

# Earnswood Medical Centre

## Quality Report

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Date of inspection visit: 27 June 2017  
Date of publication: 08/08/2017

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Earnswood Medical Centre on 13 October 2015. The overall rating for the practice was good however a requirement notice was made as improvements were needed to patient access. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Earnswood Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken on 27 June 2017 and was an announced comprehensive inspection.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, equipment checks were carried out, there were systems to protect patients from the risks associated with insufficient staffing levels and to prevent the spread of infection.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported. They had access to training and development opportunities appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

# Summary of findings

- The system for sharing learning from complaints, significant events, MHRA drug alerts and audits should be reviewed to ensure that there is a clear method of sharing this information with colleagues unable to attend or who do not participate in these meetings.
- Significant events should where appropriate be reported externally so that learning can be shared across practices within the same Clinical Commissioning Group (CCG) or nationally.
- Staff recruitment records should contain evidence of health information.
- The salaried GPs should have an in-house appraisal in addition to the external appraisal process.
- The practice should take steps where possible to ensure the new telephone system is installed without further delay.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There were appropriate systems in place to ensure that equipment was safe to use and that the premises were safe. The practice maintained appropriate standards of cleanliness and hygiene. Staff knew how to report safety issues. Staff were aware of procedures for safeguarding patients from the risk of abuse.

We found that there was not a clear and consistent method for GPs to share learning from complaints, significant events, MHRA drug alerts and audits. Significant events were not reported externally so that learning could be shared outside of the practice. Staff recruitment records did not contain evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.

Good



### Are services effective?

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

Good



### Are services caring?

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

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Since the last inspection of the service a number of improvements had been made to improve patient

Good



# Summary of findings

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

## Are services well-led?

The practice is rated as good for providing well-led services. The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings. The practice proactively sought feedback from staff and patients, which it acted on.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice had the largest number of older patients in care homes in the area. GPs visited one local nursing home three times a week and another nursing home twice a week. Visits were carried out by the same clinicians to provide continuity. During these visits patients' needs were assessed, care plans were developed and a review of long term conditions took place. The GPs could be contacted outside of these visits during surgery hours and the GPs also provided personal contact details to senior care home staff so that they could be contacted for advice and guidance outside surgery hours. We met with two managers from a care home supported by the practice. They told us that the service provided by the practice was caring and responsive and had helped to reduce the number of hospital admissions. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to ensure patients were recalled for reviews of their long term conditions. The nurse manager was able to prescribe and had also received diagnostics training which was beneficial for patients with respiratory issues. The nurse manager had support from a GP in undertaking this role. The practice aimed to ensure that patients were able to have their long term conditions reviewed in one visit to reduce the need for multiple appointments. The practice worked closely with a dedicated pharmacy technician who overviewed prescribing. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Good



# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. A One Stop Shop clinic was provided to new mothers who could attend for their babies six week check, postnatal care and family planning advice. Immunisation clinics were held each day at different times to provide flexibility. Family planning and sexual health services were also provided. The GPs liaised with other health care professionals, such as health visitors to ensure the needs of vulnerable children were addressed. A breast feeding room, accessible toilets and baby change facilities 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 practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday. Extended hours were provided Tuesday morning from 7.30am and every second Saturday from 8am -12pm. The practice offered GP triage so a patient could speak to a GP whilst at work. Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line, by attending the practice and there was a dedicated answerphone number for prescription ordering. Telephone consultations were also offered. Mobile phone texts were made to remind patients about appointments and reduce missed appointments and for some test results. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, NHS health checks, contraceptive services, smoking cessation advice and family planning services.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. The practice worked with health and social care services to support the needs of vulnerable patients. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. The practice referred patients to local health and social care services for support, such as drug and alcohol services. Staff had received safeguarding training relevant to

Good



# Summary of findings

their role and they understood their responsibilities in this area. Staff had recently received training on supporting patients who were experiencing domestic violence. Patients were informed about how to access various support groups and voluntary organisations.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. Care plans were developed to support patients and patient records were coded with carers' details to enable them to attend with the patient where appropriate. Accident and emergency attendance was monitored for patients identified as a high risk. Longer appointment times and appointments outside of ordinary working times were offered to support patients who may have difficulty in attending a busy practice. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Clinicians had attended training for mental health and dementia and the staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

