

Dr Rashmi Jain

Quality Report

5 Hatton Lane
Stretton
Warrington
Cheshire
WA4 4NE

Tel: 01925 599856

Website: www.strettonmedicalcentre.co.uk

Date of inspection visit: 17/10/2017

Date of publication: 01/12/2017

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	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Rashmi Jain	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rashmi Jain, also known as Stretton Medical Centre on 7 July 2016. The overall rating for the practice was 'requires improvement'. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Dr Rashmi Jain on our website at www.cqc.org.uk.

At our previous inspection in July 2016 we rated the practice as 'requires improvement' for four of the five key questions we inspect against. The service required improvement for providing safe, effective, responsive and well-led services. The practice was therefore rated as 'requires improvement' overall. We issued four requirement notices to the provider relating to: the governance arrangements, staff recruitment, staff training and the management of complaints.

This inspection visit was carried out on 17 October 2017 to check that the provider had met their plan to meet the legal requirements. Overall the practice is now rated as good. Our key findings across all the areas we inspected were as follows:

- The system for recording significant events and the actions taken in response to events had been improved.
- Medicines and equipment was in place to deal with medical emergencies and staff had been provided with training in basic life support.
- Improvements had been made to reduce risks to patient safety. For example some staff who acted as chaperones had undergone the appropriate checks for this and health and safety related assessments and risk management plans had been carried out. A sufficiently detailed fire risk assessment had not been carried out but this was addressed immediately following the inspection visit.
- Infection control practices were good and there were regular checks on compliance with infection control measures.

Summary of findings

- Clinical staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice used performance indicators to measure their performance. Data showed that the practice achieved results comparable to other practices locally and nationally for outcomes for patients.
- Feedback from patients about the care and treatment they received from clinicians and staff in all other roles was positive. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Staff told us they felt well supported to meet the roles and responsibilities of their work.
- The appointments system was sufficiently flexible to accommodate urgent appointments, same day appointments and pre-booked appointments. Patients told us they found it easy to make an appointment and there was good continuity of care.
- Complaints had been investigated and responded to in a timely manner.
- A range of enhanced services were provided to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

Areas where the provider should make improvements:

- The arrangements for repeat prescribing for patients taking high risk medications should be kept under review.

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. At our previous inspection on 7 July 2016, we rated the practice as requires improvement for providing safe services as the provider did not have all required systems in place to protect people against the risk of harm. The findings of this inspection were that the provider had introduced new systems in the areas where we had identified shortfalls and the practice is now rated as good for providing safe services.

- 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.
- The practice had systems, processes and practices in place to keep people safe and safeguard them from abuse.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis. However, fire risk assessments and management plans were not sufficiently robust. The provider took action to address this immediately following the inspection visit.
- Appropriate pre-employment checks were carried out to ensure staff suitability.
- Overall there were effective systems in place for the management of medicines. However, the arrangements for repeat prescribing for patients taking high risk medicines were not always clear.
- The practice was equipped with a supply of medicines to support people in a medical emergency.

Good



Are services effective?

The practice is rated as good for providing effective services. At our previous inspection on 7 July 2016, we rated the practice as requires improvement for providing effective services as we found shortfalls in staff training. The provider had taken action to make improvements to these aspects of the service since our last inspection and the practice is now rated as good for being effective.

- Patients' needs were assessed and care was planned in line with best practice guidance.

Good



Summary of findings

- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinical audits were carried out to drive improvements in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisals was in place and all staff had undergone an up to date appraisal of their work.

Are services caring?

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients rated the practice comparable to others locally and nationally for aspects of care.
- The practice maintained a register of patients who were carers and provided information about support for carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. At our previous inspection on 7 July 2016, we rated the practice as requires improvement for providing responsive services as the provider did not have appropriate arrangements in place for managing complaints. The provider had taken action to make the required improvements since our last inspection and the practice is now rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was flexible and responsive to patients' needs. Patients we spoke with said they did not find it

Good



Summary of findings

difficult to get an appointment and that there was good continuity of care. Urgent and routine appointments were available the same day and routine appointments could also be booked in advance.

