

Northgate 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.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northgate Village Surgery Centre on 11 April 2017.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, equipment checks were carried out, there were systems to protect patients from the risks associated with insufficient staffing levels and to prevent the spread of infection.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported. They had access to training and development opportunities and had received training appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
 - Access to the service was monitored to ensure it met the needs of patients.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

- Introduce a written protocol detailing the process for changes to be made to medication by the medicines management team and safeguards to ensure changes made are correct. This protocol should also identify the remit of the medicines managers. An audit should be undertaken to ensure this system is operating effectively.

Summary of findings

- Make a record of the in-house checks of cleaning standards.
- Ensure staff recruitment records contain evidence of qualifications having been verified and evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.
- The health and safety risk assessment specific to the practice should contain more detail about possible risks and how they are to be mitigated.
- A record should be made of which staff participated in fire drills and any action to be taken to improve the process.
- The salaried GPs should have an in-house appraisal in addition to the external appraisal process.
- Provide a more comprehensive record of the induction provided to staff.
- Include in records of clinical meetings discussion concerning National Institute for Health and Care Excellence (NICE) updates and alerts received from the Medicines and Healthcare Products Regulatory Agency.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

We found that the process of the medicines management team making changes to patient medication needed improvement to ensure this was a safe system. Following the inspection the provider told us the changes they had made. Recruitment information relating to evidence of qualifications and relevant health matters (after reasonable adjustments) to the role the person was being employed to undertake was not available in recruitment records seen. Following the inspection the provider informed us how this had been addressed.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had access to training and development opportunities and had received training appropriate to their roles.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Responses to the National GP Patient Survey (July 2016) relating to the caring approach of the practice were in-line with local and national averages.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs

Good



Summary of findings

of different patient groups. A range of access to the service was provided and this was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with guidance about how to handle a complaint.

Are services well-led?

The practice is rated as good for providing well-led services. The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. 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 and staff meetings. The practice proactively sought feedback from staff and patients, which it acted on.

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 kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. GPs visited two local nursing homes weekly and made daily visits to a local care home. Visits were carried out by the same clinicians where possible to provide continuity. A practice nurse visited patients at risk of hospital admissions. During these visits patients' needs were assessed, care plans were developed and a review of long term conditions took place. These assessments also considered social care needs and vulnerability of the patient and as a result of the assessment referrals were made to appropriate health and social care services. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The practice had introduced the 'Year of care' for diabetes management and as a consequence had streamlined its management of this long term condition, minimising the number of appointments patients had to attend. The clinical team took the lead for different long term conditions. A GP with a special interest in epilepsy held clinics for patients within the Chester city area. A further GP with a special interest in diabetes was able to initiate insulin for patients with a new diagnosis of diabetes. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Family planning and sexual health services were provided. Gynaecological clinics were led by female GPs and longer appointments were available.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday. In addition the practice was currently trialling an extended hours' service three mornings a week (Tuesday, Wednesday and Thursday) from 7am to 7.45am to improve accessibility for patients who were not able to attend the surgery during normal working hours. Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations were also offered. Mobile phone texts were made to remind patients about appointments and reduce missed appointments and for some test results. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice and family planning services. Reception staff sign-posted patients who did not necessarily need to see a GP. The Patient Participation Group held a workshop for patients to provide information on and encourage the use of on-line access.

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 identified vulnerable patients through multi-disciplinary meetings. A register was kept of patients with a learning disability and there was a system to ensure these patients received an annual health check. Alerts were placed on the records of vulnerable patients and longer appointments were offered. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and children and all staff had safeguarding training relevant to their role.

