

Dr Rashmi Jain

Quality Report

5 Hatton Lane
Stretton
Warrington
Cheshire
WA4 4NE
Tel: 01925 599856
Website:

Date of inspection visit: 07/07/2016
Date of publication: 12/09/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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	12
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	14
Background to Dr Rashmi Jain	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rashmi Jain on 7 July 2016. Overall the practice is rated as requires improvement. 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 was not sufficiently robust.
- Medicines and equipment was in place to deal with medical emergencies, however, not all staff had been trained in basic life support.
- There were systems in place to reduce risks to patient safety but not all of these were sufficiently robust. For example some staff acted as chaperones without having undergone the appropriate checks for this and some health and safety related assessments and risk management plans had not been carried out.
- Infection control practices were good and there were regular checks on compliance with infection control measures.
- Clinical staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians and staff in all other roles was very positive. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff told us they felt well supported to meet the roles and responsibilities of their work. However, not all staff had been provided with basic mandatory training such as safeguarding and fire safety.

Summary of findings

- The appointments system was sufficiently flexible to accommodate urgent appointments, same day appointments and pre-booked appointments. Patients said they found it easy to make an appointment and there was good continuity of care.
- The practice provided ground floor facilities and access for disabled people. However, the practice did not provide additional facilities for disabled people such as a hearing loop system.
- Complaints had been investigated and responded to in a timely manner. However, appropriately detailed information about how to complain was not made readily available to patients.
- The practice provided a range of enhanced services 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).
- Carry out risk assessments and produce management plans for health and safety related areas of work.
- Ensure appropriate policies and protocols are in place for the safe storage of vaccines.
- Ensure the required recruitment checks are carried out for staff in line with their roles and responsibilities.
- Ensure staff are provided with the required training for roles and responsibilities.
- Ensure all patient records are stored securely in line with the Data Protection Act.

Areas where the provider must make improvements:

- Implement an effective and formalised system to capture and respond to significant events and to share the learning from these.
- Implement an effective complaints procedure that provides patients with appropriate and accurate information about how to complain, how they can expect their complaints to be handled and what they can do if they're not happy with the outcome of their complaint.

Areas where the provider should make improvements:

- Review the provision made for people who require reasonable adjustments such as facilities for patients who are disabled.
- Carry out full cycle clinical audits to monitor the clinical care provided and improve outcomes for patients.
- Improve the system for ensuring safety alerts are formally shared and acted upon.
- Implement a system to log and track prescriptions allocated.
- Formalise the arrangements for staff meetings and document the outcome of meetings.

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 requires improvement for providing safe services.

- Improvements were required to the system for responding to significant events to demonstrate that all such events are recognised, documented and responded to appropriately.
- Some of the systems, processes and practices in place to keep people safe and safeguard them from abuse required improvement. For example, clinical staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. However not all staff had been provided with this training.
- Appropriate employment checks had not been carried out for all staff or in line with their responsibilities.
- Risk assessments and health and safety related checks were not always being carried out in line with requirements.
- Infection control practices were carried out appropriately.
- Systems for managing medicines were safe and the practice was equipped with a supply of medicines to support people in a medical emergency. However, not all staff had been trained in basic life support. This training had been scheduled for the near future.
- The practice provided a dispensary and this aspect of the service was well organised.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The provider monitored performance data and data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- There were no full cycle clinical audits completed to drive improvements in outcomes for patients.

Requires improvement



Summary of findings

- Staff felt well supported and there was a system of annual appraisal. However, there were gaps in mandatory training and no overall training needs analysis and plan.

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 very 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 requires improvement 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 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 and worked as part of a cluster of practices to enable patients to access primary care outside of core hours.
- 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. Other reasonable adjustments to support disabled patients had not been made.

Requires improvement



Summary of findings

- Information about how to complain was not made readily available to patients and the practice was not following its own complaints procedure. Complaints were not always handled through a formal procedure and there was no periodic review of complaints to identify themes or trends.

