

# Fairfield Surgery

## Quality Report

278 Manchester Road  
Warrington  
WA1 3RB  
Tel: 01925 245204  
Website: [www.fairfield-surgery.co.uk](http://www.fairfield-surgery.co.uk)

Date of inspection visit: 8 January 2018  
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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

#### **This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Fairfield Surgery on 8 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.
- There were systems in place to monitor and improve the quality of the service provided.
- Patients who commented on their care described the service as good and said they never felt rushed during consultations and treatments were explained to them. They said they found it relatively easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a system in place to manage and learn from complaints.

# Summary of findings

- The appointment system was easy to use and patients told us if needed they were able to get same day appointments.

The areas where the provider **should** make improvements are:

- As documented in the action plan based on the recommendations made during the infection control audit in October 2017, the provider should ensure all points in their action plans are implemented in a timely manner.

- The practice should ensure they have five year electrical safety test in place.
- A child oxygen mask should be kept with the oxygen cylinder in case it is needed in the event of a medical emergency.
- The practice should consider installing an audio loop system which would assist communication with patients who experience difficulty with hearing.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Fairfield 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 adviser.

## Background to Fairfield Surgery

Fairfield Surgery is operated by Dr Ceena Alex, Dr John W Brassill and Dr Lemise Saeid. The practice is situated at 278 Manchester Road, Warrington, WA1 3RB

The website address is [www.fairfield-surgery.co.uk](http://www.fairfield-surgery.co.uk)

The practice provides a range of primary medical services including examinations, investigations, minor surgery and treatments and a number of clinics such as diabetes, asthma, chronic heart disease and hypertension.

The practice is responsible for providing primary care services to approximately 3,159 patients. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally.

The staff team includes three GP partner's, a practice nurse, a practice manager and administration and reception staff. There are two female and one male GP and the practice nurse is female.

Fairfield Surgery is open from 8am to 6.30pm Monday to Friday. In addition they offer appointments from 6.20pm on Tuesday evenings at the discretion of the GP and from 7:30am on Wednesday mornings by prior appointment only. Patients requiring a GP outside of these hours are advised to contact the GP out of hour's service, by calling 111.

Fairfield Surgery is located in Warrington, Cheshire. The practice building is on two floors and provides access to patients with a physical disability. The ground floor has two consulting rooms, one treatment room, a reception office area, patient waiting area and disabled toilet with baby changing facilities. The upper floor provides office space for the practice manager, records storage, staff area, bathroom and a meeting room.

There is a basement area which is used to store archived paper patient records.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including family planning, childhood immunisations and vaccines and seasonal influenza and pneumococcal, physiotherapy and minor surgery.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had safety policies which were communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies and procedures were accessible to all staff as were flow charts which set out who staff should contact to raise a safeguarding alert. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was a lead member of staff for safeguarding and we saw GPs provided reports where necessary for other agencies and ensured alerts were placed on the record system for both children and vulnerable adults. The practice also kept a safeguarding register of vulnerable adults and children.
- The practice worked with other agencies to support patients and protect them from neglect and abuse and attended multidisciplinary team meetings as required.
- We saw that patients were offered the services of a chaperone and staff had undertaken training. We noted that a DBS had not been undertaken for the non-clinical staff who acted as a chaperone although we saw a risk assessment had been completed. Following the inspection we were sent confirmation that DBS checks had been applied for the non-clinical staff who could act as a chaperone. We were given assurances that staff would only act as a chaperone once the DBS check had been received (DBS).
- The provider's recruitment policy showed that appropriate checks would be undertaken before any new staff were employed. We reviewed four personnel

files, one of whom had been recruited since the last inspection which contained evidence of qualifications and registrations with the appropriate professional bodies,

- The practice nurse was the infection control link nurse and we saw there was an effective system to manage infection prevention and control and infection prevention and control (IPC) policies and procedures were in place and available to staff. This included appropriate clinical waste management protocols, Control of Substances Hazardous to Health (COSHH) information and spillage kits were available. Staff had access to personal protective equipment (PPE) and had received infection control training. We observed the premises to be clean. There were cleaning schedules in place and standards were reviewed and documented by the practice manager. The infection control lead from the local CCG had undertaken an infection control audit in October 2017 and the practice achieved a score of 98%. Following the audit the practice had implemented an action plan to address the recommendations made.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Records indicated that clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and portable appliance testing (PAT) had been undertaken. An up to date electrical wiring safety inspection had not taken place. Following the inspection we were sent confirmation that an electrical safety test had been undertaken. There were systems for safely managing clinical waste. We saw a fire risk assessment had been undertaken and regular fire safety checks including fire evacuation procedures had also been undertaken. We saw that staff had completed fire safety training.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. In the event of a medical emergency all staff had been trained in

# Are services safe?

cardio-pulmonary resuscitation (CPR) and emergency drugs and an oxygen cylinder were available. We saw an adult oxygen mask was kept with the oxygen cylinder but not a child's oxygen mask, although there was one in the clinic room. The GP informed us that a child oxygen mask would be kept with the oxygen cylinder.