Good



Summary of findings

Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them through organisations such as the Carers Trust. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator. The practice with the support of the PPG had produced a list of services and charities booklet which was free to all patients.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. GPs made weekly visits to two local nursing homes to support patients with dementia. Visits were carried out by the same clinicians where possible to provide continuity. Housebound patients with dementia were visited by a designated nurse who assessed their needs and fed back any concerns to their GP.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice and the branch were generally performing in-line with local and national averages. The practice distributed 283 forms 117 (41%) were returned which represents approximately 1.8% of the total practice population. The results showed that patients responses about whether they were treated with respect and compassion by clinical and reception staff were in-line with local and national averages. For example results showed:

- 90% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The results of the National GP Patient Survey showed that patients' responses about satisfaction with access to care and treatment were either above or in-line with local and national averages. For example:

- 88% of respondents found it easy to get through to the surgery by phone compared to the CCG average of 71% and national average of 73%.

- 72% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 87% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 77% and national average of 76%.
- 74% of patients were satisfied with the surgery's opening hours compared to the CCG average of 75% and national average of 76%.
- 86% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 81% and national average of 80%.
- 87% of respondents found the receptionists at the surgery helpful compared to the CCG average of 86% and national average of 87%.

The practice reviewed National GP Survey results and discussed these with the Patient Participation Group (PPG) to ensure patients were satisfied with the service provided and to look at how any issues raised could be addressed.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were positive about the standard of care received. We spoke with five patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that they were satisfied with access to the practice.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last three months showed there had been 188 responses completed. One hundred and seventy seven (94%) of the respondents were either extremely likely or likely to recommend the practice.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Introduce a written protocol detailing the process for changes to be made to medication by the medicines management team and safeguards to ensure changes made are correct. This protocol should also identify the remit of the medicines managers. An audit should be undertaken to ensure this system is operating effectively.
- Make a record of the in-house checks of cleaning standards.
- Ensure staff recruitment records contain evidence of qualifications having been verified and evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.
- The health and safety risk assessment specific to the practice should contain more detail about possible risks and how they are to be mitigated.
- A record should be made of which staff participated in fire drills and any action to be taken to improve the process.
- The salaried GPs should have an in-house appraisal in addition to the external appraisal process.
- Provide a more comprehensive record of the induction provided to staff.
- Make a record of nurses meetings and include in records of clinical meetings discussion concerning National Institute for Health and Care Excellence (NICE) updates and alerts received from the Medicines and Healthcare Products Regulatory Agency.

Northgate Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Northgate Village Surgery

Northgate Village Surgery is responsible for providing primary care services to approximately 6,590 patients. The practice is situated in Chester city centre, Cheshire. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is about average when compared to other practices nationally

The staff team includes three partner GPs, three salaried GPs, one advanced nurse practitioner, one lead nurse, three practice nurses, two health care assistants, practice manager, two management support staff, office manager, IT manager and administration and reception staff. There are both male and female GPs. The nursing team and health care assistants are female. The practice is a training practice for GP Registrars and medical students and practice nurses.

Northgate Village Surgery is open from 8am to 6.30pm Monday to Friday. Extended hours are being trialled at the practice on Tuesday, Wednesday and Thursday from 7am to 7.45am. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patient facilities are located on the ground floor. The

practice has a car park for on-site parking. The practice shares a building with other GP practices and a number of community services such as community nursing, podiatry and sexual health services.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia, flu and shingles vaccinations and learning disability health checks.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

announced inspection on 11 April 2017. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and investigating 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 practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held meetings where significant events were discussed and there was a system to cascade any learning points to staff unable to attend via email. We looked at a sample of significant events and found that overall action had been taken to improve safety in the practice where necessary. We looked at a medication error and found that although the event had been reviewed the action taken was not sufficiently robust to prevent a re-occurrence. Following our visit the provider confirmed they had taken appropriate action to minimise the risk of this event re-occurring.

We discussed the management of patient safety alerts with the clinical staff and the practice manager. It was reported that there was a system in place for the management of patient safety alerts and we were given examples of the action taken. We noted that clinical meeting minutes did not reflect that patient safety alerts had been discussed. The practice manager revised the agenda of these meetings to ensure this information was documented in future.

Overview of safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies 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 practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The practice met with the health visiting service monthly to discuss any concerns about children

and their families and how they could be best supported. A monthly check was carried out to identify if children did not attend appointments at the practice or at secondary care services.

