

Ashfields Primary Care Centre

Quality Report

Middlewich Road,
Sandbach,
Cheshire
CW11 1EQ

Tel: 01270 275050

Website: www.sandbachgps.nhs.uk

Date of inspection visit: 26 April 2016

Date of publication: 23/06/2016

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?

Outstanding 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Ashfields Primary Care Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashfields Primary Care Centre on 26 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it

delivered services. This was done as a consequence of feedback from patients and from the patient participation group, for example the introduction, training and ongoing review of an electronic appointment check in system and supporting patients through a variety of clinics.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The leadership team displayed innovation and continually strived to improve service to patients.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw three areas of outstanding practice:

- The practice had found innovative ways to respond to patient needs, including introducing consultant led clinics normally held at hospitals, for example vasectomy and general surgery. Other clinics made available at the practice included, neurology, dermatology, ophthalmology, audiology, mental health and memory. National and self-initiated surveys showed extremely high levels of patient satisfaction due to these initiatives.
- The practice had listened to patients via the patient participation group (PPG) and individual requests resulting in the introduction of a self-referral system for physiotherapy. Audit confirmed that this had led to a reduction in the prescribing of Analgesia, less GP time conducting referrals, speedier treatments and increased patient satisfaction.

- The practice surveyed the requirements for patients presenting at reception and found 28% of them had medication queries, so had increased pharmacist capacity to respond to this need.

The areas where the provider should make improvement are:

- To ensure that all relevant staff are aware of safety alerts and any action needing to be taken as a result.
- Implement a more effective approach to recording and retaining recruitment information
- Review security arrangements in relation to public access to non-public areas
- Record verbal complaints

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 was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, though lacked a strategic plan.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice continued to review patient access despite already achieving very high levels of satisfaction. The practice surveyed the requirements for patients presenting at reception and found 28% of them had medication queries, so had increased pharmacist staffing to respond to this need.
- Increased early morning appointments had been introduced as a result of feedback from patients who commuted to work; this had led to positive feedback.
- The practice had introduced a bespoke information system so that the changing demographics and projected requirements of the practice list was assessed and responded to.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had surveyed patient needs in relation to physiotherapy referrals and as a result had introduced a direct referral system where patients could self-refer, through a triage system, resulting in speedier physiotherapy treatment, reduction in pain relief medication and increased GP availability for other patients.
- As part of a trial Electrocardiograms (ECG) were being conducted by the practice, in and out of hours, with results being reported remotely within 24 hours by a Consultant Cardiologist, this provided an improved service for patients, negating the need to go to hospital for the procedure.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs. The patient participation group (PPG) was particularly active and assisted the practice in improving patient experiences at clinics and in the reception and waiting area.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Practice GPs were involved at a strategic level in the Clinical Commissioning Group (CCG), South Cheshire GP Alliance and in national medical research.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and supported patients' needs and welfare.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A lift was provided for people needing wheelchair access and wheelchairs were provided by the practice. A hearing loop was available for those patients who required one.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was performing comparably to the local and national averages for patients with diabetes, The percentage of patients with diabetes, on the register, in whom the last blood

pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less

(01/04/2014 to 31/03/2015) was 79.5% compared to a national figure of 78% and a CCG figure of 81.4%

- Longer appointments and home visits were available when needed. Visits to local care homes were scheduled weekly by a nominated GP to ensure continuity of care.

All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was performing comparably to the local and national averages for cervical screening, data showed that the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80.6% compared with 81.8 nationally and 82% within the CCG.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby clinic were held on a regular basis.
- We saw positive examples of joint working with school nurses and health visitors.

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours were available on Mondays to Friday from 7am to 8am and 6.30pm to 8pm on Mondays also some Saturday mornings from 9am to 11am. The practice is currently trialling pre bookable lunchtime telephone consultation with GPs.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those

Good



Summary of findings

with a learning disability. The practice provided dedicated appointments for patients residing a local bail hostel and had found that using text message as a form of contact for travellers was effective.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 89.7% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Health care assistants are trained to be “dementia friends”, most non clinical staff had attended this training and it forms part of the practice’s induction programme.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing in line with local and national averages, 240 survey forms were distributed and 127 were returned. This represented 0.6% of the practice's patient list and a 53% return rate, the results showed that;

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 160 comment cards which were almost all positive about the standard of care received. Patients said the service was "excellent" and receptionists were "welcoming and friendly". Some patients said they sometimes waited a long time for an appointment.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. There had been 58 responses to the "Friends and Family test" survey resulting in a score of 97%.