**Good**





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 (data collected from July-September 2015 and January-March 2016). The practice distributed 251 forms 115 (46%) were returned which represented approximately 0.7% of the total practice population. The results showed that patients' responses about whether they were treated with respect and compassion by clinical and reception staff were overall in-line with local and national averages. For example results showed:

- 83% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 92% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

Responses relating to patients confidence and trust in GPs, GPs giving patients enough time and involving patients in decisions about their care were below local national averages. In order to improve patient experience in these areas the practice had implemented a number of changes. For example, improvements had been made to access to allow longer consultations, match patients to a GP for continuity and expertise and allowing more time to be spent on a comprehensive treatment plan. The practice was also arranging training for GPs to improve the patient experience during consultations.

Results from the national GP patient survey from July 2016 showed that patient's satisfaction with access to care and treatment was comparable to local and national averages for some responses. For example results showed:

- 85% of patients said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.
- 70% of patients were satisfied with the surgery's opening hours compared to the CCG average of 74% and national average of 76%.
- 57% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 60% and national average of 66%.

Results from the national GP patient survey showed that patient responses were below local and national averages in other areas:

- 18% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 59% and national average of 73%.
- 42% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 49% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 74% and national average of 76%.
- 66% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 81% and national average of 80%.
- 73% of respondents found the receptionists at the surgery helpful compared to the CCG average of 85% and national average of 87%.

At the last inspection in October 2015 a requirement notice was made that the practice improved its governance systems in relation to patient access to the service. The practice was not demonstrating that it had made improvements to access following feedback from patients about the lack of access to appointments and difficulty getting through to the service by telephone. The national patient survey results were collected 15 months ago and in this period the practice had made a number of changes to improve patient access. For example, the introduction of a triage system which allowed for GPs to match patients to a GP for continuity and expertise and allowing more time to be spent on a comprehensive treatment plan. Regular monitoring of access, increased GP appointment times, promoting on-line access,

# Summary of findings

receptionists sign posting patients who do not necessarily need to see a GP to other services, better deployment of staff at busy times to ensure the telephones were answered in a timely manner and improved IT systems.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were overall positive about the standard of care received. We spoke with eight patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that they were satisfied with access to appointments and opening hours. Patients said it was easier to get an appointment since the introduction of the triage system and getting through to the practice by

telephone had improved. Four reported delays in the telephone being answered, three said it could be difficult to make an appointment and two said there could be a delay in getting a non-urgent appointment.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. The practice used a system to text patients to request feedback and as a result they had received many responses. Results for the last three months showed there had been 639 responses completed. Five hundred and fifty two (86%) of the respondents were either extremely likely or likely to recommend the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The system for sharing learning from complaints, significant events, MHRA drug alerts and audits should be reviewed to ensure that there is a clear method of sharing this information with colleagues unable to attend or who do not participate in these meetings.
- Significant events should where appropriate be reported externally so that learning can be shared across practices within the same Clinical Commissioning Group (CCG) or nationally.
- Staff recruitment records should contain evidence of health information.
- The salaried GPs should have an in-house appraisal in addition to the external appraisal process.
- The practice should take steps where possible to ensure the new telephone system is installed without further delay.

# Earnswood Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Earnswood Medical Centre

Earnswood Medical Centre provides primary medical services to approximately 15,130 patients in the catchment area of Crewe and surrounding rural areas. The practice is situated at Eagle Bridge Health And Well Being Centre, Dunwoody Way, Crewe. Services are provided from a purpose built building on the outskirts of Crewe town centre. Co-located with the practice are a number of other services, including podiatry, dentistry, physiotherapy, pharmacy and help groups.

The practice is managed by five GP partners. In addition there are two salaried GPs and a locum GP. There is a team of nursing staff including a nurse manager, five practice nurses and a healthcare assistant. There are both male and female clinical staff. They are supported by a team of management, reception and administrative staff. The practice is a training practice and there was a GP registrar at the practice at the time of the inspection.

Earnswood Medical Centre is open from 8am to 6.30pm Monday to Friday. Extended hours are provided Tuesday morning from 7.30am and every second Saturday from 8am -12pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, by calling 111. Patient facilities are located on one level and there is a car park.