Are services well-led?

The practice is rated as requires improvement 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 good 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 but some of these required review and updating.
- The systems in place to govern the practice required improvement to ensure they were robust and to ensure the service met requirements.
- The practice sought feedback from staff and patients. The patient participation group (PPG) was relatively newly formed but they felt engaged.
- Staff told us that weekly meetings were held but these were not recorded.
- The provider worked with partner agencies to learn, develop and improve the practice and outcomes for patients.
- The challenges and future developments of the practice had been considered.

Requires improvement



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 requires improvement for the care of older people. There were aspects of the safe, effective, responsive and well-led domains that affected all patient groups.

- 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.
- The practice provided a range of enhanced services for older people, for example the screening of patients for dementia, provision of the shingles vaccination, annual health checks and avoiding unplanned hospital admissions for those most at risk.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than 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.
- The practice worked as part of a cluster of practices to provide a team of nurses to provide preventative care to high risk patients using a risk based approach.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There were aspects of the safe, effective, responsive and well-led domains that affected all patient groups.

- 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.

Requires improvement



Summary of findings

- 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 such as diabetes. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation was 96% compared to a national average of 94%.
- Patients with long term conditions could make pre-bookable appointments with the practice nurse.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.
- Patients at risk of developing a long term condition were referred to support services such as smoking cessation or the community dietician clinic that was hosted at the surgery.
- The GP used a 'special patient note' handover protocol to facilitate continuity of care and patient safety and dignity for those patients receiving end of life care.
- The practice provided an enhanced service to prevent the most high risk patients from unplanned hospital admissions.
- The practice held regular meetings with other health and social care professionals to review the needs of specific patients with long term conditions.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were aspects of the safe, effective, responsive and well-led domains that affected all patient groups.

- 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.
- Clinical staff had been provided with training in safeguarding but this training had not been extended to all of the staff team.
- The GP provider was the designated lead for child protection.
- Staff had ready access to safeguarding policies and procedures.

Requires improvement



Summary of findings

- Staff worked alongside midwives and health visitors to support children and families.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were higher than 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 92% which was higher than the national average of 81%.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There were aspects of the safe, effective, responsive and well-led domains that affected all patient groups.

- 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 up until 8pm in the evenings Monday to Friday, and from 8am to 8pm Saturdays and Sunday mornings, 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. Screening uptake for people in this age range was comparable to or above national averages. For example 80% of females aged 50-70 had been screened for breast cancer in the last three years compared to a national average of 72%.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There were aspects of the safe, effective, responsive and well-led domains that affected all patient groups.

- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were aspects of the safe, effective, responsive and well-led domains that affected all patient groups.

- 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 similar to or better than local and national averages. For example, data showed that 100% patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This compared to a national average of 84%.
- The GPs carried out cognitive assessments with patients and referred people to a local memory clinic for support if required.

Requires improvement



Summary of findings

- The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them.
- 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.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.

Summary of findings

What people who use the service say

The results of the national GP patient survey published on 7 January 2016 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 245 survey forms were distributed and 96 were returned which equates to a 39% response rate. The response represents approximately 3% of the practice population.

The practice received scores that were 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:

- 85% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.
- 91% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 86 % said the last GP they saw gave them enough time (CCG average 89%, national average 86%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 97% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

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

- 93% 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 60% and a national average of 73%.
- 90% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 86% were fairly or very satisfied with the surgery's opening hours (CCG average 73%, national average 78%).
- 90% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).
- 90% said 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 (CCG average 70%, national average 76%).
- 80% said they always or almost always got to see or speak to their preferred GP (CCG average 30% national average of 36%).

A higher than average percentage of patients, 88%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 82% and a national average of 85%.