- A notice was displayed advising patients that a chaperone was available if required. Nurses, health care assistants and one non-clinical member of staff acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning standards were audited by the cleaning company employed by the practice. The practice manager also checked on these standards however this check was not recorded. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 drugs and vaccinations, in the practice overall kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely managed however they were stored in printers overnight. Following the inspection the provider confirmed that this practice had been revised to better promote the security of prescriptions. We found that the process for making changes to a patient's medication following information from other services, such as following hospital discharge needed improvement. This correspondence was reviewed by a GP and any medication changes highlighted and passed to the medicines managers to produce a prescription which was then signed by the GP. There was not a process for checking if the medicines managers had made the

Are services safe?

correct changes, such as an audit or a re-check of the original correspondence by the GP. There was not a clear protocol as to which changes could be made by the medicines managers and which could not. We noted there had been a significant event that indicated medication had been added incorrectly following a patients' discharge from hospital. Following the inspection the provider informed us that this system had been revised. The new system meant that the medicines managers made the changes to medication highlighted by the GP but the original correspondence requesting the change and the prescription were passed back to the GP to check before the prescription was given to the patient. A written protocol supporting this process and highlighting changes that can and cannot be made by the medicines managers should also be put in place. This should indicate the process for ensuring that any discontinued medication is removed from the patient records and the reason documented in the patients notes.

- We reviewed the personnel files of three staff employed within the last 12 months. Records showed that there were shortfalls in the records of two staff employed in 2016 as no evidence of qualifications having been verified had been retained and there was no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. Following the inspection the recruitment checklist was revised to ensure this information was gathered and a template for recording information about a candidate's health was developed. The practice manager also confirmed that they had checked staff records to ensure they contained a copy of relevant qualifications. A system was in place to carry out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. We looked at a sample of three records that showed a DBS check had been undertaken for clinical staff.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. Electrical

equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. An up to date electrical wiring certificate for the building was available. The practice had a fire risk assessment that was scheduled to be reviewed in May 2017. This included an action plan to ensure safety was maintained. Evidence that the emergency lighting and smoke detectors were routinely inspected to ensure they were in good working order was available. In-house checks of the fire alarm and emergency lighting took place however a record of who took part in the drills and any difficulties encountered was not recorded. The provider told us they were taking steps to address this following the inspection.

- The practice also had other risk assessments in place to monitor the safety of the premises such as control of legionella. A health and safety assessments of the premises had been undertaken by the property company that managed the premises. However the assessment specific to the practice should contain more detail about possible risks and how they are to be mitigated.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had up to date basic life support training apart from one new staff member. The practice manager had planned to access training at another surgery to address this. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications. We noted that clinical meeting minutes did not reflect that updates to National Institute for Clinical Excellence (NICE) guidance or alerts received from the Medicines and Healthcare Products Regulatory Agency had been discussed. The practice manager told us he would revise the agenda of these meetings to ensure this information was documented in future.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2015-2016) showed the practice had achieved 100% of the total number of points available which was comparable to local (98%) and national (95%) averages. The practice had a 10% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) compared to the Clinical Commissioning Group (CCG) (8%) and national (10%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% compared to the CCG average of 91% and the national average of 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 87% compared to the CCG average of 84% and the national average of 83%.
- The percentage of patients with asthma, on the register, who had undergone an asthma review in the preceding 12 months was 75% compared to the CCG average of 75% and the national average of 76%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 86% compared to the CCG average of 80% and the national average of 78%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 76% compared to the CCG average of 83% and the national average of 84%.

We saw that audits of clinical practice were undertaken. Some were at the first stage and were awaiting a second cycle to evaluate if changes made had been effective. Examples of audits included audits of the management of chronic obstructive pulmonary disease (COPD) and an audit of antibiotic prescribing. The audits showed changes had been made to practice where this was appropriate. For example, the audit of antibiotic prescribing had been undertaken as the practice was above national and local averages in the preceding 12 months for some antibiotic prescribing. The audit had identified the need for GPs to review use and document their rationale to ensure prescribing of antibiotics was necessary.