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

We undertook a comprehensive inspection of Earnswood Medical Centre on 13 October 2015. The practice was rated as good overall. However a requirement notice was made as improvements were needed to patient access.

## Why we carried out this inspection

We undertook a comprehensive inspection of Earnswood Medical Centre on 13 October 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall however a requirement notice was made as the practice needed to make improvements to patient access. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Earnswood Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Earnswood Medical Centre on 27 June 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

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

# Detailed findings

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

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

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

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

announced inspection on 27 June 2017. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. All staff spoken with knew how to identify and report a significant event. We looked at a sample of significant events from the practice and found that action had been taken to improve safety in the practice where necessary. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. However records of the GPs clinical meetings were not consistently made to enable learning to be shared. We were informed that emails were also sent to keep GPs aware of any actions arising. We saw records of nurses meetings that demonstrated that this information was recorded. A log of significant events was maintained which enabled patterns and trends to be identified. However we found we found one significant event was not entered into the log but had been discussed in a clinical meeting. We found that these events were not reported externally so that learning could be shared across practices within the same Clinical Commissioning Group (CCG) or nationally.

There was a system in place for the management of patient safety alerts amongst the nursing team and we were given examples of the action taken. A clear system for disseminating these alerts was not in place across the GP team as two GPs spoken with were not aware of the system in operation whereby a GP and the medicines manager reviewed and took action in relation to these alerts. Following the inspection we were informed that patient safety alerts had been added to the agenda of quarterly clinical governance meetings to ensure that the relevant information got disseminated.

### Overview of safety systems and processes

- Policies and procedures for safeguarding children and vulnerable adults were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. We discussed with the practice manager that the vulnerable adult safeguarding procedure should contain some additional information about the reporting process and

external links to useful documents and organisations. This was a quick reference guide in addition to the local authority procedures. There was a lead member of staff for safeguarding and all staff we spoke with knew who this was. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and they told us they had received training on safeguarding children and vulnerable adults relevant to their role. The practice met with the health visiting service every two months to discuss any concerns about children and their families and how they could be best supported

- A notice was displayed advising patients that a chaperone was available if required. Nurses and health care assistants acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning standards were audited by the cleaning company employed by the practice. The practice manager also checked on these standards. One of the practice nurses was the infection prevention and control (IPC) clinical lead. They had received training in infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and we were told staff had received training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. There were processes for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank

## Are services safe?

prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed the personnel files of three staff employed within the last 12 months. Overall the required recruitment information was available. The records had no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. A template to gather this information was made available following the inspection. to carry out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. We looked at an additional three records that showed a DBS check had been undertaken for clinical staff.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. There was a fire risk assessment and the practice carried out regular fire safety equipment tests. Electrical equipment was checked to ensure the equipment was safe to use and

clinical equipment was checked to ensure it was working properly. An up to date electrical wiring certificate for the building was available. The practice had a variety of other risk assessments to monitor

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

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms and a panic button which alerted staff to any emergency. All staff had basic life support training and the practice had access to a designated emergency room. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. We noted that in one GP bag there was an expired syringe and needle, this was removed during the inspection. The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. We noted that a template for the NICE sepsis guidelines was not available. The practice addressed this by printing out these guidelines and displaying them in all clinical rooms. Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices and referrals to ensure that patients were provided with the most appropriate medications and interventions.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2015-2016) showed the practice had achieved 96% of the total number of points available which was comparable to local (96%) and national (95%) averages. The practice had a 5.8% exception reporting rate (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) compared to the Clinical Commissioning Group (CCG) (6.0%) and national (5.7%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% compared to the CCG average of 81% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in the records in the preceding 12 months was 92% compared to the CCG average of 90% and the national average of 89%.

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 79% compared to the CCG average of 84% and the national average of 84%.
- 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 84% compared to the CCG average of 91% and the national average of 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 80% compared to the CCG average of 83% and the national average of 83%.
- The percentage of patients with asthma, on the register, who had undergone an asthma review in the preceding 12 months was 73% compared to the CCG average of 75% and the national average of 76%.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of two week wait referrals, tonsillitis, antibiotic prescribing and paediatric referrals. The audits showed evidence of quality improvement and learning. Future audits were planned, for example the nursing team had planned an audit of the care of patients with asthma and chronic obstructive pulmonary disease (COPD). The outcome of audits was discussed at clinical meetings but this was not consistently documented to enable this to be shared with colleagues unable to attend.