We spoke with six 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 22 comment cards. All of these were positive about the standard of care and treatment patients received. Staff were described as; 'pleasant' 'respectful', 'welcoming' 'helpful', 'excellent', 'courteous' and 'caring'.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Implement an effective and formalised system to capture and respond to significant events and to share the learning from these.
- Implement an effective complaints procedure that provides patients with appropriate and accurate information about how to complain, how they can expect their complaints to be handled and what they can do if they're not happy with the outcome of their complaint.
- Carry out risk assessments and produce management plans for health and safety related areas of work.
- Ensure appropriate policies and protocols are in place for the safe storage of vaccines.
- Ensure the required recruitment checks are carried out for staff in line with their roles and responsibilities.

- Ensure staff are provided with the required training for roles and responsibilities.
- Ensure all patient records are stored securely in line with the Data Protection Act.

Action the service **SHOULD** take to improve

- Review the provision made for people who require reasonable adjustments such as facilities for patients who are disabled.
- Produce a programme of clinical audits to monitor the clinical care provided and improve outcomes for patients.
- Improve the system for ensuring safety alerts are formally shared and acted upon.
- Implement a system to log and track prescriptions allocated.
- Formalise the arrangements for staff meetings and document the outcome of meetings.

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, a practice manager specialist advisor and a pharmacist inspector.

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 3,269 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. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. Patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sunday mornings. This is 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, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

We 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 7 July 2016. During the visit we:

- Spoke with a range of staff including GPs, the practice nurse, the practice manager, the dispensary lead and reception and administrative staff.

Detailed findings

- Spoke with patients who used the service and met with a member of the patient participation group (PPG).
- 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

Safe track record and learning

The system in place for reporting, recording and responding to significant events was not sufficiently robust. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system although not all staff we spoke with were aware of this. We saw a number of examples of events which had been acted upon but which had not been documented as significant events. The small number of events that had been documented were stored on the GP provider's file only. There was no formal system to review significant events and to demonstrate that the learning had been shared. The GP provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

A system was in place for responding to patient safety alerts. This demonstrated that the information had been disseminated and we heard examples of changes to practice as a result of the alerts. Although information about the actions taken had not been formally recorded.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe however, some of these required improvement.

- 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. The GP provided reports where necessary for other agencies. Clinical staff had been provided with training in safeguarding to the appropriate level. However, training had not been extended to the wider staff team.
- 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). We found that not all staff who acted as chaperones had undergone a Disclosure and Barring Service check (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 we saw evidence that action had been taken to address any improvements required as a result of the last audit. However, we noted that spillage kits were out of their effective date by a number of years.
- The arrangements for managing medicines were appropriate and safe. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. The practice carried out medicines audits, with the support of the local CCG pharmacy teams and staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved. Medicines prescribing data for the practice was comparable to national prescribing data. A system was not 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. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the

Are services safe?

quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The arrangements for managing vaccines and ensuring the cold chain was maintained was not sufficiently robust. Vaccines were not stored appropriately within the fridge, the top of the fridge was being used as a storage area, the temperature of the fridge was not being checked as regularly as required and the upper temperature limit was not being re-set appropriately.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that some recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies. However there was no evidence of DBS checks or risk assessment to support that these were not required for all members of staff. There was no personnel

Monitoring risks to patients

Some of the procedures required to monitor and manage risks to patient and staff safety were not in place or were not sufficiently robust.

- Fire safety equipment was in place and checked regularly. However, there was no fire risk assessment and staff had not been provided with training in fire safety.
- Clinical equipment was checked to ensure it was working properly. However, there was no evidence that checks on electrical safety had been carried out.
- There was no building risk assessment or management plan.
- Water taps were run on a regular basis to control of the risk of Legionella. However, an assessment of the risk and management of Legionella had not been undertaken and there were no other measures in place. (Legionella is a term for a particular bacterium which

can contaminate water systems in buildings). A Legionella risk assessment is a report by a competent person giving details as to how to control the risk of the legionella bacterium spreading through water and other systems in the work 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. The GP provider told us they were trying to recruit a salaried GP and a deputy manager and they were considering the appointment of a health care assistant (HCA).

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents but not all of these were sufficiently robust.