The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, cardiology, dermatology, sports medicine, women's health and mental health. The clinical staff we spoke with told us they kept

Are services effective?

(for example, treatment is effective)

their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety, confidentiality and safeguarding as well as employment related matters. The induction record was not comprehensive and did not cover all the information that was provided during this period. A template for recording the induction was provided to us following the inspection. This did not cover reporting significant events or safeguarding issues. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. An appraisal system was in place to ensure staff had an annual appraisal. Doctors had appraisals, mentoring and facilitation and support for their revalidation. Salaried GPs had an external appraisal and met with a partner GP for supervision however they did not have an in-house annual appraisal. Following the inspection we were informed that in-house appraisals would be provided to salaried GPs and dates for these had been planned.
- All staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. A record was made of this training and there was a system in place to ensure it was updated as necessary. Clinical and non-clinical staff told us they were provided with specific training dependent on their roles however there was no central record to monitor this training. This was addressed following the inspection. Clinical staff told us they had received training to update their skills such as cytology, immunisations and minor surgery and that they attended training events provided by the Clinical Commissioning Group to keep up to date. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies.

Coordinating patient care

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

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. The practice also used consent forms relating to medical student observers, which were scanned into the patient's records.

Supporting patients to live healthier lives

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

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and wrote to patients who did not attend to encourage them to do so.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were above national averages in some instances and slightly below for others. For example, the childhood immunisation rates for the vaccinations given to under two year olds ranged between 89% and 96% with the national expected rate being 90%. Immunisation rates for childhood

immunisation rates for the 5 year age group were above the CCG and national averages. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor. This system had been revised within the last six months which was resulting in fewer missed appointments.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were positive about the standard of care received. We spoke with five patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

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

- 90% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%.
- 95% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed National GP Survey results and discussed these with the Patient Participation Group (PPG) to ensure patients were satisfied with the service provided and to look at how any issues raised could be addressed.

With the support of the PPG the practice had produced a list of services and charities booklet which was free to all patients. This provided a comprehensive overview of local services which made this information readily accessible for patients. The PPG were encouraging staff and patients to knit teddies for clinical staff to give to sick and distressed children.

The PPG operated a projects fund and organised fund raising activities to raise money for non-essential improvements for the practice and for donations to local good causes. The PPG had made non-essential improvements to the facilities in the building through fundraising, for example, they had purchased a children's table and chair set for the waiting area. Raising money for charity had been identified as an action the PPG wanted to carry out. Patients had been consulted about which charities they would like the PPG projects fund to donate to. Following feedback the PPG decided that they would look at donating to the homeless.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by clinical staff and had sufficient time during consultations 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.

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 in line with local and national averages. For example:

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

Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

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

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 155 (approximately 2.3%) of patients as carers. As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available. We noted that carers were not offered medicals. Following the inspection we were informed that the practice had decided to offer this when carers were invited for their flu vaccinations.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. The practice sent a sympathy card to the next of kin following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including, avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia, flu and shingles vaccinations and learning disability health checks. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

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

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Frailty assessments were carried out for those patients at risk of hospital admissions.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- Nursing staff were able to manage complex dressings reducing the need for patients to attend secondary care services.
- A GP with a special interest in epilepsy held clinics for patients within the Chester city area. A GP with a special interest in diabetes was able to initiate insulin for patient with a new diagnosis of diabetes.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- An in-house phlebotomy service was provided which meant patients could receive these services locally rather than having to travel to another service.
- Travel vaccinations and travel advice were provided by the nursing team.

- Reception staff sign posted patients to local resources such as the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The practice with the support of the PPG had produced a list of services and charities booklet which was free to all patients. The PPG had also held a workshop for patients to provide information on and encourage the use of on-line access.
- The practice produced a quarterly newsletter which provided patients with information such as the services available, health promotion, changes at the practice and support and advice for carers.
- There were accessible facilities, which included a hearing loop, baby change, breast feeding and translation services.

