

Drs King, Hill and Entwistle

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

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	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	14
Background to Drs King, Hill and Entwistle	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs King, Hill and Entwistle on 7 June 2016. Overall the practice was rated as requires improvement. We rated the practice as requires improvement in the four domains of safety, effective, responsive and well led. We rated the practice good for the caring domain. The practice was issued with Requirement Notices and a Warning Notice. The full comprehensive report on the 7 June 2016 inspection can be found by selecting the 'all reports' link for Drs King, Hill and Entwistle on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection on 25 April 2017 to check that the practice had responded to the concerns which were identified during the inspection of 7 June 2016. The practice is now rated as good overall.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with their registered 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.

Summary of findings

- There was a leadership structure and staff said they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There were areas where the provider should make improvement. The provider should:

- Develop a formal programme or plan of continuous clinical and internal audit.
- Good practice and National Institute for Health and Care Excellence (NICE) were used by staff but the provider should implement a system to ensure these guidelines were followed up and appropriate actions taken to stop this happening again.
- Review the staff training matrix to ensure accurate records are kept for the full training undertaken by staff.

- Ensure measures are in place to maintain the security of prescription forms used in printers when the printer is left unattended, such as overnight or when the consulting room is not in use.
- Undertake a risk assessment for the handling and use of liquid nitrogen.
- Ensure full records are completed for the system in place for cascading safety alerts.
- Complete full records for each significant event analysis including the analysis form to show the investigation that has been undertaken and what actions have been taken.
- Undertake an audit of all staff files to ensure f

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.

Good



At the previous inspection on 7 June 2016 we identified that the provider needed to make improvements to the systems and processes in place to ensure the practice was safe. At the inspection undertaken on the 25 April 2017 we saw evidence that the provider had taken action to address the issues we had identified. These included;

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice. Full records were not made for all incidents.
- Systems in place for managing medicines safely but some pads were left in printers overnight. Immediate actions were taken.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse. Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. On the day of inspection the safeguarding policies and procedures required updating. The revised information was sent to us the day following the inspection.
- There were systems in place to reduce risks to patient safety. For example, health and safety related checks were carried out on the premises and on equipment on a regular basis. There had not been a recent health and safety audit undertaken or formal plan in place for the maintenance of the premises. The practice had an up to date fire risk assessment and carried out regular fire drills.
- The required pre-employment checks had been carried out to ensure staff suitability for the sample of staff we looked at. There were however, gaps in the information held for all staff members including GPs.
- We observed the premises to be clean and tidy. There were cleaning schedules in place but contract arrangements with the cleaning company in place, had broken down prior to

Summary of findings

inspection. The cleaning schedules were not being monitored at the time of inspection. Immediate actions were taken by the provider and evidence of compliance was submitted after the inspection.

Are services effective?

The practice is rated as good for providing safe services.

At the previous inspection on 7 June 2016 we identified that the provider needed to make improvements to the systems and processes in place to ensure the practice was effective. At the inspection undertaken on the 25 April 2017 we saw evidence that the provider had taken action to address the issues we had identified. These included;

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Appraisals and personal development plans for all staff were in place.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Systems had been put into place to collate patient views.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patient information had been written in languages patients could understand.
- Patients told us that GPs were caring, had more time with them and were compassionate
- Patients told us reception staff were caring, less stressed and the overall atmosphere at the practice appeared more relaxed and caring.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Views of external stakeholders were very positive.

Good



Summary of findings

Are services responsive to people's needs?

At the previous inspection on 7 June 2016 we identified that the provider needed to make improvements to the systems and processes in place to ensure the practice was responsive. At the inspection undertaken on the 25 April 2017 we saw evidence that the provider had taken action to address the issues we had identified. These included;

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG), other GP practices, and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- A range of appointments were provided to meet the needs of patients. Overall, patients told us they could get an appointment if they needed one, but some patients felt they had to wait too long for a routine appointment. Some of the patients we spoke with said they found it difficult to get through to the practice to make an appointment. This was reflected in the national patient survey. The practice was in the process of getting a new phone system installed which was hoped would improve this.
- Information about how to complain was available. The practice responded quickly to issues raised and made improvements to the service in response to complaints.

Good



Are services well-led?

At the previous inspection on 7 June 2016 we identified that the provider needed to make improvements to the systems and processes in place to ensure the practice was effective. At the inspection undertaken on the 25 April 2017 we saw evidence that the provider had taken action to address the issues we had identified. These included;

- The practice had recently developed a practice vision and staff were clear about this and their responsibilities in relation to it.
- There was a leadership structure in place and staff told us they felt supported by management. The practice had policies and procedures to govern activity.

