Upton Village 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.

Summary of findings

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Summary of findings

Overall summary

Upton Village Surgery is located in a purpose built facility in Upton in Chester.

The patients we spoke with and those who completed our comment cards at reception were very complimentary about the care provided by staff at the practice. Patients reported that staff treated them with dignity and respect.

The building is well-maintained, compliant with the Disability Discrimination Act and clean. Systems are in place for medicines management.

Clinical decisions followed best practice guidelines.

The leadership team are approachable and visible. There are appropriate governance and risk management measures in place.

The practice is registered with the Care Quality Commission to deliver care under the following regulated activities: Diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease and disorder..

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Upton Village Surgery was safe. The practice was clean and well-maintained. Systems were in place to oversee the safety of the building. The medicines held within the service were stored and checked appropriately. Patients were supported by practice staff, who were able to ensure they received appropriate treatment and support.

Systems were in place to investigate and learn from incidents that occurred within the practice.

Are services effective?

The service was effective because care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met and referrals to secondary care were made and supported as required in a timely manner.

Staff ensured that patient's consent to treatment was obtained and recorded appropriately. Processes were in place to monitor and support staff performance within the practice.

Are services caring?

The service was caring. The patients who responded to comment cards, and those we spoke with during our inspection, were very complimentary about the service. They said the staff were kind and compassionate and they were treated with dignity and respect. The practice had a well-established patient participation group and one member of this group told us the practice was committed to the welfare of the patients registered with it.

Are services responsive to people's needs?

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. The practice was proactive in seeking the views of patients and responding to suggestions that improved the service and improved access to the service. We were told by the patient participation group member we spoke with that the practice was very responsive to the changing needs of its patients. They told us systems within the practice had been adapted to reflect feedback from patients where appropriate.

Summary of findings

Are services well-led?

The service was well led. The practice had a clear vision and purpose which was to provide a service to meet patient's needs. Governance structures were in place and there was a robust system for managing risks

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 service made appropriate provision to ensure care for older people was safe, caring, responsive and effective. This included named GPs for all patients in the practice population who were aged 75 and over. This included those who had good health and those who may have one or more long-term conditions, both physical and mental..

People with long-term conditions
The service made appropriate provision to ensure care for people with long term conditions was safe, caring, responsive and effective. There was a service of 'call and recall' for patients with long term conditions which was managed effectively and all patients were monitored appropriately

Mothers, babies, children and young people
The service made adequate provision to ensure care for mothers, babies and young people was safe, caring, responsive and effective. A regular young person clinic was held on a weekly basis. Regular well women clinics and baby clinics were held alongside family planning sessions.

The working-age population and those recently retired
The service made adequate provision to ensure care for Working age people and those recently retired was safe, caring, responsive and effective.

The practice had extended their surgery hours to facilitate patients who could not attend during normal surgery hours.

People in vulnerable circumstances who may have poor access to primary care
There was adequate provision to ensure care for people in vulnerable circumstances who may have poor access to primary care was safe, caring, responsive and effective. The practice had recently noticed an increase in the Polish population in the area and had displayed a domestic violence poster in Polish in the waiting room.

Summary of findings

People experiencing poor mental health

The service made adequate provision to ensure care for people experiencing a mental health problem was safe, caring, responsive and effective. One partner GP told us they had struggled recently with access to mental health provision due to the local health economy and how the process was not as efficient as previously.

Summary of findings

What people who use the service say

We received eight completed patient comment cards and spoke with three patients on the day of our inspection. We spoke with people from different age groups, including parents and children, and who had varying levels of contact and varying lengths of time registered with the practice.

The patients we spoke with were very complimentary about the care provided by the staff; the overall friendliness and behaviour and their desire to help was mentioned. All patients said the doctors and nurses were extremely competent and knowledgeable about their treatment needs. They said that the service was exceptionally good and that their views were valued by the staff.

Patients reported that staff treated them with dignity and respect and always allowed them time, they did not feel rushed.

A review of the national GP survey results for 2013 identified that the patients rated the practice highly for all aspects of care. The results from this survey were above national averages for positive feedback.

Areas for improvement

Action the service COULD take to improve

- Staff did not utilise the "workflow" function within the electronic record system; therefore there was no audit trail of any changes to care and treatment records following discharge from hospital.

Good practice

- The practice had been awarded by the clinical commissioning group the chief executives award for their Bowel Cancer Screening efforts within the practice.
- The practice nurse routinely wrote to all registered patients when they reached 14 years of age and invited them to come in for a wellbeing check. A regular young person clinic was held on a weekly basis.

Upton Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a second CQC inspector, a GP and a practice manager.

