

Merepark Medical Centre

Quality Report

Merepark Medical Centre
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Date of inspection visit: 8 November 2016
 Date of publication: 04/01/2017

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?	Outstanding	
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 Merepark Medical Centre on 8 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
 - Infection control procedures were in place.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear approach to working with others to improve care outcomes with a clear strategy and objectives including engaging with other key partners in providing health services.
- There was a clear leadership structure and staff were well supported by the GP partners.
 - Staff were supervised, felt involved and worked as a team.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had conducted repeated patient surveys facilitated by the patient participation group

Summary of findings

(PPG) to continually review the service it provided. This had resulted in the establishment of “open” surgeries carried out daily between 9am and 12pm, the re-introduction of cryotherapy clinics and the extension of appointment times from 10 to 12 minutes.

There were areas of practice where the provider should make improvements, these were:

- Review the management of equipment checks to make it clear that all clinical and electrical equipment is appropriately marked and recorded.
- Review how the results of investigations conducted following safety alerts are recorded.

- Ensure practice policies are reviewed in a timely manner and review the need for a lone worker policy.
- Review the location of the emergency drugs cupboard and the procedure for checking medicines and equipment contained within it.
- Review the recruitment policy/procedure to ensure medical fitness declarations are included when recruiting new staff.

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 was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national averages.
- Exception reporting figures were slightly higher than local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice around average and higher than others for several aspects of care. For example, 91% of respondents to the survey said the last GP they saw or spoke to was good at treating them

Good



Summary of findings

with care and concern (compared to a national average of 85%) and 98% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 91%).

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. The practice had plans to make information available in different formats for people with difficulty seeing and those with learning difficulties.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in care pathways, dementia, long term conditions and elderly care and the care of those at risk of unplanned admissions to hospital.
- The practice was part of a group of six local practices which shared information and best practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints and incidents was shared with staff and other stakeholders.

Outstanding



Are services well-led?

The practice is rated as good for being well-led.

- The practice staff were clear about their values with which to provide care and services and their responsibilities in relation to them.
- There was a clear leadership structure and staff were well supported by the GP partners.
- Staff were supervised, felt involved and worked as a team.
- The practice had a number of policies and procedures to govern activity which were reviewed and revised when needed, some of these were overdue for review.

Good



Summary of findings

- The practice held a variety of regular meetings at which information and learning was disseminated
- Arrangements were in place to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.

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 had an elderly population above the national and local clinical commissioning group (CCG) average number of elderly patients with 21% over the age of 65 (national average 17%).

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned hospital admissions, dementia, and end of life care.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The practice made scheduled weekly rounds in local nursing homes, providing dedicated GP time and mentoring to staff to each home.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 85% and above the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was 100% and higher than the CCG and national average.
- All the older patients had a named GP who coordinated their care and contacted patients over 75 following discharge from an unplanned hospital admission.

Good



People with long term conditions

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

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the 2014/2015 QOF performance showed the practice achieved 98% of the total points available for all performance indicators. This was above the CCG and national average. For example:

Good



Summary of findings

The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) Comparable to other practices 87.71% was above the CCG average of 82% and the national average of 81%.

- Longer appointments and home visits were available when needed for patients with long term conditions and multiple conditions.
- All these patients were monitored and had a structured annual review to check their health and medicines needs were being met.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were good for all standard childhood immunisations with immunisations uptake for all children aged five and under at 98%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in target period was 77% (CCG average being 75%, national average being 74%).
- Appointments were available outside of school hours and could be managed online and via app. There was also a practice Facebook page providing information via social media.

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).

Good



Summary of findings

- 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.
- The practice offered online bookings of appointments and prescription requests and telephone consultations. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and children. There were daily “open” surgeries which had proved popular with the patients.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with substance or alcohol misuse and those with a learning disability. Alerts on medical records identified when a patient was vulnerable or was living in vulnerable circumstances.
- The practice had 15 patients with a learning disability registered and offered longer appointments for these. We saw good examples of where care was personalised to the individual needs.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.
- The practice worked with and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- Staff at the practice had undertaken dementia friend training and the practice had installed signage which were dementia friendly.