Good



Summary of findings

- An overarching governance framework had recently been developed. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- Up to date registers of patients with a range of health conditions (including conditions common in older people) were maintained and these were used to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan detailing the care and treatment they required.
- GPs carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Where older patients had complex needs, the practice shared summary care records with local care services.

Good



People with long term conditions

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

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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.
- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive

Good



Summary of findings

pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these. There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

- Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions could be offered a single appointment to avoid multiple visits to the surgery.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency department (A&E) attendances. A GP was the designated lead for child protection. A regular safeguarding meeting was held with health visitors to discuss child protection concerns. Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Patients told us on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice monitored non-attendance of babies and children at vaccination clinics and a practice nurse told us they reported any concerns to relevant professionals.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Summary of findings

- The premises were suitable for children and babies and baby changing facilities were available.

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.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- Extended hours appointments were not available.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

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 in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice worked with relevant health and social care professionals in the case management of vulnerable people.
- 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.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Good



Summary of findings

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).

- The practice held a register of patients experiencing poor mental health and these patients were offered at least an annual review of their physical and mental health.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- The practice regularly worked with multi-disciplinary teams including in the case management of patients experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages, 218 survey forms were distributed and 134 were returned. This represented approximately 2% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 84%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 95% of respondents find it easy to get through to this surgery by phone compared with the CCG average of 59% and the national average of 73%.
- 82% of respondents with a preferred GP usually get to see or speak to that GP compared with the CCG average of 63% and the national average of 59%.
- 76% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with the CCG average of 60% and the national average of 65%.

However, some results showed below average performance, for example,

- 82% patients said that the last GP they saw was good at treating them with care and concern (CCG average 87%, national average 85%).
- 91% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
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The practice was aware of the areas for improvement and an action plan was in place.

All of the 38 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. They also told us they were extremely happy with how caring the practice had been and how their dignity and privacy had always been respected. We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Develop a formal programme or plan of continuous clinical and internal audit.
- Good practice and National Institute for Health and Care Excellence (NICE) were used by staff but the provider should implement a system to ensure these guidelines were followed up and appropriate actions taken to stop this happening again.
- Review the staff training matrix to ensure accurate records are kept for the full training undertaken by staff.
- Ensure measures are in place to maintain the security of prescription forms used in printers when the printer is left unattended, such as overnight or when the consulting room is not in use.
- Undertake a risk assessment for the handling and use of liquid nitrogen.
- Ensure full records are completed for the system in place for cascading safety alerts.
- Complete full records for each significant event analysis including the analysis form to show the investigation that has been undertaken and what actions have been taken.

Summary of findings

- Undertake an audit of all staff files to ensure full and completed information is available for all staff members including GPs

Drs King, Hill and Entwistle

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP and Practice Manager specialist advisers.

Background to Drs King, Hill and Entwistle

Drs King, Hill and Entwistle is based in the semi-rural village of Haslington in Cheshire; it is a less deprived area when compared with the rest of Cheshire. There were 6724 patients on the practice register at the time of our inspection. The practice has a higher than average number of older patients (60 to 85+ years) and lower than average number of younger patients (birth to 40 years).

The practice is managed by three partners (all male). Employed are a salaried GP (female), a practice manager, three nurses, reception and administration staff.

The practice is open 8am to 6.30pm on weekdays, no extended hours are offered.

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 General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We carried out an announced 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 new provider is meeting the legal requirements and to review the breaches of regulations identified at the last inspection of the previous provider in June 2016. We also looked at the overall quality of the service to enable us to provide an updated 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 like the local Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 25 April 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

Detailed findings

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 living 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the senior managers 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.
- From the sample of four documented examples we reviewed we found that when things went wrong these incidents were discussed at full practice team meetings, the lessons learnt were shared and actions taken to prevent the same events occurring again. However, the form the practice had in place to record that an investigation had taken place and actions plans were put into place was not completed for the documents we reviewed.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an annual analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when patients had made a complaint this was discussed openly at practice meetings so lessons could be shared and actions could be agreed.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- At our last inspection in June 2016 we found that although safety alerts were emailed to individual clinicians, there was no central recording, management

or review of these alerts to ensure they had been actioned appropriately. At this inspection we saw the provider had implemented such a system and staff we spoke with were aware of and used this.