Background to Upton Village Surgery

The practice has three GP partners and one salaried GP working within the practice. Working alongside the GP's are three practice nurses, one health care assistant, a practice manager, medicine manager and secretarial and administration staff. The practice is a training practice for doctors who wish to become GPs.

Surgery opening times are between 8am and 6.30pm with additional appointments offered at a variety of locations across the local community including the Countess of Chester NHS hospital between 6.30pm and 8pm weekdays and 10am-12noon Saturday. This service is primarily for patients who could not attend the usual opening hours of the surgery. The practice is supported with out-of-hours provision from the 111 service between 8pm and 8am and all day at weekends and bank holidays.

The practice has a population of 6465 patients. with an annual turnover of 6.7%. The male patient population is 47.17%, 18.75% of all patients are over 65 years of age and 0.5% of patients resided in nursing or care homes. The largest population group for the practice is the 15-44 years age group which is 34.42% of the practice population.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting Upton Village Surgery, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We asked the surgery to provide a range of policies and procedures and other relevant information before the

Detailed findings

inspection to allow us to have a full picture of the surgery. We carried out an announced inspection visit on 4th June 2014. During our inspection we spoke with a range of staff including GP's, practice nurses, administration and reception staff and the practice manager. We spoke with three patients who used the service and a member of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

Upton Village Surgery was safe. The practice was clean and well-maintained. Systems were in place to oversee the safety of the building. The medicines held within the service were stored and checked appropriately. Patients were supported by practice staff, who were able to ensure patients received appropriate treatment and support. Systems in place to investigate and learn from incidents that occurred within the practice.

Our findings

Safe Patient Care

The practice had systems in place to monitor all aspects of patient safety. Information from the quality and outcomes framework, which is a national performance measurement tool, showed that in 2012-2013 the practice was appropriately identifying and reporting incidents.

There were comprehensive policies and protocols for safeguarding vulnerable adults and children. Any concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible.

Staff told us they actively reflected on their practice, felt supported to discuss any issues with the GPs and this had a positive impact on their care they provided.

From our discussions we found that GPs and nurses were aware of the latest best practice guidelines and incorporated this into their day-to-day practices. Protocols from the local NHS Trust were available and used to assist the staff in maintaining the treatment plans of their patients.

The practice had a robust complaints policy in place and we tracked complaints through their system.

The premises were accessible for people with limited mobility such as wheelchair users and that all patient areas were clean and well maintained.

Staff spoken with and records seen confirmed that all staff had received training in medical emergencies including resuscitation techniques. All staff were trained to a minimum of basic life support

Learning from Incidents

The surgery had an open approach to investigating incidents that occurred within the practice. We saw evidence that thorough and rigorous internal investigations were conducted when any significant events occurred. Incidents and events leading up to the significant event were discussed as a team at their monthly clinical meetings. At these meetings the team identified and actioned any learning required and discussed measures to implement change. All of the clinical staff we spoke with discussed the action they and the non-clinical staff took to ensure systems and their practices improved as a result of the analysis. This assisted staff to minimise the risk of the incident occurring again.

Are services safe?

We reviewed the minutes of monthly clinical meetings and minutes from the patient participation group (PPG). These confirmed that learning was shared with all relevant staff and group members to ensure that identified learning was taking place.

Staff and the member of the PPG we spoke with detailed how the service had improved following learning from incidents and reflection on their practices.

Policies and procedures were available to staff to assist them to carry out their roles in a safe manner.

The surgery had a comprehensive process for reviewing and actioning safety alerts and we were able to discuss with the GP the latest alerts and how the practice had addressed and recorded the actions required for the future reference of staff.

Safeguarding

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm. There were policies and procedures in place to support staff in recognising and reporting safeguarding concerns to the appropriate individual within the practice and within the local safeguarding team. Safeguarding team contact numbers and locations were available throughout the practice for staff to access. This ensured staff had appropriate information should they wish to raise a concern.

Staff had received appropriate training in safeguarding adults and child protection.

The GP informed us they participated in local safeguarding meetings for their patients as requested. The surgery had an alert system on their electronic records to alert staff to any safeguarding issues for individual patients attending for consultation.

Monitoring Safety & Responding to Risk

The practice had developed clear lines of accountability for all aspects of patient care and treatment. The GPs and nurses had lead roles such as medicine lead and infection control lead. Each clinical lead had systems for monitoring their areas of responsibility, such as routine checks to ensure staff were using the latest guidance and protocols.

The practice used a system called 'script switch' which alerted GPs to recent up to date guidance and protocols for the drugs they prescribed. This system allowed them to review the medication at the time to ensure the safest and most effective medication was given to the patient.

We found that the practice ensured that the clinical staff received annual cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylaxis shock. Staff trained to use the defibrillator received regular update training to ensure they remained competent in its use.

