Dr Maria Mercedes Malpica Gontad

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Maria Mercedes Malpica Gontad on 16 December 2015. Overall the practice is rated as good.

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

- Staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported in their roles and were kept up to date with training and professional development.
- Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Systems were in place to deal with emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example equipment checks and fire safety practices.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Recent improvements to the appointments system meant that patients found it easy to make an appointment with a named GP and there was good continuity of care.
- The practice provided a range of enhanced services to meet the needs of the local population and they planned to increase these.
- There was a clear leadership and structure and staff understood their roles and responsibilities.
- Complaints were investigated and responded to appropriately.

Areas where the provider should make improvements:

- Review clinical staffing, in particular nursing, to ensure that this is sufficient to meet the needs of patients.
- Implement a more effective system to record/ demonstrate the actions taken in response to

significant events. This should include clearly documenting: the process of investigation, the conclusions reached and actions taken including the reporting of events for wider learning.

- Demonstrate attempted improvements to patient carethrough the completion of two cycle clinical audits.
- Review the equipment in place to support patients who are physically disabled.
- Review the arrangement of the reception and waiting area to ensure patients' privacy and confidentiality is protected.

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?

Good

The practice is rated as requires improvement for providing safe services. Overall, the practice had systems, processes and practices in place to keep people safe but some of these required improvement. Tests were carried out on the premises and on equipment on a regular basis. Staff were aware of their responsibilities to prevent the spread of infection and they had the equipment they needed to support this. However, some of the shortfalls identified in the most recent infection control audit had not been acted upon. Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was available throughout the practice. Information required about staff was available on their personnel records with the exception of photographic identification. A review of staffing should be carried out with particular attention to the role of the practice nurse to ensure there are sufficient clinical staff to meet patients' needs. There was a system in place for reporting and investigating significant events and staff told us that lessons learned from significant events were shared across the practice. However, the provider did not maintain a clear overall record to demonstrate the actions that had been taken in response to significant events. There were systems in place for managing medicines and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services. The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients were comparable to other practices when compared to local and national data. Clinical staff assessed patient's needs and delivered care in line with current evidence based guidance. Staff had the training, skills, knowledge and experience to deliver effective care and treatment. Clinical audits had been carried out but two cycle audits that could demonstrate effectiveness in monitoring quality and improving outcomes for patients were not complete. Staff were able to provide examples of how they worked on a multidisciplinary basis to support patients who had more complex needs. The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to others for several aspects of care. For example, for involving them in decisions about their care and treating them with care and concern. Information for patients about the services available to them was easy to understand and accessible. The practice maintained a register of patients who were carers in order to tailor the service provided.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Clinical staff attended regular meetings, including multi-disciplinary meetings, to review the needs of patients and plan for meeting patients' needs. Patients said they found the appointments system had improved recently and they found it easier to make an appointment with a named GP and that there was good continuity of care. Urgent and non-urgent appointments were available the same day and appointments could be booked up to six weeks in advance. The GPs were aware of the needs of the local population and had started to work more proactively in meetings patients' needs. However, there was room to improve this further. Complaints had been investigated and responded to appropriately.

Are services well-led?

Good

The practice is rated as good for being well-led. The objectives of the practice were to deliver high quality care and promote good outcomes for patients. The practice had been through a period of change in recent years with an unplanned move of location and staff changes. The GPs recognised that they needed to review some of the current practices and look at how they could work more proactively and strategically to meet the needs of the local patient population. Staff were clear about their roles and responsibilities and lines of accountability and overall they told us they felt appropriately supported. The practice had a number of policies and procedures in place to govern activity. Staff met on a regular basis to review patients' needs, care and treatment. This meeting also provided an opportunity to ensure effective communication between staff. Staff told us the practice encouraged a culture of openness.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice kept up to date registers of patients with a range of health conditions and used this information to plan reviews of health care and to offer services such as regular health checks. Home visits and urgent appointments were provided for those 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. GPs attended multi-disciplinary meetings to review the care and treatment provided to people living in residential care homes and to prevent unplanned hospital admissions.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population. 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. The practice nurse had the lead role in chronic (long term) disease management. Patients with long term conditions were invited to attend reviews to check that their health and medication needs were being met. Patients were sent follow up letters to attend for health checks if they failed to attend their original appointment. Data showed that the practice was comparable with other practices for the care and treatment of people with chronic health conditions such as diabetes. Longer appointments and home visits were available when needed. The GPs attended regular multi-disciplinary meetings to discuss patients with complex needs. The practice worked to avoid unplanned hospital admissions for patients and patients were contacted after leaving hospital to ensure their treatment was effectively co-ordinated.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify children who were at risk. Regular meetings were held with health visitors to share information or concerns about child welfare. Appointments