Access to the service

Northgate Village Surgery was open from 8am to 6.30pm Monday to Friday. In addition the practice was currently trialling an extended hours service three mornings a week (Tuesday, Wednesday and Thursday) from 7am to 7.45am to improve accessibility for patients who were not able to attend the surgery during normal working hours. The appointment system provided pre-bookable and on the day appointments. A GP led triage system was in operation for medically urgent matters where a GP spoke to the patient and invited them for an appointment the same day if assessed as necessary. Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations were also offered. Mobile phone texts were made to remind patients about appointments and reduce missed appointments and for some test results. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 88% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 71% and national average of 73%.
- 72% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 87% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 77% and national average of 76%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 74% of patients were satisfied with the surgery's opening hours compared to the CCG average of 75% and national average of 76%.
- 86% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 81% and national average of 80%.
- 63% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and national average of 66%.
- 87% of respondents found the receptionists at the surgery helpful compared to the CCG average of 86% and national average of 87%.

The practice reviewed the results from the National GP Patient Survey and other sources of patient feedback and discussed how any improvements could be implemented with the Patient Participation Group (PPG). For example, to increase accessibility the practice had reviewed the appointment system, telephone access, introduced

telephone text reminders to reduce missed appointments and they were trialling an extended hours' service for patients unable to attend during normal working hours. The practice offered on-line access and was publicising this service to reduce telephone demand.

We received 15 comment cards and spoke to five patients. Feedback from patients indicated that overall they were satisfied with access to appointments and opening hours. One patient said there had been a delay in a referral being made. One said the lifts to the practice were too small. One felt that the reception staff were sometimes unhelpful.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the patient information booklet and on the practice website. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint. A copy of the complaint procedure was available at the reception desk.

The practice kept a record of written complaints. We reviewed a sample of three complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate.

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 statement of purpose which outlined its aims and objectives. These included providing the best possible care and treatment to patients, ensuring all staff had the skills they needed to competently carry out their roles and ensuring patient safety. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements

Policies and procedures were in place to govern activity, identify and manage risks. There were clear systems to enable staff to report any issues and concerns. We looked at a sample of significant events and found that action had overall been taken to improve safety in the practice where necessary. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.

Leadership and culture

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. The partners were visible in the practice and staff told us they were approachable. The practice had systems in place for knowing about notifiable safety incidents.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at meetings or as they occurred with the practice manager, compliance manager or a GP partner. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and

administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. The practice also used a continuous feedback form which was available at the practice and provided a further way of gathering patient views.
- There was an active PPG which met regularly to discuss the operation of the service and any new developments. The PPG told us and records demonstrated that they were asked for and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the appointment system. The PPG were currently discussing ways to reduce missed appointments and improving GP appointment availability with the practice management team. The PPG were also looking at ways to encourage Patient Access (on-line GP services). The PPG had held a workshop to encourage patients to use on-line patient facilities through Patient Access. This was not well attended and another event has been organised. The PPG had also met with the local council to discuss improving parking for disabled patients and had been successful in getting approval for changes to be made. We spoke to two members of the PPG who said they felt they were listened to, kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients.

Are services well-led?

Good 

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

- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a clear focus on continuous learning and improvement at all levels within the practice. The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered enhanced services including, avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia, flu and shingles vaccinations and learning disability health checks. The practice was continually reviewing access to ensure it met patient needs and had as a result reviewed

the appointment system, introduced an extended hours service and telephone reminder service to reduced missed appointments. The practice was planning to introduce eConsult, an online tool for patients to access online consultations. The practice had introduced new information systems to better meet patient needs. For example, they had implemented electronic document systems to streamline the referral process.

The practice was aware of future challenges. For example, the practice had identified that it needed to make its services more responsive to the needs of its student patient population and had plans in place to further develop the services offered.