- The practice provided extended access appointments three days per week. Patients could also access a GP at a Health and Wellbeing Centre in Warrington town centre during evenings and at weekends by pre-booked appointment.
- The practice provided disabled access to the ground floor but restrictions with the size and layout of the building meant that one of the two consultation rooms was on the first floor and accessible only by stairs. Appointments were made to accommodate patients in line with these restrictions. The provider was also trying to secure funding to improve facilities for patients who were disabled.
- Information about how to complain was readily available to patients. The practice responded quickly to issues raised and made improvements in response to complaints and other patient feedback.

Are services well-led?

The practice is rated as good for being well-led. At our previous inspection on 7 July 2016, we rated the practice as requires improvement for providing well-led services as the provider did not appropriate systems in place for governing the service. The provider had taken action to make improvements to the governance arrangements since our last inspection and the practice is now rated as good for being well-led.

- The provider was aware of the performance of the practice and they used available data to monitor outcomes for patients and provide clinical care and treatment.
- Staff felt supported by the GP provider and practice manager. The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The practice had a range of policies and standard operating procedures to govern activity.
- The practice sought feedback from staff and patients. This included the practice having a patient participation group (PPG).
- The provider worked with partner agencies to learn, develop and improvement the practice and outcomes for patients.
- The challenges and future developments of the practice had been considered.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages.
- The GP carried out regular visits to local care homes to assess and review patients' needs.
- 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.

People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Regular, structured health reviews were carried out for patients with long term conditions.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.
- Data from 2014 to 2015 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions.
- Longer appointments and home visits were available for patients with long term conditions when these were required.

Summary of findings

- Patients at risk of developing a long term condition were referred to support services such as smoking cessation.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- Staff had been provided with training in safeguarding.
- The GP provider was the designated lead for child protection.
- Staff had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.
- Family planning and contraceptive services were provided.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The 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.
- Early morning appointments were available three days per week. The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre at evenings and weekends, through a pre-booked appointment system.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. For example, patients aged 40-74 were offered health checks.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- 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.
- The practice was accessible to people who required disabled access. However, facilities such as an accessible toilet or a hearing loop system (used to support patients who wear a hearing aid) were not available.
- The practice provided two consultation rooms one of which was on the first floor. Staff told us they used the appointments system to accommodate patient's access needs but the limited availability of ground floor facilities was restrictive.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- The practice hosted a community dietician service and a psychotherapy service.
- The practice also hosted a weekly Social Services session involving a social worker available to advise and support patients with their social care needs.

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).

Good



- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- The practice hosted a psychotherapy service and patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.
- The practice provided shared care with a local psychiatric service.

Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2017 showed the practice was performing similar to other practices for patients' experiences of the care and treatment provided and their interactions with clinicians. The practice scored higher than local and national averages for questions about patients' experiences of making an appointment. There were 249 survey forms distributed and 107 were returned which equates to a 43% response rate. The response represents approximately 3% of the practice population.

The practice received scores that were generally comparable to the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs. For example:

- 84% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 89%.
- 92% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 85% said the last GP they saw gave them enough time (CCG average 89%, national average 86%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 97% national average 95%).
- 98% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice received scores that were higher than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 91% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 61% and a national average of 71%.
- 86% described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 89% were fairly or very satisfied with the surgery's opening hours (CCG average 74%, national average 76%).
- 95% found the receptionists at the surgery helpful (CCG average 87%, national average 87%)

A higher than average percentage of patients, 91%, described their overall experience of the surgery as good or fairly good (CCG average of 86%, national average of 85%).

We spoke with five patients during the course of the inspection visit and they told us the care and treatment they received was good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards. All of these were positive about the standard of care and treatment patients received.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the arrangements for repeat prescribing for patients taking high risk medicines.

Dr Rashmi Jain

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist advisor.

Background to Dr Rashmi Jain

Dr Rashmi Jain, also known as Stretton Medical Centre is located in Stretton, Warrington, Cheshire. The practice was providing a service to 3,329 patients at the time of our inspection.