were available outside of school hours and appointments were provided to children at short notice. The premises were suitable for children and babies and baby changing facilities were provided. Immunisation rates were comparable with local CCG benchmarking for standard childhood immunisations. Immunisations could be provided without a pre-booked appointment to encourage uptake. The practice monitored any non-attendance of babies and children at vaccination clinics and reported any concerns identified. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding. A dedicated notice board provided information about child health and signposted people to support agencies offering advice and support to children and families. The practice offered appointments with an advanced paediatric nurse practitioner who had specialist training and experience in the diagnosis, care and treatment of ill children. This was as part of a locally agreed pilot with the CCG. The pilot also included the services of a family nurse practitioner who supports families with health needs.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered an online repeat prescription request service and appointment booking service which provided flexibility to working patients and those in full time education. The use of an electronic prescription service enabled patients to collect medication in the most convenient location. Late appointments and weekend appointments were available. Telephone consultations were also available. A range of health promotion and screening that reflected the needs for this age group was available to patients and routine health checks were provided to this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. 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. The practice held a register of patients living in vulnerable circumstances. Information about how to access a range of support groups and voluntary organisations was available in the waiting area. Interpreter services were available for patients who required this. The practice had good links with a local drug abuse service.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable when compared to local and national data. Staff were knowledgeable about obtaining consent and supporting patients who lacked capacity. Patients experiencing poor mental health were provided with information about how to access support groups and voluntary organisations. The practice took part in an enhanced service for dementia screening to identify patients at risk of dementia and to develop care plans with them. A counselling service was available to patients on a regular basis.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was generally performing in line with the local and national averages. There were 105 responses out of the 394 surveys distributed. The response represents 3.63% of the practice population.

The practice received higher scores when compared to the Clinical Commissioning Group (CCG) average and national average from patients with regards to matters such as: feeling listened to, being given enough time, receiving an explanation of tests and treatments, being involved in decisions about care and treatment, being treated with care and concern and having confidence in the last nurse or GP they saw or spoke to:

For example:

- 93.3.% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.4% and national average of 88.6%
- 99.2% said the last nurse they spoke to was good at listening to them (CCG average 91.3%, national average 91%)
- 91.3.1% said the GP gave them enough time (CCG average 89.4%, national average 86.6%)
- 99% said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%)
- 98.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%)

The practice also scored high in relation to patients seeing their preferred GP and their overall experience of the practice. For example:

- 76.4% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 56.8% and national average of 60%
- 84.9% of patients who completed the survey described their overall experience of the surgery as good compared to a CCG average of 82.2% and a national average of 84.8%.

The practice scored lower than average in a number of areas relating to patient's experiences of making an appointment. For example:

- 72.7% of patients found the receptionists helpful compared to a CCG average of 83.8% and national average of 86.8%.
- 52.86% found it easy to get through to this surgery by phone compared to a national average of 73.32%
- 60.5 % described their experience of making an appointment as good compared to a CCG average of 66% and a national average of 73.3%
- 84.9% described their overall experience of the practice as good (CCG average 82.2% and national average 84.8%) The percentage of patients who described it as poor was10% compared to 6.3% CCG and 5.3% nationally
- 41.7% felt they normally had to wait too long to be seen compared to a CCG average of 36.2% and national average of 34.5%

The practice had made changes to the appointments system approximately four weeks prior to our inspection and since the time that the figures above were published. The feedback we received from patients during face to face discussions and in comment cards indicated that the system was now more effective and responsive to patients' needs. A new phone system had been installed and a staggered appointment release system was in use. The practice told us the appointment system was monitored to ensure it continued to meet the needs of patients.

We spoke with three 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 asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards and they were all positive about the standard of care received. Staff were praised for their caring and receptive nature. Patients informed us that they could get

urgent and routine appointments and that the appointments system was efficient. Staff were described as 'respectful', 'approachable', 'friendly' and 'understanding'.

Areas for improvement

Action the service SHOULD take to improve

- Review clinical staffing, in particular nursing, to ensure that this is sufficient to meet the needs of patients.
- Implement a more effective system to record/ demonstrate the actions taken in response to significant events. This should include clearly documenting: the process of investigation, the conclusions reached and actions taken including the reporting of events for wider learning.
- Demonstrate attempted improvements to patient care through the completion of two cycle clinical audits.
- Review the equipment in place to support patients who are physically disabled.
- Review the arrangement of the reception and waiting area to ensure patients' privacy and confidentiality is protected.

Dr Maria Mercedes Malpica Gontad

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 and a practice manager specialist advisor.

Background to Dr Maria Mercedes Malpica Gontad

Dr Maria Mercedes Malpica Gontad, also known as Dallam Lane Medical Centre, is located in Warrington, Cheshire. The practice provides a service to approximately 2980 patients. The practice is situated in an area with higher than average levels of deprivation when compared to other practices nationally. The percentage of patients with long standing health conditions is higher than average when compared to other practices nationally. The percentage of patients with health related problems in daily life and caring responsibilities is similar to national averages.

The practice is run by one GP and there is an additional salaried GP (1 male and 1 female). There is one practice nurse, one part time health care assistant, a practice manager, reception and administration staff.

The practice is open from 8.00am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at another surgery from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturday and Sunday. Outside of practice hours patients could access the Bridgewater Trust for primary medical services.

The practice has a General Medical Services (GMS) contract and offered a range of enhanced services for example; childhood vaccination and immunisation, influenza and pneumococcal immunisations, facilitating early diagnosis and support to patients with dementia and avoiding unplanned hospital admissions.