- The practice did not have a defibrillator for use in an emergency but we were told that they had access to this piece of equipment from the neighbouring practice in the adjoining building. There was an action plan and risk assessment to support the decision not to have a defibrillator.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases and emergency medicines and equipment minimised risks. The practice nurse was responsible for the rotation of vaccine stock, all of which we saw were in date and stored appropriately. The practice kept prescription stationery securely and monitored its use.

- Clinical staff told us they prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited the prescribing of metformin, steroid injections and warfarin.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- We saw the practice had a significant event policy which was available to all staff. There was a system for recording and acting on significant events and incidents which included the implementation of an action plan. Staff understood their duty to raise concerns and report incidents and near misses and were supported to do this. The practice learned and shared lessons and took action to improve safety in the practice. For example, following a suspected breach of a patient records being accessed, an investigation was undertaken but not substantiated. Following the investigation, procedures were tightened for all staff who had access to patients records. Whether they were employed by the practice or an outside organisation, they were made aware of the 'audit and monitoring awareness' statement and asked to sign the statement.
- There was a system in place for the management of patient safety alerts and we were given examples of the action taken.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as good for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Our discussions with clinician's demonstrated patients' needs were appropriately assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told us that they advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or vulnerable received an assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were reviewed by a pharmacist and if needed they were updated to reflect any extra or changed needs.
- 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.
- The practice told us how they fostered good working relationships with its community nursing teams to support patients living in residential homes or who were in need of home visits.

#### People with long-term conditions:

- Patients with long-term conditions had an annual review to check their health and medicines needs were being met.

- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice monitored childhood vaccination rates and was aware that they were below this target for some vaccines. For example the percentage of children aged 2 with pneumococcal conjugate booster vaccine was 87.9% compared to the target percentage of 90% or above. They had identified that some patients were difficult to engage and as a result had taken action to improve immunisation uptake. For example if a vaccine was missed in the first instance a telephone call was made followed by a letter and if required the Health Visitor was contacted to assist in the encouragement of vaccination
- Child health promotion information was available on the practice website and in leaflets displayed in the waiting area.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal and post-natal appointments and child health surveillance and the provision of immunisations.

#### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80.7%, which was comparable to Clinical Commissioning Group (CCG) of 81.5% and national average of 80.9%. The practice had systems to inform eligible patients the meningitis vaccine and patients aged 17-18 were invited to attend the practice for this vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The clinicians told us how they followed-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:



# Are services effective?

## (for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with other agencies and health providers to provide support and access to specialist help when needed and attended multidisciplinary team meetings as appropriate.

People experiencing poor mental health (including people with dementia):

- The practice maintained a register of patients receiving support with their mental health. Patients 10016.7% above the CCG Average of 83.3% and 16.3% above
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had a record of alcohol consumption (practice 88.9%; CCG 92.3%; national 90.7%).

### Monitoring care and treatment

- The practice undertook quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, we saw that audits of clinical practice were undertaken. Examples of audits included audits of breast clinic referrals, the use of warfarin steroid injections, gestational diabetes and pre conceptual counselling in diabetic patients. The audits showed and we discussed with two GPs the changes that had been made to practice where this was appropriate.
- The most recent published Quality Outcome Framework (QOF) results were 96.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 94.3% and national average of 95.5%. The overall exception reporting rate was 4.4% compared with the CCG average of 12% and the national average of 9.6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Staff worked with other health and social care services to meet patients' needs. The practice attended multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included vaccinations and immunisation and end of life care had undertaken specific training and could demonstrate how they stayed up to date.