Good



Summary of findings

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which was comparable to the national average of 88% and CCG average of 92%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations and could signpost to relevant specialist services.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line and above local and national averages. 235 survey forms were distributed and 114 were returned (a 49% response rate). This represented 2% of the practice's patient list. Results showed, for example;

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 59%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85% and CCG average of 84%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 86%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards which were mainly positive about the standard of care received. Comments told us patients found they received a very good service and that staff were responsive to their needs; friendly, courteous and respectful. Some cards indicated that getting through to the practice via the telephone was sometimes difficult.

We spoke to ten patients on the day of the inspection (including five members of the patient participation group). All said they were pleased with the care they received. They told us they were treated with dignity, compassion and respect. The PPG members told us that the engagement with practice management had increased significantly in recent years and they now felt that real progress was being made to respond to patient's suggestions.

Areas for improvement

Action the service SHOULD take to improve

- Review the management of equipment checks to make it clear that all clinical and electrical equipment is appropriately marked and recorded.
- Review how the results of investigations conducted following safety alerts are recorded.
- Ensure practice policies are reviewed in a timely manner and review the need for a lone worker policy.
- Review the location of the emergency drugs cupboard and the procedure for checking medicines and equipment contained within it.
- Review the recruitment policy/procedure to ensure medical fitness declarations are included when recruiting new staff.

Outstanding practice

- The practice had conducted repeated patient surveys facilitated by the patient participation group (PPG) to continually review the service it provided. This had resulted in the establishment of "open" surgeries carried out daily between 9am and 10am, the re-introduction of cryotherapy clinics and the extension of appointment times from 10 to 12 minutes.

Merepark Medical Centre

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 adviser.

Background to Merepark Medical Centre

Merepark Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 5,817 patients living in Alsager and the surrounding rural area. The practice is sited in a purpose built premises, co-located with another GP practice, a pharmacy and other community services. The practice has four female GPs, two male GPs, three nurses, two health care assistants, administration and reception staff and a practice management team. Merepark Medical Centre holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday to Friday 8.30am to 6.30pm.

Open surgeries are held every weekday between 9am and 12pm.

Early morning appointments are available between 7am and 8am on Tuesdays and Thursdays.

A Saturday morning surgery is held once a month between 9am and 2pm.

Patients can book appointments in person, via the telephone or online. The practice provides telephone

consultations, pre-bookable consultations, open surgeries, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of South Cheshire Clinical Commissioning Group (CCG) and is situated in a more affluent area in Alsager. The practice population is made up of population groups older than the national averages. For example, 21% of people are over 65 years compared to a national average of 17%. Fifty two per cent of the patient population has a long standing health condition which is lower than the CCG and national averages. Life expectancy for both males and females is around the CCG and national average of 79 years for males and 83 years for females.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local GP out of hours service and NHS 111. Information regarding out of hours services was displayed on the website, on the practice answering machine and in the practice information leaflet.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 November 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, reception and administration staff and the practice management team) and spoke with patients who used the service and PPG members.
- 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

There was an effective system in place for reporting and recording incidents significant events.

- Staff told us they would inform the practice manager and partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and/or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. These events were discussed at regular practice meetings and were reviewed to identify any trends and learning available. The results of analysis of events were disseminated to all staff at the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We noted that some Medicines & Healthcare products Regulatory Agency (MHRA) alerts were not recorded. The practice established that these alerts had not been received in their group email account as there had been an administrative error. This was rectified during our visit and the management team told us that retrospective analysis of all the missed alerts would be completed as soon as possible. We noted that individual GPs had received the MHRA alerts but they had not been recorded in the practice management spreadsheet. We also noted that the spreadsheet did not record the final outcome of any work conducted as a result of alerts. The practice manager told us that this would be completed in future.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice referred to the local authority's safeguarding policies and procedures (South Cheshire) that were available on the intranet.
- We saw "what to do in the event of concerns" flowcharts that were displayed in the staff room and in consultation rooms for reference and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained in safeguarding adults and to child safeguarding level 3.
- We looked at the practice whistleblowing policy which was comprehensive but did not provide the contact number for staff to ring the whistleblowing line; we were told this would be added as soon as possible. Staff we spoke to were clear on their responsibilities in relation to whistleblowing and told us they would not hesitate to raise concerns should they have any.
- A notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones, were trained for the role and had received a Disclosure and Barring Service (DBS) check, (DBS 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).
- We observed the premises to be clean and tidy. There was a cleaning schedule and we saw evidence that this was used or completed by the cleaners and monitored by the practice. One of the nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and associated procedures in place and staff had received up to date training. We saw evidence of an infection control audit having been undertaken in June 2016. We saw evidence that actions identified as needing improvement had been acted upon.
- The arrangements for managing medicines, including emergency medicines and temperature sensitive