Areas for improvement

Action the service SHOULD take to improve

- To ensure that all relevant staff are aware of safety alerts and any action needing to be taken as a result.
- Implement a more effective approach to recording and retaining recruitment information
- Review security arrangements in relation to public access to non-public areas
- Record verbal complaints

Outstanding practice

- The practice had found innovative ways to respond to patient needs, including introducing consultant led clinics normally held at hospitals, for example vasectomy and general surgery. Other clinics made available at the practice included, neurology, dermatology, ophthalmology, audiology, mental health and memory. National and self-initiated surveys showed extremely high levels of patient satisfaction due to these initiatives.
- The practice had listened to patients via the patient participation group (PPG) and individual requests resulting in the introduction of a self-referral system for physiotherapy. Audit confirmed that this had led to a reduction in the prescribing of Analgesia, less GP time conducting referrals, speedier treatments and increased patient satisfaction.
- The practice surveyed the requirements for patients presenting at reception and found 28% of them had medication queries, so had increased pharmacist capacity to respond to this need.

Ashfields Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience (a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive).

Background to Ashfields Primary Care Centre

Ashfields Primary Care Centre is based in a purpose built facility in the centre of the village of Sandbach and close to local amenities. The practice is based in a less deprived area when compared to other practices nationally. The male life expectancy for the area is 80 years compared with the CCG averages of 79 years and the National average of 79 years. The female life expectancy for the area is 83 years compared with the CCG averages of 83 years and the National average of 82 years. There were 23,043 patients on the practice list at the time of inspection.

The practice has 12 GP partners, four salaried GPs and one trainee GP. The practice has eight practice nurses, two research nurses, two pharmacists, four healthcare assistants (HCA), a practice manager, a deputy practice manager, reception and administration staff. The practice is a training practice for General Practitioner registrars. It is also a teaching practice hosting medical students on placement.

The practice is open Monday to Friday from 8.00am to 6.30pm. Extended hours were available on Mondays to

Friday from 7am to 8am and 6.30pm to 8pm on Mondays also some Saturday mornings from 9am to 11am. Patients requiring GP services outside of normal working hours are referred on to the local out of hour's provider N.E.W. operated by the East Cheshire Trust.

The practice has a Personal Medical Services (PMS) contract. In addition the practice carries out enhanced services such as health assessments for patients with learning disabilities and flu and shingles vaccinations.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, HCAs, a pharmacist, reception and administration staff, the practice manager and their deputy. We also spoke with patients who used the service and three members of the PPG.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had set up a patient safety committee in 2014 which reviewed significant events (SEA)s and complaints, conducted an annual SEA and complaints review and reviewed any prescribing issues. The practice had a nominated GP who was responsible for safety.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, alerts relating to spironolactone and ACEI inhibitors (medicines that are used to treat blood pressure). However when we asked GPs about some of these safety alerts, they were unaware of some of them and told us that responsibility for this had been delegated to the Senior Pharmacist. Minutes of meetings showed that these alerts had been discussed at clinical meetings and dealt with appropriately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Home visits were prioritised by the GPs based on the risk that was presented; a policy was in place in relation to this.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who had recently received enhanced training for the role; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We noted that two pharmacists were employed and some work traditionally carried out by GPs had been delegated to them. Pharmacists provided support to patients and contacted them following hospital discharge to offer advice, they also hosted a group to support patients

Are services safe?

with cardiac conditions. We noted that some fridge temperatures recorded were outside the permitted levels, we spoke to the nurses who monitored these and they explained that temperatures rose if the fridge was being cleaned and medicines were transferred to another fridge to facilitate this. We discussed with them the need to document fully the reasons for these temperature readings and they told us that this would be completed in the case of any future readings outside the permitted range.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. The practice manager was unaware that controlled drugs were held.
- We reviewed five personnel files and found most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Some recruitment files did not contain records of interviews and those that did lacked detail. The practice manager told us that this would be addressed with any future recruitment. One file had only one employment reference, when two should be supplied and others did not contain a health declaration.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control

and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice operates over two floors, with community services and practice nurses on the ground floor and GP consultation rooms on the first floor. We noted that although there was a keypad coded door preventing members of the public entering office and staff areas on the first floor, it was possible to access all areas of the practice (other than locked treatment rooms) unhindered. We also noted that patients and any member of the public could walk into administration and private staff areas as there was no system of security to prevent them doing so. This meant that staff safety, private property and confidential documents could be compromised. We discussed this with the management team and they agreed a review of security arrangements would be completed.