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- Clinical and non-clinical staff were provided with specific training dependent on their roles.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. In addition we were told that the practice manager had a daily informal chat with staff where any issues including training could be discussed. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control, Equality and Diversity and information governance awareness.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- There were procedures in place for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

(for example, treatment is effective)

- We saw that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- 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.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer and promoted these services to inform patients about their importance.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making including the Mental Capacity Act (MCA) 2005 and had undertaken MCA training.
- Clinicians supported patients to make informed decisions.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The majority of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced, with the exception of three that made reference to some issues with making appointments. Some comments included 'Feel listened to and cared for properly,' 'excellent, very pleasant staff, nothing too much trouble for the,' and 'wonderful service.' We spoke with two patients during the inspection. They said that clinical staff listened to their concerns without rushing them and treated them with compassion and respect.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and thirty nine surveys were sent out and one hundred and thirty five were returned. This represented approximately 4% of practice population and a 40% response rate which was comparable to the national average of 38.92%. The practice was above average for its satisfaction scores on helpfulness of reception staff.

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 98% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.

- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 97% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 95% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- We noted that an audio loop was not available at reception which would assist communication with patients who experience difficulty with hearing. However, the practice had an audit undertaken by an advocacy group within the last three years, for patients who were deaf, achieving high scores for its service to deaf patients. We were given an example of individualised support that had been implemented for a patient who was hearing impaired.

The practice proactively identified patients who were carers. Written information was available to direct carers to

## Are services caring?

the various avenues of support available to them. Alerts were placed on their records to ensure appropriate support was offered in the event of their illness and the practice's computer system alerted GPs if a patient was also a carer.

Staff told us that if families had experienced bereavement, they were contacted and sent a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- 94% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.

- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of treating patients with dignity and respect.
- Consultations and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overhead.
- Curtains were provided in consulting rooms to maintain patients privacy and dignity during examinations, investigations and treatment.
- The practice protected patient confidentiality by providing staff training in information governance and confidentiality and having procedures to support this training.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### 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:

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example there were online services such as repeat prescription requests and advanced booking of appointments. Reception staff sign-posted patients who did not necessarily need to see a GP.
- There were longer appointments available for patients if required.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice improved services where possible in response to unmet needs. For example, the practice had identified a low uptake of some childhood immunisations of children aged two and had taken action to improve outcomes for patients.
- The facilities and premises were appropriate for the services delivered and were accessible to people who had limited mobility or used a wheelchair.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits could be made to patients who were housebound or too ill to attend the practice and telephone consultations were available.
- The practice had an active Patient Participant Group (PPG). We spoke with three group members who told us that the GP's, practice manager and the nurse responded positively to their suggestions. For example the practice information booklet had been updated to include information about ordering prescriptions online

Older people:

- Patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and could accommodate home visits and urgent appointments for those with enhanced needs.
- The practice worked with other agencies and health providers to provide support and access specialist help when needed.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions could be reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- A number of chronic disease clinics were held every week including chronic obstructive pulmonary disease (COPD), hypertension, diabetes and asthma.
- The practice nurse carried out regular reviews and blood tests as required and other appropriate investigations, for example spirometry.

Families, children and young people:

- There were systems to identify vulnerable children and alert staff to any extra support that may be required. All staff were aware of the safeguarding policy in relation to children and could refer to this if they had any concerns.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered pre-bookable appointments from 6.20pm Tuesday evenings at the discretion of the GP and from 7.30am on Wednesday mornings.
- Telephone consultations, on-line appointment booking and repeat prescription ordering were available which supported patients who were unable to attend the practice during normal working hours.

# Are services responsive to people's needs?

## (for example, to feedback?)

People whose circumstances make them vulnerable:

- A flexible appointment system was in place to meet the needs of patients with a learning disability and a system to ensure these patients received an annual health check.
- The practice kept a register of patients who were more vulnerable for example those with a learning disability, to ensure for example if information needed to be shared with a carer this was appropriately recorded.
- An alert system was in place to identify patients who were vulnerable so that their needs could be appropriately responded to.

People experiencing poor mental health (including people with dementia):

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- The practice told us how they 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 memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK and the Alzheimer's Society.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- There were systems in place to promote timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately and they were currently in the process of auditing the DNA's (patients who did not attend for appointments).
- Patients with the most urgent needs had their care and treatment prioritised and extra appointments could be booked with GP agreement.