- 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. There was a system in place to ensure the medicines were in date and fit for use. However, not all staff had received basic life support training. This training was scheduled to take place in the near future.
- 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. The plan had not been reviewed since 2012.

Are services effective?

(for example, treatment is effective)

Our findings

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. NICE provides evidence-based information for health professionals.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The GPs clearly 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.

The provider told us that regular clinical meetings took place but there was no formal record of these.

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 99% of the total number of points available with 4.9% 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. Data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators were comparable to or in some cases higher than the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients on the diabetes

register, with a record of a foot examination and risk classification within the preceding 12 months was 97% compared to a CCG average of 82% and a national average of 88%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 100% compared to a CCG average of 91% a national average of 89%.
- The performance for mental health related indicators was comparable to or in some cases higher than the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% (CCG average 85%, national average 84%).
- 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 92%, national average of 88%).

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 found that there had been no clinical audits carried out in the last 12 months. The last clinical audit related to new diagnosis of cancer and this was completed in 2014. A number of medicines audits had been carried out in early 2015.

Effective staffing

Some of the arrangements to ensure effective staffing required improvement;

- The practice had an induction checklist for newly appointed members of staff. However, there was no evidence that new staff were required to undertake mandatory training within an agreed timeframe.
- Staff we spoke with told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. However, we found there was no overall training plan to identify what training members of staff had undergone. All staff had been

Are services effective?

(for example, treatment is effective)

provided with training in infection control and information governance awareness. However, we found that not all staff had been provided with training in other mandatory topics such as: safeguarding, fire safety and basic life support.

- 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 accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provided staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

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. Paper records (older records) were stored on shelves in the reception and administration areas. We found that the door to this area was not locked and this could compromise the security of the records and the requirements for record management were not being met.
- The practice had recently transferred to a new patient management system and staff were still learning to use this to full effect at the time of our inspection.
- 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.
- The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with the most high risk patients to prevent unplanned admissions to hospital and they monitored unplanned admissions.

Consent to care and treatment

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

- 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, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

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 and kidney disease. Care and treatment was then delivered according to a

Are services effective?

(for example, treatment is effective)

patient's needs. Patients with 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. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to 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 5 years (01/04/2014 to 31/03/2015) was 92% which was higher than the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer. Breast and bowel cancer screening rates were higher than the national average. For example, 92% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years (01/04/2014 to 31/03/2015) compared to the CCG average of 82% and a national average of 81%.
- Childhood immunisation rates for the vaccinations given were higher than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% and five year olds from 97% to 100%.
- 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. 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.

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 22 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. Patients said they felt the practice offered an 'excellent' service and staff were helpful and treated them with dignity and respect. Patients' feedback described staff as; pleasant, 'respectful', 'efficient', 'welcoming' 'helpful', 'excellent', 'courteous' and 'caring'. 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. The patient survey contained aggregated data collected between January to March 2015 and July to September 2015. The practice scored similar to average when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 86% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89% and a national average 86%.
- 85% 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 87 %, national average 85%).
- 97% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).

- 84% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 92%, national average 90%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 97% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored higher than local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 90% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84% and a national average of 86%.
- 88% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 82%, national average 85%).

We also spoke with six 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 the staff team including the GPs, the nurse, the practice manager and reception staff.

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 scored similar to but generally lower than local and national averages for patient satisfaction in these areas. For example:

- 85% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90% and a national average of 88%.
- 91% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 80% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).

Are services caring?

- 87% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 89%).
- 77% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 82%, national average of 81%).
- 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 85%, 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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and

respect. Information about how patients could access a number of support groups and organisations was available at the practice. Information about some health conditions was also available at the practice and on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 45 carers on the register. 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

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. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

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. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. Patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sunday mornings 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 patient's satisfaction with how they could access care and treatment was better than local and national averages. 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 93% compared to a CCG average of 60% and a national average of 73%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 86% (CCG average 73%, national average of 78%).
- 90% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 70%, national average 76%).
- 90% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 98% said the last appointment they got was convenient (CCG average of 91%, national average of 91%).