- 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. However, on the day of inspection they required updating. The practice took immediate action and sent to us a revised copy the day following inspection. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level three.
- 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

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules in place which were monitored.
- 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 medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

Are services safe?

to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were not securely stored at the last inspection but this had been addressed by the provider. However, we found during this inspection that prescription pads were signed out by GPs in bulk and prescriptions were being left in printers overnight. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment for the most recent staff members. Full and completed information was seen for example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, there was some information missing for other staff members such as proof of identity including a recent photograph, staff signing of a confidentiality agreement and vaccination status for some GPs. We discussed this with the practice at the time of inspection.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were systems in place to reduce risks to patient safety. For example, health and safety related checks were carried out on the premises and on equipment on a regular basis. There had not been a recent health and safety audit undertaken or formal plan in place for the maintenance of the premises. The practice had an up to date fire risk assessment and carried out regular fire drills.
- At our last inspection in June 2016 we found that the public had access to all areas of the practice as there were no security systems or physical barriers to stop

people accessing the staff behind the reception area. At this inspection we found the provider had secured the front desk so that the public could not access this area unsupervised.

- At our last inspection in June 2016 we found that some medical equipment had not been checked, there was no overall inventory of equipment or other means of monitoring equipment used at the practice to ensure it was fit for use and checked in a timely manner. At this inspection we found that all electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. A new equipment inventory was in place and monitored by the practice manager. The practice was seen to be using liquid nitroge and a formal a risk assessment for the handling and usage was not in place.
- The practice had a variety of risk assessments 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).
- There were arrangements 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 and we saw that clinicians would offer additional appointments at busy periods.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to 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 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.

Are services safe?

- At our last inspection in June 2016 we found there was no review or audit of emergency medicines (they had been signed as fit for use on a regular basis, when some items listed were missing).
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 did not have a robust system in place to ensure 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 96% of the total number of points available, the CCG average being 95% and the national average was 94%. This practice performance for some national and clinical targets were in line or just below national and local results. For example data from QOF results for 2014/15 showed;

- Performance for mental health related indicators was comparable with CCG and national averages. For example the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 97% compared with a national average of 73%. However, they were below national averages for 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. The practice had achieved 61% and the national average was 88%.
- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 76% with the national average being 80%. The percentage of

patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 71% compared to a national average of 77%.

The practice told us they had a long term member of staff off sick and this had impacted on these QOF results, actions were being taken to improve this.

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. At the last inspection in June 2016 we made it a requirement that improvements were made to undertaking audits. At this inspection we found more detailed audits but there still needed to be a strengthened plan and structure for how these would be monitored. Examples of recent clinical audits included an audit of patients who required blood tests for specific diseases, minor ops audits, medication reviews and an audit of anti-biotic prescribing. The findings were used by the practice to improve services.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The provider had a vaccination and immunisation nurse to improve uptake of this for children. 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.

Are services effective?

(for example, treatment is effective)

- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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 and in-house training. A training matrix was in place but we found gaps in the information held. When we verified this with staff we found that the training had been completed but not recorded as such.

Coordinating patient care and information sharing

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. We found however, that personalised patient care plans were not strongly developed and we discussed this with the GPs on the day of inspection. All paper and electronic records relating to people's care was well managed. Staff could easily access the information they needed to assess, plan and deliver care to patients in a timely way.

Monthly meetings were encouraged with other healthcare professionals to discuss the on-going needs of patients with long term conditions and those at risk of hospital admissions. 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information such as NHS patient information leaflets was also available. This was an improvement since the last inspection because formal meetings had not been taking place.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff had undertaken recent training and now 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. 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. The practice had recently developed a carer's register to support caring family members in the promotion of their own health.
- There were a variety of services which were available to patients, including Citizen's Advice, drug counsellors and smoking cessation advisors that patients could be referred to.
- The practice nurses were responsible for child vaccinations and holiday and flu immunisations.
- The practice encouraged patients to attend screening appointments. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81.9% compared to a CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were

Are services effective?

(for example, treatment is effective)

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

- 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 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff we spoke with recognised the diversity, values and human rights of patients that attended the practice and good examples were shared with us for how they had shown caring and compassionate care to patients and their families.

All of the 38 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 eight patients during the inspection who also gave us numerous examples for how caring the GP and reception staff were. They told us they were extremely happy with how caring the practice had been and how their dignity and privacy had always been 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. Results were similar to or higher than local and national averages. For example:

- 88% of patients said the GP was good at listening to them compared the national average of 88%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 89% 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 92%

- 100% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 86%.

