cheshire and Wirral Partnership NHS Foundation Trust (CWP) had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety, confidentiality, incident reporting and safeguarding as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. An appraisal system was in place to ensure staff had an annual appraisal. Salaried GPs had an external appraisal and there was a system in place to gain assurance from the appraiser that the salaried GP appraisal was satisfactory. However, salaried GPs did not have an in-house annual appraisal where their performance in relation to their contractual obligations to the provider was assessed. Salaried GPs received supervision.
- Staff training records were held at the headquarters for CWP. We reviewed a sample of training records and spoke to staff about their training and development. This indicated that staff received training that included: safeguarding, fire safety awareness, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training. Role specific training was provided to clinical and non-clinical staff dependent on their roles. We found that clinical training that needed to be renewed such as cytology and immunisation was not

recorded to assist with monitoring staff training needs. There was a programme of on-going training and protected learning time to ensure staff kept up to date with their training needs.

- Locum GPs were provided with information they needed for their role and a locum pack was in place providing written information and sign posting to support this. There was a system in place to ensure locum GPs had completed mandatory training such as basic life support and safeguarding.

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 clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse. 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. This information was not available on the practice website for patients to refer to. 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.

Are services effective? (for example, treatment is effective)

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 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and wrote to patients who did not attend to encourage them to do so. However the screening rates for cervical and bowel cancer screening were below CCG and national averages:

- 62% of women aged 25 – 64 had attended for cervical screening within the target period compared to the CCG average of 76% and the national average of 73%.

45% of persons aged 60-69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the national average of 58%.

The practice provided us with data (unverified) that showed QOF attainment for 2016-2017 for bowel and breast screening had reduced further. The practice recognised the screening rates were low in these areas and was working to improve uptake through patient educational events and displaying further information at

the practice encouraging patients to attend for these tests. QOF attainment for 2016-2017 (unverified) showed cervical screening had increased to 71%. The practice was working on improving cervical screening rates by offering opportunistic screening, additional cervical screening clinics and by promoting the practice's relationship with local women for example, by attending the local school sports day. The practice had also invested in the MJOG system which would enable them to recall patients through text and email which would improve the speed of contacting patients. There was also work ongoing to improve the accuracy of clinical coding to ensure that the data regarding patients who had attended health screening were accurately reflected in the QOF attainment.

Childhood immunisation rates for vaccinations provided by the CCG showed the practice had achieved 98% in 2015 - 2016. There was no data to enable a direct comparison to local and national averages. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor. Historically there had been a lower uptake of vaccinations than local and national outcomes. To increase uptake of vaccinations opportunistic vaccinations were offered and the practice had been working proactively with a local school to increase childhood vaccination rates.

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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. We spoke with three patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

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

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 90% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 93% 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 reviewed National GP Survey results and where there was a shortfall they produced an action plan indicating the improvements to be made. The practice did not have a patient participation Group (PPG). This would assist in gathering patient opinion when looking at ways to make improvements. The practice was advertising for patients to become members of a PPG. A member of staff had also been approaching patients to ask if they were interested in becoming members.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by clinical staff and had sufficient time during consultations. Patient feedback from the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were overall comparable to local and national averages. For example:

- 94% 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%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available and information could be made available in large print if needed.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. The website for

Are services caring?

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) contained information relevant for all patients of CWP services and was not specific to patients of Westminster Surgery. For example, information for carers, counselling services and mental health support services were not available. The website for the former provider was still accessible and provided this information.

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

practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 (approximately 2%) of patients as carers. As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available.

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 Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including anticoagulation monitoring and spirometry (a test to see how well a patient's lungs work). The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. The practice had entered a pooled funding arrangement with other local practices in Ellesmere Port to commission an Early Visiting Service. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and the use of emergency services.

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

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- 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.
- The practice worked with the local housing trust to co-host a healthy living event. This was attended by other organisations such as leisure services and Age Concern. Clinical staff performed clinical checks such as blood pressure readings and gave lifestyle advice.
- The practice ran clinics and had introduced initiatives to support patients with their long term conditions. The health care assistant ran a lifestyle clinic, the practice hosted an Arthritis UK session where patients were given information and could ask questions about the condition. A monthly diabetic specialist nurse clinic was

held which reviewed patients with complex or poorly controlled diabetes which meant that these patients did not have to go to hospital for appointments. There was also a nurse led doppler (machine to estimate blood flow) clinic to reduce waiting times for assessment, improve patient outcomes and deliver integrated care.

- Travel vaccinations and travel advice were provided by the nursing team.
- 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 Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The practice hosted a regular debt advice and housing advice drop in service.
- The practice had been recently refurbished and the three patients spoken with commented on how this had improved the service. The premises had also been fitted with automatic doors and comfortable seating areas including two bariatric chairs (with extra width and weight capacity). The practice also had accessible toilet and changing facilities.
- A health hub was positioned in the waiting area allowing patients to check their height, weight and blood pressure and present the results to a clinical member of staff for any feedback.