GPs at the practice had a varied skill mix to support effective care of their patients. These included a family planning tutor, an advanced life support instructor, an occupational health doctor, a dietary analyst and a GP trained in sports and exercise medicine. The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, minor surgery, sexual health and family planning. The clinical staff we

# Are services effective?

## (for example, treatment is effective)

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

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- Staff told us that the practice ensured they had received role-specific training. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure staff had an annual appraisal. Doctors had appraisals, mentoring and facilitation and support for their revalidation. Salaried GPs had an external appraisal however they did not have an in-house annual appraisal.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. Some staff needed refresher training in several areas. The practice manager was aware of this and had a plan in place to address this. Protected time was being given to enable staff to update their learning. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were

systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

### Consent to care and treatment

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

### Supporting patients to live healthier lives

New patients completed a health questionnaire and were offered a new patient health check. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services. Care plans were developed to support patients to manage long term conditions such as asthma and chronic obstructive pulmonary disease (COPD). We noted that patients with a history of gestational diabetes were not recalled for annual screening and that COPD screening was not offered for patients who smoke.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. For example, the percentage of women aged



## Are services effective? (for example, treatment is effective)

25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 77% compared to the CCG average of 81% and the national average of 81%.

Childhood immunisation rates for under two year olds ranged between 88% and 92% with the national expected

rate being 90%. Immunisation rates for the 5 year age group were comparable to the CCG and national averages. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor. To encourage immunisation clinics had been held on Saturdays to provide flexibility to working parents.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were overall positive about the standard of care received. Comments referred to the caring and kind nature of clinicians, helpfulness of reception staff and professionalism of all staff. Two comments referred to a member of staff being rude. We brought this to the attention of the practice manager. We spoke with eight patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that overall patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages, with patient confidence and trust in GPs and patients views about GPs giving enough time being 10% lower than local and national averages. Results showed:

- 83% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 76% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 83% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%.
- 91% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 92% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed National GP Survey results and discussed these with the Patient Participation Group (PPG) to ensure patients were satisfied with the service provided and to look at how any issues raised could be addressed. In order to improve patient experience in relation to being given enough time patients were encouraged to book a longer appointment if necessary, longer appointments of 15 minutes were offered on Saturday mornings and an audit was being carried out of the time clinicians spent with patients to assess their performance. To increase confidence and trust in GPs the practice manager told us that it was anticipated that the improvements with access had reduced the amount of medical problems brought to one appointment allowing more time to be spent on a comprehensive treatment plan. The GP triage system now allowed patients to be matched to a GP with a particular specialism or to promote continuity. The practice was also arranging training for GPs to improve the patient experience during consultations.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by clinical staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were overall in line with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

## Are services caring?

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

Responses relating to GPs involving patients in decisions about their care were below local national averages:

- 67% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

In order to improve patient experience in relation to being involved in decision making the practice had implemented a number of changes. For example, improvements had been made to access to allow longer consultations, match patients to a GP for continuity and expertise and allowing more time to be spent on a comprehensive treatment plan. The practice was also arranging training for GPs to improve the patient experience during consultations.

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

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a register of carers and had identified 344 (approximately 2.3%) of patients as carers. The practice offered carers a health check to ensure they were receiving the care and treatment they needed. The practice had a carers' link who was working to identify further carers and who ensured carers were referred to organisations to support them such as Cheshire Carers.