Medicines Management

There were appropriately stocked medicine and equipment bags ready for doctors to take on home visits. We saw evidence that the bags were regularly checked to ensure that the contents were intact and in date. Whilst checking one GP bag held by the surgery we found an out of date ampoule (a glass vial which is sealed before use) of medication. This had been replaced by an in date ampoule but the old one had not been removed; this was addressed at the time and removed and appropriately disposed of.

Clear records were kept whenever any medicines were used. Arrangements for the storage and recording of controlled drugs, which are medicines that require extra administration checks, were followed. The records showed that the controlled drugs were stored, recorded and checked appropriately.

Medicine fridge temperatures were checked and recorded daily and were cleaned on a monthly basis or as needed if there was a spillage. The fridge was adequately maintained by the manufacturer and the staff were aware of the actions to take if the fridge was out of temperature range.

There were standard operating procedures (SOP) in place for using certain drugs and equipment. The nurses used patient group directives (PGD). PGD's are specific written instructions which allow some registered health professionals to supply and/or administer a specified medicine to a predefined group of patients, without them having to see a doctor for treatment. For example flu vaccines and holiday immunisations These documents ensured all clinical staff followed the same procedures and did so safely. The SOPs and PGDs we reviewed were in date and clearly marked which ensured staff knew it was the

current version. This meant patients could be confident that they received their medicines safely and in line with National Institute for Health and Care Excellence guidance (NICE)

The surgery employed a medicines manager who functioned as the link between the practice, Clinical Commissioning Group (CCG) and the pharmacy team. We found they had three monthly meetings with the CCG and GP where they looked at benchmarking and ensuring the surgery was using up to date medication guidance. The medicine manager was involved in updating patient electronic records following changes to medication authorised by the GP. Following discussion with the GP lead for medicines we were satisfied the GP checked the changes made by the medicines manager before reissuing a further prescription. We highlighted to the surgery how they could improve their audit process for this interaction by using their existing electronic processes to record this.

When changes had been requested to the prescription for medication for patients by other health professionals such as NHS consultants and/or following hospital discharge the surgery had a system for ensuring these changes were carried out in a timely manner. The request was highlighted for the medicines manager by the GP and who then actioned the change on the electronic system. The lead GP for medicines assured us all GP's checked repeat prescription requests with the electronic patient medication record to ensure all changes requested had been made before issuing the prescription.

Cleanliness & Infection Control

We observed all areas of the practice to be clean, tidy and well maintained. We were shown the infection prevention and control policy (IPC) for the practice which had an identified IPC lead person. We were told staff had training in IPC to ensure they were up to date in all relevant areas. Carpets were visibly clean and there were no discerning odours. Aprons and gloves were available in all treatment areas as was hand sanitizer.

All treatment areas had hard floor covering and this was appropriately sealed to reflect IPC guidance.

The practice had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids. Sharps bins were appropriately located, labelled, closed and stored after use.

We saw there was a cleaning schedule for all areas of the practice.

We looked at infection control audits that had been completed. We saw that if an issue was identified a detailed, time bound action plan was put in place. This meant appropriate action was taken to rectify the issue and reduce the potential of further risk.

A needle stick injury policy was in place, which outlined what staff should do and who to contact if they suffered a needle stick injury. This meant the risk of them acquiring an infection was reduced.

Good standards of infection control and cleanliness meant patients and staff could be confident that the risk of them contracting an infection whilst on the premises was reduced.

Staffing & Recruitment

Upton Village Surgery had a robust recruitment policy and process in place however staffing within the practice was static and most staff had been employed for a number of years. We looked at the staff file for the most recent staff member employed and found it to be comprehensive and well maintained. All appropriate checks were carried out before the staff member started working within the practice.

Clinical staff had not had recent criminal records bureau / disclosure and barring checks (CRB/DBS) but the practice manager assured us these would be undertaken within the next few months. All new staff to the practice had full CRB/DBS checks carried out in line with the recruitment policy.

We checked six staff files during the inspection and found them to well maintained and contained appropriate curriculum vitae and references for the person to be employed. Each file contained health and personal checks to ensure the person was of fit character to carry out their role.

All registered staff had their clinical qualifications recorded and checked on an annual basis or on renewal.

We were told by the practice manager and GP, locum GP's (GP's who are employed by practices when they have a staffing shortage for example during holiday periods) were used as required within the surgery. We found the locums had a comprehensive induction/introduction pack

available to them to ensure they were fully orientated into the practice. The practice had a list of regular locums and all relevant checks were conducted each time the locum worked in the practice.

The practice manager discussed and showed us documents to demonstrate how they addressed staffing rotas to provide in-house flexibility and this was flexible enough to cover unexpected emergencies. From our review of the rota we found this allowed for a mix of male and female doctors; and sufficient nursing; healthcare assistants and administration support to be on site at all times.