The practice is part of Warrington Commissioning Group (CCG) and is situated in an area with low levels of deprivation when compared to other practices nationally. Fifty one percent of the patient population has a long standing health condition and this is lower than the national average.

The practice is run by one GP provider (female). There is one practice nurse, a practice manager and a team of reception and administrative staff. The practice is open from 8am to 6.30pm Mondays and Wednesdays and 7.30am to 6.30pm Tuesdays, Thursdays and Fridays. Patients at this practice can also access a GP at a Health and Wellbeing Centre in the centre of Warrington during evenings and weekends by pre-booked appointment.

Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood immunisations and checks for patients who have a learning disability.

Why we carried out this inspection

We had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions on 7 July 2016. We rated the service as 'requires improvement' overall and we issued four requirement notices. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Dr Rashmi Jain on our website at www.cqc.org.uk.

We undertook this comprehensive follow up inspection on 17 October 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm if the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 October 2017. During the visit we:

- Spoke with a range of staff including the GP, the practice nurse, the practice manager, the dispensary lead and reception and administrative staff.
- Spoke with patients who used the service and met with a member of the patient participation group (PPG).

Detailed findings

- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 7 July 2016, we rated the practice as 'requires improvement' for providing safe services. This was because the provider did not have effective arrangements in place to assess, monitor and mitigate the risks to people using the service. Not all required health and safety related risk assessments and management plans were in place. The storage of vaccines was not appropriately monitored. The system for responding to significant events was not effective and staff recruitment processes were not sufficiently robust.

Action had been taken to make the required improvements when we undertook this inspection on 17 October 2017 and the practice is now rated as good for providing safe services.

Safe track record and learning

The provider had made improvements to the system in place for reporting, recording and responding to significant events. Staff told us they were aware of their responsibilities to report any incidents and there was a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We looked at the records for a sample of significant events and we were assured that these had been appropriately investigated and that the learning from these had been disseminated and implemented into practice. Significant events and matters about patient safety were discussed at regular practice meetings.

A system was in place for responding to patient safety alerts. This demonstrated that the information had been disseminated and action had been taken to make any required changes to practise.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were

accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding.

- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had been provided with training. Annual infection control audits were undertaken, the practice had achieved a high score and action had been taken to address any improvements required as a result of the last audit.
- Arrangements were in place for the management of medicines. There was a system for the safe issue repeat prescriptions. However, this was not always consistently followed for all patients who were prescribed high risk medicines. The provider confirmed that they had reviewed the arrangements immediately following the inspection. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The practice carried out medicines audits, with the support of the local CCG pharmacy team to make improvements to prescribing. Medicines prescribing data for the practice was comparable to national prescribing data. Improvements

Are services safe?

had been made to the arrangements for managing vaccines and ensuring the cold chain was maintained since our last inspection visit. A system was in place to log and account for prescriptions.

- The practice was a dispensing practice and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuous learning and development. Medicines incidents were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that improvements had been made to the records since our last inspection visit and these now demonstrated that appropriate recruitment checks had been undertaken.

Monitoring risks to patients

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

- Fire safety equipment was in place and checked regularly. However, the fire risk assessment was not well detailed and there was a lack of signage for fire exits. The provider took action to address this immediately following the inspection.
- An assessment of the risk of Legionella had been carried out and a management plan to prevent this was in place.

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

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies.

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- Systems were in place to record accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 July 2016, we rated the practice as 'requires improvement' for providing effective services. We issued a requirement notice as staff were not suitably trained for their roles and responsibilities as they had not been provided with training in topics such as safeguarding, fire safety and basic life support.

These arrangements had improved when we undertook this inspection on 17 October 2017 and the practice is now rated as good for providing effective services.