- The appointment system was easy to use and patients spoken with told us if needed they were able to get same day appointments.
- GP's were available Monday to Friday. A flexible system was in operation whereby they would provide additional sessions if all appointment slots had been filled and there were no appointments available at the local walk-in centre run by the CCG.
- We checked when the next available GP appointment was available and saw it was for the next day. We were told the majority of appointments were book on the day appointments for the GP's.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and some were higher than the CCG and national average. This was supported by observations on the day of inspection and completed comment cards. Three hundred and thirty nine surveys were sent out and one hundred and thirty five were returned. This represented about 4% of the practice population.

- 88% of patients who responded were 'very satisfied' or 'fairly satisfied' satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG - 61%; national average - 71%.
- 90% of patients who responded said their last appointment was convenient; CCG - 84%; national average - 81%.
- 82% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- 62% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.
- 79% of patients who responded said usually get to see or speak to their preferred GP ; CCG - 55%; national average - 56%

# Are services responsive to people's needs?

(for example, to feedback?)

We received 45 comment cards and spoke with two patients. Feedback from patients indicated that they were satisfied with the service provided. However three comments received stated that the system of calling on the day to make appointments was not helpful.

## **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on the practice website and in the reception area.

- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year.
- The practice learned lessons from individual concerns and complaints and also reviewed complaints to identify trends. It acted as a result to improve the quality of care.
- The practice learned lessons from individual concerns and complaints and also reviewed complaints to identify trends. It acted as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

**We rated the practice, and all of the population groups, as good for providing well-led services.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver good quality care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. We saw they worked closely with staff to make sure they prioritised inclusive leadership.
- GPs, where required, attended multi-disciplinary meetings to ensure the best outcome for patients.
- The practice held quarterly team meetings, which were minuted and available for practice staff to view and the practice manager met informally with staff at least once a day.

### Vision and strategy

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

- There was a clear vision and set of values. The practice developed its vision, values and strategy jointly with patients and staff.
- Staff we spoke with told us the vision was to provide inclusive and old fashioned values of a GP practice where the GP knows their patients and provides individualised and holistic care.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. In addition to the team meetings and informal daily chats with the practice manager the practice had an annual day which acted as team building day and included opportunities to discuss any issues or ideas for improving the service delivery.

- The practice told us how they worked with the CCG to ensure their strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of good quality sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice manager told us they promoted an open culture and had a low staff turnover. We were told us this was because staff were included and valued as team members.
- The practice focused on the needs of patients.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. We saw there was whistle blowing policy that was easily accessible to staff.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- We observed and the staff we spoke with told us there were positive relationships between the staff.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Practice specific policies and procedures were implemented and were easily accessible to staff. We saw they were reviewed on an annual basis to ensure they were based on up to date legislation and current best practice.
- There were clear systems to enable staff to report any issues and concerns.



# Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice had carried out some clinical audits.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

## Managing risks, issues and performance

There were clear processes for managing risks, issues and performance.

- There was a system in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- 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. A copy was available to all staff and the GP partners had a copy kept off the premises in the event staff could not access the building or the computer system.

## Appropriate and accurate information

### The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice monitored how it performed in relation to local and national practice performance. There were plans to address any identified weaknesses.
- Quality and sustainability were discussed in relevant meetings.
- The practice used information technology systems to monitor and improve the quality of care

- There were policies, procedures and staff training for data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

### The practice encouraged and valued feedback from patients, staff and external partners.

- The views and concerns of patients', staff and external partners' were encouraged and acted on to shape services and culture. For example, the practice gathered feedback from staff through staff meetings and daily informal discussions. The practice had a system for the management of complaints. The practice sought patient feedback by utilising the GP patient survey Friends and Family test. Patients to make comments and suggestions about how the service could be improved.
- The practice manager attended quarterly practice manager forums which included all the 29 GP practices in Warrington.
- There was an active patient participation group (PPG). We spoke with representatives of the PPG who told us they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients. They said they felt they were listened to and changes had been made to the practice as a consequence.
- The service was collaborative with stakeholders about improving performance

## Continuous improvement and innovation

### There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, staff were encouraged to undertake training to enhance their skills and knowledge to meet the needs of patients.
- The practice reviewed incidents and complaints. Learning was shared and used to make improvements.
- Regular staff meetings were held to discuss the operation of the service and where improvements could be made.

# Are services well-led?

Good 

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

- The practice was aware of the challenges it faced such as workforce, finance and workload challenges and it had introduced solutions to address them. For example, by providing signposting training to staff for patients who may not need to see a GP and introducing new technology such as text messaging to reduce missed appointments. The practice had plans to work as part of a CCG wide federation of local practices.
- There was a focus on continuous learning and improvement at all levels within the practice.