Staff told us that if families had experienced bereavement, their GP would contact them particularly if they knew family support was not immediately available. Staff at the practice would also be alerted to any deaths at the practice so that they would be mindful and able to offer support where possible or by giving patients advice on where to find a support service. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

- Extended hours appointments were available to provide flexibility for patients.
- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Flu clinics were provided on a Saturday to ensure that working patients and eligible children were more able to attend.
- Immunisation clinics were held each day at different times to provide flexibility for patients. This was introduced in response to parents' feedback when clinics were on set days and times.
- A One Stop Shop clinic was provided to new mothers who could attend for their babies six week check, postnatal care and family planning advice. Immunisation clinics were held each day at different times to provide flexibility.
- GPs visited one local nursing home three times a week and another nursing home twice a week. Visits were carried out by the same clinicians to provide continuity. During these visits patients' needs were assessed, care plans were developed and a review of long term conditions took place. The GPs could be contacted outside of these visits during surgery hours and the GPs also provided personal contact details to senior care home staff so that they could be contacted for advice and guidance outside surgery hours. We met with two

managers from a care home supported by the practice. They told us that the service provided by the practice was caring and responsive and had helped to reduce the number of hospital admissions.

- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- The practice aimed to ensure that patients were able to have their long term conditions reviewed in one visit to reduce the need for multiple appointments.
- An in-house phlebotomy service was provided which meant patients could receive these services locally rather than having to travel to another service.
- Travel vaccinations and travel advice were provided by the nursing team.
- There were accessible facilities, which included a hearing loop, breast feeding, baby change and translation services.

### Access to the service

Earnswood Medical Centre was open from 8am to 6.30pm Monday to Friday. Extended hours were provided Tuesday morning from 7.30am and every second Saturday from 8am -12pm. The practice offered GP triage so a patient could speak to a GP whilst at work. Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line, by attending the practice and there was a dedicated answerphone number for prescription ordering. Telephone consultations were also offered. Mobile phone texts were made to remind patients about appointments and reduce missed appointments and for some test results.

Results from the national GP patient survey from July 2016 (data collected from July-September 2015 and January-March 2016) showed that patient's satisfaction with access to care and treatment was comparable to local and national averages for some responses. For example results showed:

- 85% of patients said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.
- 70% of patients were satisfied with the surgery's opening hours compared to the CCG average of 74% and national average of 76%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 57% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 60% and national average of 66%.

Results from the national GP patient survey showed that patient responses were below local and national averages in other areas:

- 18% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 59% and national average of 73%.
- 42% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 49% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 74% and national average of 76%.
- 66% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 81% and national average of 80%.
- 73% of respondents found the receptionists at the surgery helpful compared to the CCG average of 85% and national average of 87%.

At the last inspection in October 2015 a requirement notice was made that the practice improved its governance systems in relation to patient access to the service. The practice was not demonstrating that it had made improvements to access following feedback from patients about the lack of access to appointments and difficulty getting through to the service by telephone. The national patient survey results were collected 15 months ago and in this period the practice had made significant changes to improve patient access. We met with five members of the PPG who told us that there had been improvements to access. We also reviewed minutes of PPG meetings which noted the improvements, for example, a marked improvement in the number of calls answered following the introduction of the GP triage system. The PPG members told us that the practice had consulted with them about the proposed changes. The changes to improve patient access included:

- A review of access was undertaken following the last inspection. A triage system was introduced following consultation with other practices operating a similar system. The system had been monitored and improvements made. For example, the triage system was preventing patients accessing the service by

telephone it was therefore agreed that reception staff would take patient details and the GPs would call the patient back therefore freeing up the telephone lines. Periodic assessments have taken place of the triage system that indicated more patients were being seen.

- A review took place of the number of staff available to answer telephones at peak periods and adjustments were made to ensure there were more staff available. The system to allow administrative and reception staff to answer the telephones in between other tasks had also been improved.
- The appointment system has been reviewed and amended to improve urgent access for children or patients who needed to be seen that morning. The practice had increased the number of on-line access appointments so that more could be booked directly with the aim to reduce the need to telephone the surgery. The practice was participating in the Prime Ministers Challenge Fund and where offering extended hours services Tuesday morning from 7.30am and every second Saturday from 8am -12pm.
- Data concerning the number of calls answered was collected and analysed to enable the practice to see if their improvements had been effective. Records showed that there had been improvement.
- The practice had a high number of missed appointments each month and was working with the PPG to try to reduce this number. A formal letter was sent to patients who missed three appointments.
- Mobile phone texts were now made to remind patients about appointments and reduce missed appointments.
- A Facebook and Twitter page had been set up to keep patients informed about the impact of missed appointments, opening times and other services provided.
- Patients were being encouraged to book appointments on-line and the PPG were also promoting this through their newsletter.
- Introduction of changes to expand and improve administrative support and IT systems.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Receptionists had been trained to signpost patients who did not necessarily need to see a GP. For example, patients were directed to the physiotherapist for new musculoskeletal problems.
- An Elephant Kiosk had recently been installed at the surgery allowing patients to provide feedback about the services received. A survey carried out through this system indicated an improvement in patients' ease of accessing the practice.