Are services safe?

medicines such as vaccines, in the practice kept patients safe. This included the obtaining, prescribing, recording, handling, storing, security and disposal of medicines. We noted one ampule of adrenalin was out of date and was not recorded correctly on the list held by the practice. We spoke to the management team about this and they told us that physical checks of the contents of the emergency medicines box would be completed in future. We noted that the practice removed the ampule and prepared a new method for checking medicines during our inspection. The medicines storage fridges were monitored and maintained to ensure that temperature sensitive medicines were stored appropriately. We did note that some temperatures were recorded outside the recommended limits and there was no explanation documented for the reason. We spoke to the lead nurse about this who provided an explanation and told us training had been given to staff in how to properly document any anomalies with the fridge temperatures. We saw that more recent anomalies had been explained in the fridge temperature documentation. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored. Nurses at the practice were able to administer certain medicines in line with legislation.

- We reviewed four staff personnel files and found most of the required recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that in three files a declaration from staff that they were medically fit to perform their role had not been completed. The practice manager told us that the procedure for all future recruitment would include all checks required and that risk assessments would be completed.
- Paper patient records were stored securely, and staff were trained in information governance and knew how to keep personal data safe.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up

to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was calibrated and checked to ensure it was working properly. We had some difficulty in confirming the dates that some equipment had been checked as the stickers on some items were missing. The inventory provided by the company that had checked the equipment in June 2016 did not list the serial numbers of each piece of equipment and only listed the room number they had been checked in. The practice did not have a complete inventory of all its equipment and told us that they would complete one so as to have a fuller record of all equipment held, its purchase date, serial number and date for re-checking. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 the different staffing groups to ensure enough staff were on duty. The GPs operated a system to ensure appropriate cover and the practice regularly monitored staffing levels to ensure they met the needs of patients. The GP partners covered for each other's absences and locum GPs were rarely used.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in reception, consultation and treatment rooms and panic button alarms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with one adult and two children's masks. We noted the sealed bag containing the adult mask had been opened and may have already been

Are services safe?

used. The practice told us they would replace this and purchase additional adult masks. Emergency equipment was checked and maintained. A first aid kit and accident book were available.

- Emergency medicines were accessible to staff in an unlocked cupboard in a public area of the practice and all staff knew of their location. We discussed the potential security risk of the location of this cupboard and the practice manager agreed to review its location.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed 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. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Any updates in NICE guidance were discussed at clinical meetings.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients, QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (published October 2015) showed the practice had achieved 98% of the total number of points available, which is higher than local CCG and national average. Exception reporting was slightly above average at 12% overall, the CCG average being 11% and the national average 10%. 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. We spoke to the GPs about this and they told us it was probably due to the high levels of older patients, especially those living in local nursing homes.

This practice was not an outlier for any QOF clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the local CCG and national averages. For example:

The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within

the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) Comparable to other practices 87.71% was above the CCG average of 82% and the national average of 81%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the national average of 88% and CCG average of 87%.

- Performance for mental health related indicators was better than the national average. For example:

90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, national average 88% and CCG average of 92%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 83% compared to the national average of 84% and CCG average of 86%.

There was evidence of quality improvement including clinical audit.