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers within the practice which alerted staff to any emergency and a manual alarm buttons were located in all consultation and treatment rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). The most recent published results were 99.9% of the total number of points available. This was higher than the local and national figures of 96.7 and 94.8 respectively. QOF exception figures were comparable or lower than the local and national figures.

This practice was not an outlier for any QOF (or other national) clinical targets. Data published in October 2015 showed:

Performance for diabetes related indicators was similar to the national average. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 89.7 compared to the local and national figures of 85.9% and 84% respectively.

Performance for mental health related indicators was similar to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the record, in

the preceding 12 months (01/04/2014 to 31/03/2015) was 91.6% , as compared with local and national figures of 92.3 and 88.5% respectively

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored (sore throats, pain and blood thinning medicines). An audit on the use of Cefalexin (an anti-biotic) demonstrated a 51% reduction in 2015.
- The practice participated in local audits, national benchmarking, accreditation and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the reminders sent to prescribers relating to appropriate antibiotic use.
- We spoke to the GPs about introducing a strategic plan for their audits and they agreed this would be a good idea.
- We noted that the effectiveness of the service provided to patients had been recognised at governmental level. An article had been published in Hansard in January 2015 detailing the speedy and high level care at the practice.
- The practice was working to provide patients with access to diabetes chronic disease management with blood test performed and results available on site with immediate appointment with a clinician to review and discuss the results.

Information about patients' outcomes was used to make improvements such as:

- In collaboration with GP Alliance the practice had introduced a series of clinics, including vasectomy, upper and lower limb and general surgery, all consultant led and open to all local patients. This meant that patients could have their needs met at the local practice rather than travelling to the hospital. A survey of the patients using the vasectomy clinic showed 93% rated it as good or very good. We received some positive patient feedback from the Regency Spire hospital, who provide the surgery clinics at the practice. Patients commented on the speed and convenience of the

Are services effective?

(for example, treatment is effective)

surgeries. Vasectomy clinics were held every two weeks, with an average appointment being 10 days from request. The procedures were conducted under local anesthetic resulting in a speedier recovery time. The alternative was a procedure under general anesthetic at hospital with a much longer waiting time and prolonged recovery period. Other clinics made available at the practice included, neurology, dermatology, ophthalmology, audiology, mental health and memory.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, dementia training and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- A full time pharmacist had been employed for a number of years and an additional pharmacist had recently been employed. The management team had invested in this role and it had shown very positive results in the quality of their prescribing. Audits completed in 2014/2015 showed savings of 10% for the prescribing of opiates and antiplatelet medicines over the previous 12 months.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12

months. Staff we spoke with told us that they were able to contribute effectively to the appraisal process and were given time prior to the meeting to prepare and complete a pre appraisal form

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs and those in the last years of their lives.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We discussed with nurses how they might better document patients consent.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with diabetes. Patients were signposted to the relevant service many of which were available in house or by community services located within the building
- A number of other services were available on site in this purpose built care centre including; pphysiotherapists, counsellors, district nurse and health visitor teams, podiatrists, speech therapists, community dental services and phlebotomists.

The practice's uptake for the cervical screening programme was 80.6%, which was comparable to the CCG average of 82% and the national average of 81.9%. There was a policy

to offer telephone reminders, text messages and letters for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.4% to 97.2% and five year olds from 89.6% to 96.5%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room located adjacent to the reception desk to discuss their needs.

All of the 160 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%)

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 staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- One GP who saw patients with learning disabilities, used easy read documents to assist the patient in understanding the care and treatment they were being provided.

Are services caring?

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 a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice worked with charities and the 3rd sector providing rooms for them to provide support to patients, these included: Sign Health (a charity working with deaf people to help with depression and anxiety), military veterans, rape and sexual abuse centre and Age UK.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 198 patients as carers (0.86% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. Health care assistants (HCA) acted as dementia friends and carers contacts. A carers' board was displayed in the reception area, giving information and signposting carers to support and guidance.