Effective needs assessment

The clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality 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 showed that the practice had achieved 97% of the total number of points available with lower than average exception reporting (reporting for the number of patients excluded from the results). This practice was not an outlier for any QOF (or other national) clinical targets. For example data from April 2016 to March 2017 showed;

- 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 67% compared to a Clinical Commissioning Group (CCG) average of 80% and a national average of 80%.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 71% (CCG average 82%, national average 79%).
- The percentage of patients with atrial fibrillation with a record of CHAD2DS2-VASc score of 2 or more treated with anti-coagulation was 90% (CCG average 86%, national average 88%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 93% (CCG average 93%, national average of 90%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 85% (CCG average 83%, national average 83%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% (CCG average 83%, national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 100% (CCG average 93%, national average of 90%).

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. We viewed a sample of audits and these demonstrated that the provider had aimed to assess and make improvements to the treatment provided to patients.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. There was a training plan in place to ensure staff kept up to date with their training and they had access to and made use of e-learning training modules and in-house training. Staff had been provided with training in core topics such as: safeguarding (adults and children), infection control, information governance and fire safety.
- The practice nurse had been provided with role-specific training including training in topics such as; administering vaccinations, taking samples for the cervical screening programme and sexual health.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. GPs attended meetings with the CCG and practice nurses attended local practice nurse forums. The practice was closed for one half day per month which enabled staff to attend meetings and undertake training and professional development opportunities.

Coordinating patient care and information sharing

The practice had systems in place for managing patient care and sharing information:

- 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 intranet system.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks.
- Systems were in place to ensure referrals to secondary care and results were followed up.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.
- 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. As part of this multi-disciplinary meetings took place on a regular basis to review the needs of patients receiving end of life care.

Consent to care and treatment

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

- Staff had been provided with training on consent and mental capacity and they 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 were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews. The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.

Are services effective?

(for example, treatment is effective)

- Data relating to health screening showed that the practice was performing comparable to or better than other practices nationally. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 89%, compared to the national average of 81%. There was a policy to offer reminders to patients who did not attend for their cervical screening tests.
- Childhood immunisation rates for the vaccinations given were comparable to or higher than the national target rate of 90%. For example vaccines given to children under two years of age ranged between 90% and 95%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area. Patients were referred to or signposted to health promotion services such as smoking cessation, dietician and alcohol support services.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed and a sign was in the waiting area to inform patients of this.

We made patient comment cards available at the practice prior to our inspection visit. All of the 24 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. We found during discussions with staff that they demonstrated a patient centred approach to their work.

Results from the national GP patient survey showed patients felt they were treated with care and concern. Results published July 2017 showed that the practice received scores that were comparable to Clinical Commissioning Group (CCG) and national average scores. For example;

- 85% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89% and a national average 86%
- 92% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).
- 82% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 88% national average 86%).
- 90% said that the last time they saw or spoke to a nurse, they were good or very good at treating them with care and concern (CCG average 92%, national average 91%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).

- 98% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).

The practice scored higher than local and national averages with regards to the helpfulness of reception staff as 95% of respondents said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

The practice received a score that was higher than local and national scores for patient's overall experience of the practice as 91% described this as 'fairly good' or 'very good'. (CCG average 86%, national average 85%).

We also spoke with five patients who were attending the practice at the time of our inspection. All patients we spoke with gave us very positive feedback about the caring nature of staff in all roles.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had received scores that were generally comparable to local and national averages for patient satisfaction in these areas. For example:

- 84% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 91% and a national average of 89%.
- 92% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).
- 81% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 92% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 90%).
- 77% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 83%, national average of 82%).

Are services caring?

- 87% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 87%, national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language.

Patient and carer support to cope emotionally with care and treatment

Information about health conditions and about how patients could access a number of support groups and organisations was available at the practice.

The practice maintained a register of carers and at the time of the inspection there were 56 carers on the register which equates to approximately 2% of the patient population.

The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. Written information was available to direct carers to the various avenues of support available to them.

Patients receiving end of life care were signposted to support services. Staff told us that if families had suffered bereavement, the GP provider contacted them and sometimes carried out a visit.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 7 July 2016, we rated the practice as 'requires improvement' for providing responsive services as the arrangements for managing complaints were not appropriate.