All staff had up to date appraisal documents available in their files and staff told us the process was a very supportive one. They felt listened to and were able to ask for relevant training for their role. All staff knew the policy for study and training leave and were happy they were granted study leave in line with this process.

Dealing with Emergencies

There were robust business continuity plans in place to deal with emergencies that might interrupt the smooth running of the service such as power cuts and adverse weather conditions.

We found all staff were trained to a minimum of basic life support to support patients who had an emergency care need. All emergency equipment was checked and readily available for staff to access in an emergency.

Equipment

Emergency equipment including a defibrillator and oxygen was readily available for use in a medical emergency and checked each day to ensure it was in working condition. Upon checking the emergency equipment we found a recently out of date oxygen tubing was still on the trolley, this was immediately replaced by the staff.

A log of maintenance of clinical/emergency equipment was in place and noted when any items identified as faulty were repaired or replaced.

We saw that all of the equipment had been tested and the provider had contracts in place for portable appliance tests (PAT) to be completed on an annual basis and for the routine servicing and calibration, where needed, of equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective because Care and treatment was delivered in line with current published best practice. Patients' needs were consistently met and referrals to secondary care were made and supported as required in a timely manner.

Staff ensured that patient's consent to treatment was obtained and recorded appropriately. Effective processes were in place to monitor and support staff performance within the practice.

Our findings

Promoting Best Practice

The staff we spoke with were keen for the service to be as patient centred as possible. This means staff ensured patients were fully involved in all decisions regarding their care. The clinicians were familiar with and were using current best practice guidance.

Staff completed thorough assessments of patients' needs and these were reviewed when appropriate. Upton Village Surgery employed a member of staff who managed the 'call and recall' system within the practice which ensured all reviews of patients' needs were appropriately followed up in a timely manner.

The practice provided a service for all age groups. GPs, apart from having the overall competence to assess each person attending the service, had particular interest areas. One GP had spent time in the local Hospice enhancing their personal interaction skills to assist them when delivering bad news and dealing with patients who were nearing the end of their life.

The GP providing gynaecology and family planning services received regular updates from the local area team to ensure she was offering up to date service to women accessing these services. This included any changes in contraception advice and management of existing contraception devices.

The health care assistant (HCA) at the surgery was relatively new to this role and whilst still learning the role worked under the guidance of the lead practice nurse. She had her occupational competence checked on an ongoing basis to ensure safety for
patients.

Management, monitoring and improving outcomes for people

The practice manager and GP partners had a variety of mechanisms in place to monitor the performance of the practice and to ensure the clinician's adherence with best practice.

The 'script switch' tool on the surgery electronic patient record system was monitored to ensure GPs were using the most effective medication for the patient and cost effective in line with good practice.

Are services effective?

(for example, treatment is effective)

The monitoring mechanisms ensured the team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Nurses we spoke with told us they had regular supervision as a group but could also access individual supervision if required. Appraisals were up to date for all staff.

Staff said they could openly raise and share concerns about clinical performance. They discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. Monthly meetings and individual staff group meeting minutes demonstrated a commitment to an open and transparent team working ethos.

Patients told us they were happy the doctors and nurses at the practice managed their conditions well and if changes were needed they were fully discussed with them before being made.

Staffing

From our review of information about staff training, we found staff received a comprehensive induction which was fully documented and signed by the staff member and their mentor. This covered a wide range of topics such as dignity and privacy, equality and diversity as well as mandatory training and relevant surgery information.

The practice had clear expectations that all refresher training be completed in a timely manner this expectation was in line with national guidance as well as those of the local CCG.

The practice ensured all staff could readily update both mandatory and non-mandatory training. We saw that the mandatory training for all staff included fire awareness, safeguarding adults and children and basic life support. Staff also had access to additional training related to their role. We saw projected dates for basic life support and safeguarding training were already in the diary.

We saw from a review of staff files that annual appraisals were completed for all nursing, health care and administration support staff. Appraisals were completed by the person's line manager and included the individual's review of their own performance, feedback from the line manager and planning for future development. Staff were also given the opportunity to comment on their progress and training needs for the coming year. One of the partner GPs carried out the nurses' appraisals with secretarial support for recording the meeting. This ensured a focused appraisal that met the specific and personal needs of the nurse.

Working with other services

The practice as a whole closely linked to other GP practices in the area. They had worked collaboratively with other GP practices to share their processes on effective cost management especially with regard to medication.

The practice staff also worked closely with the local community nursing team who were located in the basement of the surgery. The lead nurse for the community nursing service provided clinical supervision to the lead practice nurse when needed. This meant that practice staff could communicate easily and quickly with the community nursing team, which ensured patients received appropriate and timely care.