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 but the practice had identified that improvements were needed to these.

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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 89%.
- 97% 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%.

There were areas they needed to improve also:

Are services caring?

- 78% 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%.
- 82% patients said that the last GP they saw was good at treating them with care and concern (CCG average 87%, national average 85%).
- 91% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 91% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).

The practice was aware of the areas for improvement and an action plan was in place.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer, the practice had identified that this was approximately 1% of the practice list. This information was used to support carers and direct them to appropriate resources. Written information was available to direct carers to the various avenues of support available to them. We found that clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. The practice told us that cards and letters were often written to families when bereavement had been experienced. The practice was working to identify further carers to ensure they had access to the support services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. Care plans were in place for end of life care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- District nurses attend the surgery for meetings to discuss any housebound patient's needs every two months. Local nursing homes were kept up to date with patient blood results and monitoring the needs of each patient in their care.

Access to the service

The practice is open 8am to 6.30pm Monday to Friday. Additional extended hours were not available. Patients requiring GP services outside of normal working hours were referred on to the local out of hours provider N.E.W. operated by the East Cheshire Trust. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients 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.

- 95% of patients said they could get through easily to the practice by phone compared to the national average of 72%.

- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the national average of 75%.
- 100% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 91%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 92% and the national average of 91%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 67%.

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

The practice had a system 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 a system in place for handling complaints and concerns. A complaints policy and procedures was in place. We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. We were told that all patients who made a complaint were sent a leaflet, the detail of which was what they could do if they were not happy with the outcome of the practice response to the complaint. We looked at complaints received in the last 12 months and saw they had been satisfactorily dealt with. Complaints were discussed at practice meetings and an annual review of complaints was carried out. We spoke with staff and found that lessons had been learnt from the sample of complaints we looked at and action had been taken to improve the quality of care and patients' experience as a consequence to these.

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

At the previous inspection on 7 June 2016 we identified that the provider needed to make improvements to the systems and processes in place to ensure the practice was well led. At the inspection undertaken on the 25 April 2017 we saw evidence that the provider had taken action to address the issues we had identified.

At our last inspection in June 2016 we found there was no practice vision or mission statement displayed and staff we spoke with had no knowledge of these. At this inspection staff told us they had been involved with the development of a new mission statement for the practice. This vision aimed to put patients first and deliver high quality care and promote good outcomes for patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, GPs and nurses had lead roles in key areas. For example, in the management of patient long term conditions.
- Practice specific policies had been reviewed and updated since the last inspection and they were available to all staff. These were now updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Full practice meetings were now held monthly which provided an opportunity for staff to learn about the performance of the practice. Regular nurse meetings were taking place to ensure nurses felt supported and involved in practice matters.
- There was evidence of quality improvement and this had been further developed since the last inspection. A formal programme or plan of continuous clinical and internal audit had been not been developed and we discussed this with the lead GP on the day of inspection.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the provider 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 were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 management team encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave 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 and staff told us they now felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. General Practitioners, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings, these had recently been introduced and they valued them.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.
- There were arrangements for planning the number of staff and mix of staff needed to meet patients' needs.

Are services well-led?

Good 

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

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

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 a proactive Patient Participation Group (PPG) and we met with one of its members during the inspection. We were told the group felt more involved with practice developments and they had recently supported the practice with a Flu vaccination day which had gone positively. At our last inspection in June 2016 we found that Friends and Family test feedback forms had not been completed by patients. After the inspection the practice manager set up a text messaging system where patients could give feedback quickly and easily. This had increased the feedback for the practice showing improved satisfaction with services.

The practice had a support structure in place for supervision which included informal one to one sessions with staff. We were informed the practice nurses had informal supervision from the lead nurse but arrangements were in place to formalise this in the future. Nurses and GPs regularly attended local neighbourhood meetings for peer

support and supervision. The development of staff was supported through a regular system of appraisal that promoted their professional development and reflects any regulatory or professional requirements. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw the practice manager had implemented a staff survey but at the time of inspection the results of this were not known. Staff told us they felt involved and engaged to improve how the practice was run. Monthly training was undertaken by the GPs and nurses with protective learning sessions.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice and systems and processes had been strengthened since the last inspection. They were clear on the areas they intended to develop and were open about the areas of work which they felt required improvement. The practice supported staff in their professional development and revalidation and time was given for staff to attend local CCG meetings and training.