The practice was located in a converted semi-detached house. The premises were accessible for people who required disabled access. However, not all reasonable adjustments had been made to remove barriers when people found it hard to use or access services. For example, a hearing loop system was not available and there were no accessible toilet facilities for people who used wheelchairs. 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 but having to climb stairs for some consultations may prove a difficulty for some patients.

Listening and learning from concerns and complaints.

The practice did not have an effective system in place for handling complaints and concerns. A complaints policy and procedures was in place but this was not being followed. The practice information leaflet made a reference to making a complaint but the information provided did not inform patients that they could make a complaint directly to NHS England. There was no other information in the practice or on the provider's website to guide patients in how to make a complaint.

Are services responsive to people's needs? (for example, to feedback?)

There was a designated member of staff who handled complaints in the practice. We looked at complaints received in the last 12 months. One formal written complaint had been made and the only record of this was maintained on the GP providers file. The patient had been provided with an explanation and an apology. Lessons learned had been shared with staff.

A log of informal/verbal complaints or comments was maintained in a log book. The record indicated that action had been taken in response to patient feedback. However, none of the issues raised had been managed through a formal complaints procedure. There was also no evidence of a periodic review of complaints to identify theme or trends.

Are services well-led?

Requires improvement 

(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 '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 patients 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

The practice did not have effective arrangements in place to govern all areas of the service.

- The arrangements for identifying, recording and managing significant events were not sufficiently robust or formalised.
- The GP provider used evidence based guidance in their clinical work with patients. They had a clear understanding of the performance of the practice in relation to the clinical work and the clinical aspects of the service were good. 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 or higher than other practices locally and nationally for the indicators measured.
- Regular clinical audits were not being carried out to evaluate the operation of the service and the care and treatment provided.
- The arrangements for managing risks to patients were not robust. Risk assessment and management plans were not carried out for all areas of risk including fire safety and the safe storage and monitoring of vaccines.
- The provider told us that regular meetings took place but there were no records to support this and to show the contents of meetings.

- Practice specific policies and standard operating procedures were available to all staff. However, some of these required review and updating.

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. However, the training needs of staff had not been assessed and there was no training plan linked to the needs of the service. We found that some staff had not been provided with some basic mandatory training for example in safeguarding and basic life support.

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 felt staff provided a good quality service that was flexible and accommodating of their needs. The practice had a patient participation group (PPG). The PPG was in the early stages of development at the time of our inspection. A member of the PPG told us they attended meetings with practice and they provided an example of how the practice had acted upon their feedback.

The practice used information from comments and complaints received to make improvements to the service. However, the management of complaints required some improvement to ensure that patients were given accurate information about the complaints process, to formalise the process for recording and responding to complaints to demonstrate the lessons learned from complaints had been formally shared.

Are services well-led?

Requires improvement



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

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 recruitment of a salaried GP, the limitations of the building and anticipated growth of the patient population.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements in place to assess, monitor and mitigate the risks to people using the service.</p> <p>The provider did not ensure their audit and governance systems were effective.</p> <p>Not all required health and safety related risk assessments and management plans were in place.</p> <p>The storage of vaccines was not appropriately monitored.</p> <p>The system for responding to significant events was not effective. Incidents that effect the health, welfare and safety of patients were not managed through a clear and consistent approach.</p> <p>Confidential records were not stored safely or securely.</p> <p>Regulation 17 (1)(2)(b)(c)(f)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Staff recruitment processes were not sufficiently robust for all members of staff in line with their roles and responsibilities.</p> <p>Regulation 19 (3).</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider was not following their complaints policy and procedure. Patients were not provided with appropriate information about how to make a complaint and the process was not appropriately formalised.

Regulation 16 (2).

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not always suitably trained for their roles and responsibilities as some staff had not been provided with training in topics such as safeguarding, fire safety and basic life support.

Regulation 18 (2)(a).