The practice operated an "extra mile" award for staff members who went over and above what might be expected, for example dropping off prescriptions to patients on their way home or assisting with difficult or vulnerable patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them and all practice staff were made aware via email. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Mondays between 7am and 8am and 6.30pm and 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had adopted a strategy of "open access to GPs" by increasing GP capacity, this had proved popular with patients, as reflected in the national GP survey results.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access for people requiring wheelchairs.
- The practice continued to review patient access despite already achieving very high levels of satisfaction in the national GP survey and its own patient surveys.
- A counselling satisfaction survey was completed May 2015, where 30 questionnaires were returned, showing that patients were extremely satisfied with the services provided, their punctuality, effectiveness and quality of the counselling. The survey related to over 500 counselling sessions held between December 2014 and May 2015.
- The practice surveyed the requirements for patients presenting at reception and found 28% of them had medication queries, so had increased pharmacist capacity to respond to this need.
- The patient participation group (PPG) was particularly active and assisted the practice in improving patient

experiences at clinics and in the reception and waiting area. They assisted in training patients in the use of new digital check in screen and following patient feedback had they moved the screens away from the reception desk to increase privacy. They also liaised with the supplier of the screens to make bespoke software changes to meet patient requirements and avoid incorrect check-ins.

- The practice had introduced a bespoke information system so that the changing demographics and projected requirements of the practice list was assessed and responded to.
- The practice had surveyed patient needs in relation to physiotherapy referrals and as a result had introduced a direct referral system where patients could self-refer through a triage system, resulting in speedier physiotherapy treatment, reduction in pain relief medication and increased GP availability for other patients.
- Electrocardiograms (ECG) were being conducted by the practice, in and out of hours, with results being reported remotely within 24 hours by a Consultant Cardiologist, this provided an improved service for patients, negating the need to go to hospital for the procedure.
- Increased early morning appointments had been introduced as a result of feedback from patients who commuted to work, with three GPs providing extra consultations; this had led to positive feedback.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were available on Mondays to Friday from 7am to 8am and 6.30pm to 8pm on Mondays also some Saturday mornings from 9am to 11am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 75%.



Are services responsive to people's needs?

(for example, to feedback?)

- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system and a policy in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters were displayed in the waiting area and information about making complaints was included in the practice information pack.

There were 39 complaints received and recorded by the practice in the last 12 months, we saw that they were recorded and dealt with appropriately. Complaints were discussed at weekly meetings and reviewed as by the practice's "patient safety committee". Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We spoke to reception staff who told us they were confident to deal with minor complaints and often gave a verbal apology, however they did not routinely record these complaints. This meant that the practice were unable to review verbal complaints and identify trends.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values. “quality goals” were displayed in staff areas and gave a short reminder of what the practice was attempting to achieve
- The practice split their clinicians into three teams, each with areas of responsibility, for example one team was responsible for quality improvement. We were told that the teams were better able to provide patient centred care as they had team responsibility for different patient groups. Regular team meetings took place to discuss matters such as; quality, significant events, QOF and complaints.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- The practice engaged in regular clinical and internal audit to monitor quality and to make improvements. Auditing would be more effective by developing a programme of prospective audits, which are agreed, and tailored to the needs of the practice.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff. Practice GPs were involved at a strategic level in the Clinical Commissioning Group (CCG), South Cheshire GP Alliance and in national medical research. PPG and practice manager were involved in working with NHS England to develop a national patient participation framework.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice had systems in place to give affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted protected learning time was provided for the whole practice on a monthly basis.
- Staff said they felt respected, valued and supported and the ones we spoke with said they very much enjoyed working there. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, moving the check in screens to improve confidentiality at the reception desk. One member of the PPG with IT skills had developed a PPG website which could be accessed via a link from the practice's main website.
- The practice had gathered feedback from staff through daily discussion with staff, weekly team meetings and the appraisal system. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Partners at the practice are undergoing training in quality improvement to further enhance their ability to continuously improve.

The practice has a fully staffed research department with a principal investigator, supported by two nurses and IT staff. The research involved a variety of studies for both academic and commercial purposes. The department had been recognised by the clinical research network (CRN) for its work. The practice told us that the department increased the practice's reputation and also provided an income stream.