Monthly clinical meetings included members of other professional groups who had input in to the care of patients registered at the practice. At these meeting individual patients and the care they were receiving from each professional group was discussed and records updated.

The practice worked closely with the local NHS hospital and other GP services. They were available to provide appointments to patients from the surgery between the hours of 6.30pm and 8pm every evening and 10am-12 noon on Saturdays to patients under the extended hour's service. This assisted with patients who could not access appointments during usual surgery hours to obtain GP treatment.

Health Promotion & Prevention

The staff proactively gathered information on the types of needs patient's presented with and understood the number and prevalence of conditions being managed by the practice.

The practice manager clearly outlined the numbers of people with long-term conditions and what these were. We also looked at the 'call and recall' system working within the surgery which ensured timely and appropriate review of patients with long term conditions and those requiring periodic monitoring.

Are services effective?

(for example, treatment is effective)

The waiting area of the surgery displayed leaflets for patients with information relating to health promotion and any local incentives that were taking place in the coming months.

The practice nurse told us she routinely wrote to all registered patients when they reached 14 years of age and invited them to come in for a wellbeing check. This process was relatively well received and some young people came alone and others came with parents. The nurse used this session to discuss personal issues with the person and to inform them of services available within the surgery. A regular young person clinic was held on a weekly basis. This was not well attended but was maintained by the surgery as they felt if only two people attended it was worthwhile.

Regular well women clinics were held alongside family planning sessions.

The practice had recently noticed an increase in the Polish population in the area and had displayed a domestic violence poster in Polish in the waiting room.

The surgery had posters to inform patients of the availability of chlamydia testing kits in the toilets at the surgery. Arrangements were in place for these to be left in the receptacle provided at reception at any time. It was hoped this would encourage people to complete the tests as they could do this whilst visiting the surgery.

Are services caring?

Summary of findings

The service was caring. The patients who responded to comment cards, and those we spoke with during our inspection, were very complimentary about the service. They said the staff were kind and compassionate and they were treated with dignity and respect. The practice had a well-established patient participation group and one member of this group told us the practice was committed to the welfare of the patients registered with it.

Our findings

Respect, Dignity, Compassion & Empathy

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. There were signs explaining that patients could ask for a chaperone during examinations if they wanted one.

Patients told us that they felt that all the staff and doctors effectively maintained their privacy and dignity.

The surgery had an active patient participation group. We spoke with one patient participation group member who told us that the surgery valued their contribution to the operation of the service and listened to their insights into the patient experience. We were told the surgery was honest and open in their practice and recently the partners had decided to start to send letters to patients who consistently failed to attend appointments. Once the partners had decided on a format for the letter the PPG was asked to review this and comment on it use.

We saw the reception staff treated people with respect and ensured conversations were conducted in a confidential manner.

We noted there was a notice asking people to stand back from the reception desk when others were discussing their personal issues with reception staff. This had proved to be effective according to reception staff and the PPG member. One patient we spoke with told us they had overheard a conversation with another patient who was at reception. When we discussed this with the receptionist they said they could find a room away from reception if needed but this was not advertised. The practice manager told us they would prepare a notice for this information to be displayed at reception.

The patients we spoke with told us on the whole they were satisfied with the approaches adopted by staff and felt clinicians were extremely empathetic and compassionate. They told us; "I don't feel rushed, the GP or nurse listens to me and then decides what I need not the other way around". "The medical support is fantastic very informative and empathetic". "They don't just think about why you came they look at you as a whole person and notice if you are not quite well". "The doctors really 'gel' with older

people". One patient who was relatively new to the practice told us they had had a negative experience on the day of our visit where they had not been informed of a delay to their appointment time and felt they should have been kept informed. The patient did not make a formal complaint but we brought this to the attention of the practice manager.

Involvement in decisions and consent

We found the healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency assessments of children and young people, which check whether children and young people have the maturity to make decisions about their treatment, were an integral part of clinical staff practices.

Clinical staff understood how to make 'best interest' decisions for people who lacked capacity and sought appropriate approval for treatments such as vaccinations from children's legal guardian.

The patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted. They told us about the process for using chaperones and felt confident that this was effective as it was always used with them when needed.

Evidence seen demonstrated patients who had capacity to make their own decisions gave consent for example for the minor surgery completed at the practice.

The practice had a robust consent policy available to assist all staff and this contained relevant consent forms for use.

The GP lead for contraception implants informed us the local CCG representative for this specialist area had informed them there was no requirement to complete a signed consent form for contraceptive dermal implants. However we were assured they fully documented their conversation with the patient undergoing the procedure. This included their verbal consent, the risks and benefits of the procedure alongside the batch and lot numbers of the medication (or dermal implant) for future reference.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

The patients we spoke with confirmed that they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This demonstrated a commitment to supporting patients to make informed choices about their care and treatment.