The practice did not have an audit timetable prioritising audits according to national and local priorities/guidelines, however we saw some good examples of clinical audits having been undertaken and included re auditing. These demonstrated improvements and clinical outcomes. Examples of improvement audits seen included audit of clostridium difficile infection (**also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhea**) and atrial fibrillation (also known as AF **and is a heart condition that causes an irregular and often abnormally fast heart rate**). We noted that the AF audit had delivered an increase in the diagnosis of the condition from 39 to 150 patients at the practice. This meant that preventative medication measures could be put in place to reduce the risk of strokes in these patients. Not only could this potentially save lives and prevent more serious conditions, it meant that the health service as a whole was less overloaded.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and included a period of supervision/mentorship.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care. The senior nurse took the lead for reviews of patients with diabetes and was supported in this by the GPs.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They could also demonstrate how they stayed up to date for example by access to on line resources, face to face training and discussion at meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, and support for revalidating GPs. Staff received an appraisal annually. We looked at three appraisals and saw that there well documented and were aligned to the values and aims of the practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to protected learning time (monthly half day rolling programme of education) and in-house face to face training. We saw that training was planned over a year in advance and was structured to benefit staff in the areas where they would most benefit.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice signposted and

referred patients to the local support networks, for example the Alsager voluntary driver scheme, who assisted patients with transport to the practice and other healthcare locations.

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. Multi-disciplinary meetings took place with other health and social care professionals where care plans were routinely reviewed and updated for patients with complex needs. This included when caring for patients with a terminal illness at the end stage of their life. We looked at the minutes of some of these meetings and saw that they were well attended and comprehensively documented. Communication with out of hour's providers was effective with any updates of patients' conditions and treatments being available in a short period of time.

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 carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice was able to signpost patients to local support groups for example, smoking cessation and weight management. Nurses also provided advice on healthier living.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of

Are services effective?

(for example, treatment is effective)

82% and the national average of 81%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. 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. Cervical screening tests were monitored to ensure the sample taker was proficient in obtaining suitable samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates were above the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 59% (national average 59%, CCG average 58%). Breast cancer

screening was below the averages with 70% of females (aged 50-70) screened for breast cancer in the last 36 months (national 72% and CCG average 76%). This data was published in March 2015.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 91% and five year olds at 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Other services were available within the building delivered by other providers, including gynaecology, podiatry and cognitive behavioural therapy.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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; conversations taking place in these rooms could not be overheard. We observed staff knocking on doors before entering, even when they suspected them to be unoccupied.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

The 56 patient Care Quality Commission comment cards we received were positive about the care and treatment they experienced. Comments told us patients felt the practice offered a good service and staff were courteous, friendly, caring and treated them with dignity and respect. Several comments were made relating to difficulty getting through to the practice on the telephone.

We spoke with ten patients including five members of the patient participation group (PPG). They also told us they were happy with the care provided by the practice and said their dignity and privacy was respected. The PPG members were particularly pleased with the improved engagement of the management team over the last two years; they told us the practice really seemed to care about the patients it provided service to.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 92%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were around or higher than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

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

Are services caring?

- Information leaflets were available about the practice and the services provided. These leaflets were not available in other formats; however the practice told us that they were looking into providing braille and easy read information.
- The practice facilities were all located over two floors, with a lift available for patients using wheelchairs. Disabled accessible toilet facilities were available on both ground and first floors.

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 a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was a carer's champion who had received specific training to assist them in that role.

Records alerted to family members who had suffered bereavement and they would be cared for appropriately. GPs would make a telephone call to the next of kin and offer support and an appointment if it was requested. The practice maintained a bereavement checklist to ensure other they and other services no longer sent correspondence to the patient.



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 in order to help reduce avoidable unplanned admissions to hospital the practice was taking part in an enhanced service. Their focus was on reducing admissions by improving services particularly those patients who were the most vulnerable or those with long term conditions. Examples showing how the practice had responded to meetings patients' needs were as follows:

- The practice offered nurse appointments for minor illnesses and long term condition treatment and reviews. Patients received diabetic health checks, health promotion and education.
- There were longer appointments available for patients with a learning disability and mental health needs. GPs led in these different areas and had expertise and enhanced knowledge.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The practice offered a full range of online access such as appointment booking, prescription requests, a Facebook page, an "app" access to appointments and online queries.

We noted that the practice had undertaken a number of patient surveys in order to gauge satisfaction with new ways of delivering service. The PPG was heavily involved in facilitating these surveys and they had proved valuable in establishing patient's wishes. These surveys had resulted in the continuation of the open surgeries, the increase of appointment times from 10 to 12 minutes, flu clinics and the re-introduction of the cryotherapy service. Other surveys conducted by the practice led to the introduction of Saturday morning flu clinics, early opening two days a week for patients working office hours, cardiovascular

clinics and muscular skeletal clinics. The practice reviewed the popularity of these clinics by using self initiated satisfaction surveys. The results of surveys confirmed their popularity with the patient groups. For example 25 patients responded to questionnaires about the cardiovascular clinic and 100% said they would be likely or extremely likely to recommend them to their families. Of the patients who attended the Saturday morning flu clinics 91% said they were likely or extremely likely to recommend it to their family and 96% reported that the clinic was very or extremely convenient.