The website for Cheshire and Wirral Partnership NHS Foundation Trust (CWP) contained little information relating to Westminster Surgery that would assist patients to understand the services offered. For example, there was no information about the staff, clinics available, health promotion and initiatives provided such as hosting of debt and housing advice. The acting business manager told us that they were working on addressing this.

Access to the service

Westminster Surgery was open from 8am to 6.30pm Monday to Friday. The appointment system provided pre-bookable and on the day appointments. To meet patient demand for appointments a triage system had been recently introduced. The salaried GP provided a triage system four days a week for medically urgent matters where a GP spoke to the patient and invited them for an appointment the same day if assessed as necessary. Patients could book routine appointments in person or via

Are services responsive to people's needs?

(for example, to feedback?)

the telephone. The practice was developing an on-line booking service. Repeat prescriptions could be ordered by attending the practice. Telephone consultations were also offered. 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 (CWP).

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

- 71% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 71% and national average of 73%.
- 74% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 86% of patients were satisfied with the surgery's opening hours compared to the CCG average of 75% and national average of 76%.
- 75% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 80% and national average of 78%.
- 80% of respondents found the receptionists at the surgery helpful compared to the CCG average of 86% and national average of 87%.

Patient responses to the waiting time to be seen and being able to get an appointment were below local and national averages. The results showed:

- 52% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and national average of 65%.

- 74% of patients stated that they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.

The practice reviewed National GP Survey results and where there was a shortfall they produced an action plan indicating the improvements to be made. For example, to improve access the appointment system had been reviewed. An on-line system for booking appointments was being developed. The practice was also promoting the use of the GP extended hour service operated by CWP and was planning to introduce on-line prescription requests by September 2017. The practice did not have a patient participation Group (PPG). This would assist in gathering patient opinion when looking at ways to make improvements.

We received 19 comment cards and spoke to three patients. Feedback from patients indicated that overall they were satisfied with access to appointments and opening hours.

Listening and learning from concerns and complaints

There was a written complaints procedure for Cheshire and Wirral Partnership NHS Foundation Trust (CWP) for patients to refer to which was available at the practice. Details of how to complain were also on the CWP website, however details for patients wanting to complain about Westminster Surgery were not easily accessible. The complaint procedure provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint. The information available did not include the contact details of who complaints should be directed to at the practice.

The practice kept a record of complaints. Three complaints had been made in the last 12 months. We reviewed one complaint which showed this had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. Records of the other two verbal complaints did not indicate the date the response was made to the complainant.

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

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) had a clear vision which was 'to bring about service transformation by working in partnership to improve health and well-being by providing high quality care'. It also had six clear values which underpinned its objective to provide person-centered care which were care, communication, courage, competence, compassion and commitment. The vision and values were displayed for patients to refer to. Staff spoken with were familiar with the vision, values and objective of CWP.

Governance arrangements

Staff were aware of their own roles and responsibilities. There was some overlap between the role of deputy clinical manager and business manager. This was being rectified through the appointment of a permanent business manager and the development of clearer job descriptions. 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.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The unverified QOF results for 2016-2017 showed there had been a decrease in attainment for the monitoring of some long term conditions and screening rates for cervical and bowel cancer were below local and national averages. The practice recognised this and was taking steps to address this. The practice should periodically review their action plan to ensure it is effective.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. However there was no planned approach to audits in place. The salaried GP we spoke with told us that when the post of salaried GP was filled this would be addressed as it would create additional time for clinical staff.

Leadership and culture

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. Arrangements were in place to update colleagues unable to attend these meetings. The acting business manager and deputy clinical manager met to look at the overall operation of the service and future development.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at meetings or as they occurred with the acting business manager, deputy clinical services manager or the salaried GP.

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

- The practice gathered feedback from patients through the complaint system and GP National Patient Survey. The practice did not have a system for seeking patient feedback on a regular basis. No in-house surveys had as yet been carried out and a patient participation group (PPG) was not in operation. A PPG would enable the practice to gather patient views on how they would like to see services provided, changed or improved. The practice was advertising for patients to become members of a PPG and a member of staff had been approaching patients to ask if they were interested in becoming members. The website for the practice operated by CWP was a general website covering all CWP services and did not provide specific information about the PPG which would also assist in advertising the PPG and encouraging members.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on improvement within the practice. The practice was working to ensure it met the needs of its patient population. For example, the practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet

Are services well-led?

Good 

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

the needs of older people. The practice had entered a pooled funding arrangement with other local practices in Ellesmere Port to commission an Early Visiting Service. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and the use of emergency services. The practice had identified that its patient population did not always attend for routine screening tests and long term condition reviews. They were actively looking at ways to engage their patient population.

The practice was aware of future challenges. The practice was for example working on establishing a PPG and on securing further staff to support the service. The practice was advertising for a salaried GP, permanent business manager and an administrative member of staff to provide continuity and allow improvements to be made to the service such as the monitoring of long term conditions and numbers of patients who attend for routine screening. This continuity would also enable a planned approach to audit and further initiatives to be introduced.