We saw patients had access to a chaperone service when they underwent an examination. We were informed this was always recorded in the patient's electronic notes. Information was displayed in the waiting area if patients wanted to request a chaperone during an examination. Nurses usually acted as chaperone.

Each time a patients was referred to secondary care/ local hospital they were given a coloured form to complete that corresponded to the area they had been referred to. This form identified for them the service they had been referred to and asked them to confirm their contact details to ensure appointments were sent to the correct address. This also ensured the patient was aware of their referral and could challenge this if they had any questions. By signing the form they signified their consent to the referral.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. The practice was proactive in seeking the views of patients and responding to suggestions that improved the service and improved access to the service. We were told by the patient participation group member we spoke with that the practice was very responsive to the changing needs of its patients. They told us systems within the practice had been adapted to reflect feedback from patients where appropriate.

Our findings

Responding to and meeting people's needs

There was sufficient onsite car parking at the surgery which was free of charge.

The practice was accessible to patients with mobility difficulties. Access to the building was via a ramp with a large door which enabled access for all patients regardless of mobility. The consulting rooms were large with easy access for patients with mobility difficulties. There were also toilets for disabled patients. Patients could alert staff to their arrival for an appointment via an electronic touch screen monitor in the waiting room or by notifying the staff at the desk. There was a large waiting area and this afforded people an area to sit and wait.

Staff said they had access to interpreter or translation services for patients who needed it, and there was guidance about using interpreter services with contact details.

Well-women services were provided to patients and this was individually tailored to the needs of the patient.

Young people clinics were maintained even though they were not overly utilised, they did have a steady number of patients attending.

The call and recall service at the surgery ensured timely recall for patients with long term conditions. This meant that patients could be confident that, if they had a long-term health condition the GPs and clinicians would then recall them as appropriate. This helped to ensure all patients could achieve the best quality of life.

The staff had access to leaflets in a variety of languages and could access these electronically as required. This ensured patients were given information relating to their care for their reference.

Patients with immediate or life limiting needs were discussed at the monthly clinical meeting to ensure all practitioners involved in the care delivery were aware of the up to date circumstances surrounding them. This meant care was planned and updated to reflect their changing needs.

One partner GP told us they had struggled recently with access to mental health provision due to the local health

Are services responsive to people's needs?

(for example, to feedback?)

economy and how the process was not as efficient as previously. This was something they were constantly reviewing and feeding back to the local Clinical Commissioning Group (CCG).

Young people were contacted once they turned 14 years of age and offered health check appointments with the nurse. There was also a teenage clinic available one evening per month after school hours to encourage young people to come into the practice.

Access to the service

The practice had extended their surgery hours to facilitate patients who could not attend during normal surgery hours.

We saw the action plan from the patient participation group (PPG) following an annual survey which highlighted changes made as a result of patient feedback. This included employing extra staff including a GP to ensure patients had timely access to services. The practice had also introduced online appointment access for those who required this service.

Home visits and urgent on the day appointments were available every day.

All surgery opening times were detailed in the comprehensive practice leaflet which was available in the waiting room for patients.

Where patients were referred into secondary care via the 'choose and book' system if the secretary felt the person may struggle to access the booking system she would ring them up and complete the process with them or do it for them if more appropriate. This was to ensure their referral was handled in a timely manner.

Concerns & Complaints

There was a robust complaints procedure in place. We reviewed the complaints log for the surgery. and this showed that they followed their policy's Correspondence addressed to complainants was respectful and comprehensive in nature.

The patients we spoke with were aware of the process to follow should they wish to make a complaint. The practice manager investigated complaints. We saw that these investigations were extremely thorough and impartial. This meant areas where lessons could be learnt were identified. She analysed all of the complaints and produced reports for the GP partners which we found were shared with the staff during their team meetings.

The PPG member we spoke with told us the surgery was open and transparent in all ways and the surgery was very democratic in its approach to issues and valued comments. They felt the surgery dealt with issues and complaints in an appropriate way and felt all concerns they brought to the surgery were dealt with in a caring and respectful manner.

Are services well-led?

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

Summary of findings

The service was well led. The practice had a clear vision and purpose which was to provide a service to meet patient's needs. Governance structures were in place and there was a robust system for managing risks.

Our findings

Leadership & Culture

There was a well-established management structure with clear allocation of responsibilities. We saw evidence that showed the partner GPs engaged with the local CCG on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people.

Staff and the PPG member told us that the leadership of the service was visible and accessible. They told us that there was an open culture that encouraged the sharing of information and learning. Staff told us that any of the GPs would help if required and they would have no hesitation to approach them if needed.