Access to the service

The practice was open Monday –Friday 8.30am - 6pm (closed Wednesday afternoons for training). Early appointments were available from 7am on Tuesdays and Thursdays. Saturday morning appointments were available once a month.

In addition to pre-bookable appointments that could be booked up to 20 weeks in advance, urgent, same day appointments were also available for people that needed them.

Open surgeries were held every morning between 9am and 10am where patients could attend and see a GP without an appointment. This service had proved very popular with patients who happy to wait for an available appointment. Reception staff were able to verbally update patients with a likely time they would be seen, enabling them to return shortly before the anticipated time they would be seen.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was around and in some cases above local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%



Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There were two designated people for handling complaints, the senior GP for clinical complaints and the practice manager for non-clinical ones.

- We saw that information was available to help patients understand the complaints system for example a specific complaint information leaflet and information on the website.

The practice had received three complaints in the last 12 months which they recorded and investigated. We found these had been dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and shared with all staff. Complaints were not a standing agenda item at practice meetings. We discussed this with the practice manager and they told us they planned to include this on the agenda for practice meetings. We looked at the minutes of some practice meetings and we saw they were well attended, however lacked structure. Staff members who were not present for the meeting, were emailed the minutes so they could familiarise themselves with their content. Reviews of complaints took place annually to identify any trends.

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 which described what they were striving to achieve in terms of the levels of service and care they provided.
- Staff were able to articulate their own values in addition to the practice mission statement.

There was a clear approach to working with others in the health and social care community (such as the CCG, other GP practices and support agencies for long term conditions and vulnerable patients) to improve outcomes for patients. The practice was part of the South Cheshire and Vale Royal GP alliance and a more local group of six GP practices named Pegasus.

Governance arrangements

The practice had an overarching governance plan which was discussed at partner meetings, held monthly. This plan was not documented but formed the basis for how the partners saw the practice developing. The partners strived to support the delivery of the strategy and good quality care. The planning meetings and agreed objectives ensured that there was:

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained
- Arrangements in place for identifying, recording and managing risks.
- Clinical audits were undertaken, however there was no formal audit programme in place based on local and national priorities to ensure re auditing took place and demonstrated continuous improvement.
- There were practice specific policies and procedures in place.

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 high quality care. They told us they prioritised safe, compassionate care and that the views of the patients were always sought. Staff told

us the partners were approachable and always took the time to listen to staff. They were encouraged and felt able to contribute to the practice, improvements to service and service developments.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, that they gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff were well supported by the partners.

- The practice held regular documented team, clinical and multi-disciplinary team meetings.
- There was an evident open culture within the practice and staff had the opportunity to raise any issues at appraisals and meetings. Staff told us they felt able to raise any issues at any time and these would be dealt with appropriately.
- Staff were respected, valued and supported by the management team as well as the patients.
- Staff told us they were happy, proud and enjoyed working at the practice.
- The practice had undergone a period of change with two long serving partners having left and four new partners having been recruited. They team had demonstrated their ability to embrace change and take advantage of new opportunities. For example experimenting with a new approach to appointments.

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

The practice gathered feedback from patient, the public and staff through suggestions and comments made in house and through the website. They also took into account feedback from the active patient participation group (PPG) and from complaints made.

Are services well-led?

Good 

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

The PPG were valued and worked well with the practice. They met regularly, received information from the practice and suggested improvements to the practice management team which were acted on. For example, changes in the waiting area and parking facilities.

The practice undertook a number of self-generated internal patient surveys and looked at the results of these and the national GP patient survey to inform them about their performance and patient satisfaction. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice had recently registered as a research practice and was currently involved in two projects, one relating to the condition gout. Business planning and progression planning took place in order that the practice could meet the future needs of their patient group. The partners recognised the future challenges, for example an increasingly large ageing population and were considering strategic methods to meet these challenges.