These arrangements had improved when we undertook this inspection on 17 October 2017 and the practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability and for carers.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. All requests for home visits were reviewed by the GPs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided extended opening hours three mornings per week for working patients who could not attend during normal opening hours.

Access to the service

The practice was open from 8am to 6.30pm Mondays and Wednesdays and 7.30am to 6.30pm Tuesdays, Thursdays and Fridays. Patients at this practice could also access a GP at a Health and Wellbeing Centre in the centre of Warrington during evenings and at weekends by pre-bookable appointment.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get appointments when they needed them.

Results from the national GP patient survey showed that practice received scores that were higher than local and national averages for satisfaction with how patients could access care and treatment. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 91% compared to a CCG average of 61% and a national average of 71%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 89% (CCG average 74%, national average of 76%).
- 94% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 85%, national average 84%).
- 86% of patients described their experience of making an appointment as good (CCG average 71%, national average 73%).

The practice was located in a converted semi-detached house. The premises were accessible for people who required disabled access. However, there was no accessible toilet for people who used wheelchairs. The provider told us they were working to provide this facility. One of the two clinical rooms was located on the first floor. Staff told us they were careful to arrange appointments around patient's requirements for ground floor consultations. The provider told us there were longer term plans to relocate the practice to a purpose built building and that they were accommodating people to the best of their ability in the interim.

Listening and learning from concerns and complaints.

A complaints policy and procedure was in place and information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.

We looked at complaints received since our last inspection visit and found that these had been investigated and patients had been provided with contact details for referring complaints on to the Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint.

Are services responsive to people's needs?

(for example, to feedback?)

Complaints were discussed on a regular basis at practice meetings. Lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experiences of the service.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 7 July 2016, we rated the practice as 'requires improvement' for providing well-led services. This was because governance systems were not fully effective and the provider did not have effective arrangements in place to assess, monitor and mitigate the risks to people using the service.

These arrangements had improved when we undertook this inspection on 17 October 2017 and the practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a 'Practice Charter' outlining what patients could expect from the service. This included; offering patients the treatment and advice the provider believed to be best, seeing patient's promptly and dealing with them courteously. Staff we spoke with knew and understood the aims, objectives and values of the charter and their responsibilities in relation to this.

The GP provider had knowledge of and incorporated local and national objectives. They were a member of the board for the Clinical Commissioning Group and a representative on the Local Medical Committee (LMC).

Governance arrangements

Arrangements were in place to govern all areas of the service.

- The system for the reporting and management of significant events had been improved since our last inspection visit and learning gained from the investigation of events was used to drive improvements.
- The provider used evidence based guidance in their clinical work with patients.
- The provider had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.

- The GP had met their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- There were improved methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff. Staff knew how to access these and any other information they required in their role.

Leadership and culture

On the day of the inspection the GP provider demonstrated that they had the experience, capacity and capability to provide care and treatment that was clinically effective. Staff told us the GP provider was approachable and acted upon their feedback.

The provider encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us they felt confident to raise any concerns without prejudice.

Staff told us they felt supported and appropriately trained and experienced to meet the roles and responsibilities of their work. The arrangements for staff training had improved and staff had undergone training a number of areas since our last inspection visit.

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

The practice encouraged and valued feedback from patients. Patient feedback about staff in all roles was very positive. Patients told us they received a good quality service. They felt the service was sufficiently flexible to accommodate their needs. The practice had a patient participation group (PPG). A member of the PPG told us they attended meetings with practice and they felt the provider acted upon their feedback.

Are services well-led?

Good 

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

The practice used information from comments and complaints received to make improvements to the service.

Staff told us they were involved in discussions about how to develop the service. They were also encouraged to provide feedback about the service through staff meetings and appraisals.

Continuous improvement

There was a focus on continuous learning and improvement with regards to the clinical care and treatment provided. This included the practice being involved in local schemes to improve outcomes for patients and having representation on the CCG and LMC. The provider was aware of challenges to the service including difficulties with the recruitment of a salaried GP, the limitations of the building and anticipated growth of the patient population.