Staff had clear job descriptions and staff described a culture which encouraged everyone to be as flexible as possible and help each other out. Staff told us that they were confident that their views were listened to and acted upon by the management team.

Upton Village Surgery operated an open culture and actively sought feedback and engagement from staff with the aim of maintaining and improving services. There was a clear leadership and management structure and staff we spoke to knew who to contact for specific advice and support.

We saw that monthly staff meetings and support sessions helped to ensure a consistent approach to patient care across the service. There was a clear recruitment process that supported the employment of suitable staff. Comprehensive induction and training programmes were in place for all staff.

There was a commitment to learn from problems, complaints and incidents and staff all shared this commitment.

Governance Arrangements

There was a strong and visible leadership team with a clear vision and purpose.

The practice manager and GPs had created comprehensive systems for monitoring all aspects of the service and these were used to plan future developments and to make improvements to the service.

Are services well-led?

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

The practice manager and GPs actively encouraged patients to be involved in shaping the service.

We found that staff felt comfortable to challenge existing arrangements and looked to continuously improve the service being offered.

We found all staff had individual training plans that were time bound for completion. Staff could access training from external sources if appropriate.

The practice had recently been awarded the Chief Executives award for West Cheshire CCG for their work with bowel cancer screening

Systems to monitor and improve quality & improvement

We also saw that the provider had a process in place for making sure there was a constant review of their clinical audits. We saw evidence of completed audit cycles where there had been recommendations for future practice actioned and were awaiting further audit in the future.

The practice was involved in the enhanced service (which are schemes adopted by the local CCG in response to local needs and priorities) for avoiding unplanned admissions. This was designed to improve services for vulnerable people by assessing and managing their care to reduce their risk of them being admitted to secondary care (NHS hospitals) in an unplanned manner.

Systems for monitoring the ongoing fitness of clinicians to practice were in place so routine checks that registrations remained current or scheduled supervision and appraisal had occurred were completed. In addition processes were established for making sure that medicine alerts they received were shared with all GPs and nurses and that these staff took the appropriate action.

There was evidence the practice manager and GPs reviewed and update policies and checked the accuracy of current risk management tools.

The practice actively encouraged patients to be involved in shaping the service and we found that the partner GPs and staff constantly used the information from patients to look at how to improve the service being delivered.

Patient Experience & Involvement

There was an active patient participation group (PPG) who met quarterly to discuss issues and celebrate success relating to the practice. We saw the minutes from these meetings and also spoke to one member of the group. We were told the practice was proactive in supporting their patients and would consider any suggestions made by the group. We saw the action plan from the PPG containing detailed finding and recommendations from the last patient survey in July 2013.

Feedback from the group was that the patients in the local area felt very happy with the service provided. However the membership of the group did not fully reflect the population groups of the catchment area. Attempts had been made to encourage membership but had been unsuccessful so far.

We received eight completed comment cards from a box on the reception desk at the practice and we spoke with three patients and a member of the PPG on the day of our inspection visit. The patients were very complimentary about the care provided by the clinical staff and by the overall friendliness and behaviour of all staff. They all said the doctors and nurses were extremely competent and knowledgeable about their treatment needs. They said that the service was exceptionally good and that their views were valued by the staff.

Staff engagement & Involvement

Staff we spoke with and the documents we reviewed showed that they regularly attended staff meetings and these provided them with the opportunity to discuss the service being delivered. We saw that the GPs used the meetings to share information about any changes or action they were taking to improve the service and actively encouraged staff to discuss these points.

Staff were very engaged with and committed to the surgery and its patients. They spoke passionately about their roles and their patients and how they were supported to give patients the best care possible.

Staff felt valued and confident they could raise any issues they may have with either the partners or the practice manager and it would be dealt with in an appropriate manner. We were told the staff worked well as a team and supported each other where needed.

Learning & Improvement

We saw that all staff had completed mandatory training. The GP partners had clear expectations around refresher training and this was completed in line with national expectations as well as those of the local CCG.

Are services well-led?

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

We saw that a comprehensive training matrix for all staff employed in the surgery was in place and up to date. The practice was able to identify what training each staff member had received, when it had occurred and when any refresher training was due.

The team met monthly to discuss any changes and any incidents that had occurred. The practice had an excellent approach to incident reporting in that it reviewed all incidents even ones that were out of their control but involved their patients. They then discussed if anything however minor could have been done differently at the practice. All were encouraged to comment on the incidents. We were told this was done in an open, supportive and constructive way.

One of the GP partners shared one such incident with us relating to a referral made where a patients care and treatment had not been picked up in an appropriate way once they had been referred to the local NHS hospital. Learning from this had been that the GP's at the practice would now question decisions they did not feel reflected their own clinical diagnosis in a timelier manner.