The practice had raised their concerns relating to the existing telephone system and the need to update to a queue and record facility with the CCG. The CCG had confirmed that this has been requested as part of the transformation funding and would be made available within the next three months. The practice was also in the process of changing its current website host as they were not able to update and change information in a timely manner. They had applied for a new website via the CCG and once this was established it would be easier to keep up to date and inform patients about missed appointment rates, appointment system changes and the cancellation line

We received 36 comment cards and spoke to five patients. Feedback from patients indicated that they were overall satisfied with access to appointments and opening hours. Patients spoken with said it was easier to get an appointment since the introduction of the triage system and getting through to the practice by telephone had improved. Four reported delays in the telephone being answered, three said it could be difficult to make an appointment and two said there could be a delay in getting a non-urgent appointment.

The practice planned to undertake another survey in the next couple of months to look at similar areas where the national patient survey had identified shortfalls to determine patients' views about access following the introduction of the changes.

### Listening and learning from concerns and complaints

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

The practice kept a record of written complaints. We reviewed a sample of four complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. The practice manager investigated non-clinical complaints. Clinical complaints were investigated by a GP partner. The practice reviewed complaints to identify any patterns and trends. We found that there were two complaints relating to telephone access compared to the two previous years where this number had been higher. A pattern had been identified in relation to the attitude of clinical and reception staff. We were informed that action had been taken in relation to this. For example, a number of reception staff had attended customer awareness training and the remainder of staff were due to attend. A member of staff had been appointed as the lead for patient perception and care and would be attending PPG meetings to review patient feedback. The GP partners were reviewing complaints in relation to GP attitude and were developing an action plan.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a mission statement and publicised this for staff and patients to refer to. These included providing a caring and innovative service by providing high quality medical services in a friendly, happy and healthy environment. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

### Governance arrangements

Policies and procedures were in place to govern activity, identify and manage risks.

There were clear systems to enable staff to report any issues and concerns. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. We found that significant events were not reported externally so that learning could be shared across practices within the same Clinical Commissioning Group (CCG) or nationally. The system for sharing learning from complaints, significant events, MHRA drug alerts and audits should be reviewed to ensure that there is a clear method of sharing this information with colleagues unable to attend or who do not participate in these meetings. 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.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care. There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. A record of GP meetings was not consistently made which would enable information sharing to colleagues unable to attend the meeting. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, complaints and compliments received. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last three months showed there had been 639 responses completed. Five hundred and fifty two (86%) of the respondents were either extremely likely or likely to recommend the practice.
- There was an active PPG which met regularly to discuss the operation of the service and any new developments. The PPG also carried out surveys and submitted proposals for improvements to the practice management. We spoke to five members of the PPG who said members felt they were listened to, kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients. For example, the PPG had recommended that

# Are services well-led?

Good 

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

changes be made to signage to enable patients to find their way around the premises more easily, to information provided in the waiting area and to how appointments were booked. The PPG also produced a quarterly newsletter which was made available to patients. As well as providing information about the PPG, the newsletter provided information about services that patients may find useful.

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

## Continuous improvement

There was a focus on continuous improvement within the practice. The practice worked with the local CCG to improve outcomes for patients in the area. For example, the

practice offered a range of enhanced services including avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia and flu and shingles vaccinations. The practice was working to ensure it met the needs of its patient population. For example, GPs visited one local nursing home three times a week and another nursing home twice a week. Visits were carried out by the same clinicians to provide continuity. During these visits patients' needs were assessed, care plans were developed and a review of long term conditions took place.

The practice was aware of patient feedback regarding access and it had introduced a number of changes to improve this. The practice was continuing to monitor patient access and there was a plan to carry out a survey to identify the impact of the improvements made on patients' experiences.