Identification & Management of Risk

Staff told us they felt confident about raising any issues and felt that if incidents did occur these would be investigated and dealt with in a proportionate manner.

We found that appropriate risk assessments such as those for fire, infection control and safety were available and up to date.

We found that each GP had responsibility for a number of palliative care patients with a named GP to cover if they were on annual leave. This ensured continuity of care and that all other professionals involved in the patients care knew who the named GP was for the patient and who to contact for advice and support.

The practice manager and partner GPs were effectively monitoring any potential risks and had contingency plans to deal with all eventualities. Findings were routinely fed back to the practice and GP partners.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The service made appropriate provision to ensure care for older people was safe, caring, responsive and effective. This included named GPs for all patients in the practice population who were aged 75 and over. This included those who had good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

Elderly patients were supported in a manner that encouraged them to maintain their independence but recognised when they needed support. Elderly patients were offered appointments mid-morning where possible. This allowed them to attend the practice without being rushed or having to arrange special transport to get there.

There was continuity of care for older people and patients were given information on sources of support, promotion of health lifestyles and prevention of ill health. All patients who were registered at the practice and were over 75 years of age were provided with a nominated GP. This meant that they could expect where possible, a level of consistency of who they saw at the practice. This also assisted the nominated GP to have a more in depth knowledge of that individual, their personal circumstances and their general requirements.

End of life care was delivered in a compassionate and caring manner and the patients and their families were fully involved..

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

We found the service made adequate provision to ensure care for people with long term conditions was safe, caring, responsive and effective.

Our findings

There was a system for call and recall of patients with long term conditions and this was managed appropriately by dedicated staff within the practice. This system was supported by senior staff and ensured that patients' needs were monitored and addressed in an appropriate and timely manner.

The practice nurse and health care assistant held regular asthma, diabetes and well person clinics for patients with long term conditions. The practice nurse took the lead on managing patients with long term conditions.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The service made adequate provision to ensure care for mothers, babies and young people was safe, caring, responsive and effective. A regular young person clinic was held on a weekly basis. Regular well women clinics and baby clinics were held alongside family planning sessions.

Our findings

The practice did not provide any ante-natal care to women within the practice but were invited to attend the practice for all their post natal needs. Appointments offered covered both baby and mothers needs at the same time to reduce the number of times the mother had to attend. Baby vaccination clinics were held on a monthly basis but could also be given if the mother was visiting the practice at other times to reduce the number of visits the mother needed to make to the practice.

Young people were contacted once they turned 14 years of age and offered health check appointments with the nurse. There was also a teenage clinic available one evening per month after school hours to encourage young people to come into the practice.

The practice were aware of any issues relating to safeguarding for their patients and all staff had received appropriate training to their role to recognise and report any suspected safeguarding issues.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The service made adequate provision to ensure care for Working age people and those recently retired was safe, caring, responsive and effective.

The practice had extended their surgery hours to facilitate patients who could not attend during normal surgery hours.

Our findings

Appointments were available between 6.30pm and 8pm every evening and 10am – 12noon Saturday for working adults. These appointments were facilitated by the local NHS hospital but ensured if patients were working during normal surgery hours they could still access the care required. The practice nurses offered early morning appointments to this population group to assist them to maintain good health.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

There was adequate provision to ensure care for people in vulnerable circumstances who may have poor access to primary care was safe, caring, responsive and effective. The practice had recently noticed an increase in the Polish population in the area and had displayed a domestic violence poster in Polish in the waiting room.

Our findings

There was a system in place to assist people who may be vulnerable if they were referred onto secondary care via the 'chose and book' system. The secretary who managed the referrals told us they contacted individuals they felt needed support and assistance to use the 'chose and book' service in a timely manner so that they received their appointments and continuing care and did not fall through the net.

The practice was involved in monitoring the numbers of unplanned patient attendance at accident and emergency (A&E) for their vulnerable population group. This applied to a minimum of 2% of the practice population. This monitoring was carried out so that appropriate action was taken to prevent further occurrences in the future for this group of patients. This approach involved care plan reviews and changes within the practice management of the patient's health care needs and also supporting patients to access additional services as required..

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The service made adequate provision to ensure care for people experiencing a mental health problem was safe, caring, responsive and effective. One partner GP told us they had struggled recently with access to mental health provision due to the local health economy and how the process was not as efficient as previously.

Our findings

The practice had limited access to mental health services due to changes within the local healthcare economy. Processes for support were time consuming and not always available in a timely manner. However once a patient was within the mental health system the practice were fully involved in their care arrangements. We were given an example of where an intervention by the mental health team had proved to be very successful for a patient within the practice but the process of referral had been a time consuming and laborious one for the GP. The lead GP assured us they were in constant discussion with the local CCG regarding mental health provision.