Why we carried out this inspection

We carried out a comprehensive inspection of the service under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed information from CQC intelligent monitoring systems. We also reviewed national patient survey information.

We carried out an announced visit on 16 December 2015. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant, the practice manager, reception staff and administration staff.
- Spoke with patients who used the service.
- 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.
- We looked at the systems in place for the running of the service.
- Viewed a sample of the practices' key policies and procedures.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a form for recording these events. We saw that significant events had been investigated and staff told us that learning from these had been shared through practice meetings, emails and a task management system within the practices' computerised system. However, the record of serious events did not clearly demonstrate this. Information about the actions taken following significant events was minimal and provided no detail on matters such as: who was responsible for taking action, what learning there had been as a result, how this would be disseminated across the staff team and wider health community and any future checks put in place to prevent a recurrence. We found a number of examples whereby the learning from a significant event had not been shared outside of the practice when this may have been appropriate.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Notices about how to refer to other agencies were clearly displayed in the practice. The practice nurse was the lead member of staff for safeguarding. The practice nurse had recently introduced a regular meetingwithhealth visitors to share information and concerns about individual patients or families. The GPs provided safeguarding reports where necessary to other agencies. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. Staff demonstrated they understood their responsibilities to report safeguarding concerns and all had received training relevant to their role.
- A number of notices in the waiting room advised patients that staff were available to act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones had been trained for the role and had undergone a Disclosure and Barring Service check (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. The practice nurse was the dedicated infection control lead. There were infection control protocols in place and staff had received up to date training. An infection control audit had been undertaken by the Clinical Commissioning Group (CCG) and this had identified a number of areas where action/improvement was required. Most of the actions had been implemented but we noted that two actions were outstanding.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses 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 and called into the practice for checks. There were systems in place to monitor the use of prescriptions. Medicines prescribing data for the practice was comparable to national data and any variables had been recognised and acted upon. The practice had emergency medicines including oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. The emergency medicines we checked were in date and fit for use.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings indicated that appropriate recruitment checks had been undertaken prior to employment for the most recently appointed members of staff. For example, proof of identification, references and the appropriate checks through the Disclosure and Barring Service. However, we noted that staff personnel files did not contain the required photographic identification for members of staff.

Good

Are services safe?

- Risks to patients were assessed and managed. There were procedures in place for monitoring and managing risks to patient and staff safety. The practice manager shared safety alerts with relevant staff through e mails, an electronic tasks system and through practice meetings. There was a health and safety policy available and staff had been provided with training in health and safety. The practice had up to date fire risk assessments and regular fire drills had been carried out. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. However, the role of the practice nurse required review to ensure they were able to keep up to date with providing clinics and health checks for people with long term conditions. The practice nurse was a nurse practitioner who had been trained to diagnose and prescribe medicines. As a result the practice nurse was sometimes providing a higher than anticipated number of consultations for patients with acute health issues and providing more home visits than planned. This impacted on their time to manage clinics to review patients with long term conditions. A health care assistant had been trained up to support some of the practice nurses' responsibilities. However, this role was still developing. There had been no use of locum GPs at the practice for over 12 months since the salaried GP had taken up post. Information for locum GPs was available in the event that this was required.

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 all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual training in basic life support. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. Systems to record accidents and incidents were in place. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patient's 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. GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions.

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. For example, patients who had a learning disability or a mental health concern. This enabled staff to respond to patient's individual needs more effectively. For example by providing a longer appointment or interpreter service.

The GPs reviewed incoming correspondence and they dealt with tasks on a daily basis to ensure they responded to patient's needs in a timely and effective way

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 was not an outlier for any QOF (or other national) clinical targets. Data from (01/04/2014 to 31/03/2015) showed;

- Performance for diabetes related indicators was comparable to the CCG and national average. For example, patients with diabetes, on the register, who had influenza immunisation in the preceding year, was 92.47% compared with a national average of 94.45%.
- The percentage of patients with hypertension having regular blood pressure tests was 92.09% which was better than the national average of 83.65%.
- The percentage of patients with COPD who had a review undertaken including an Assessment of breathlessness in the preceding 12 months was 93.1% compared to a national average of 89.9%.
- The performance for mental health related indicators was better than the national average. For example: 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 93.55% compared to a national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was slightly lower with a score of 75% compared to a national average of 84.01%.

The GPs carried out clinical audits and they considered which audits they would complete based on a number of matters such as NICE guidance, recommendations from the local Clinical Commissioning Group (CCG) and Royal College of General Practitioners. The audits we viewed had not gone through two complete audit cycles and the full effect of the audits on outcomes for patients had therefore not been established to date. One of the audits did have an identified date for a further cycle. An external agency had carried out two audits linked to medication for osteoporosis and a gynaecological related health issue.

The practice was run by a long established GP who was the registered provider. A salaried GP had been working in the practice for over 12 months. The GPs communicated regularly and met on a weekly basis to discuss the needs of the patients, hospital discharges etc.

Staff at the practice attended a range of multi-disciplinary meetings and there was a regular practice meeting which included training/learning time. This supported the formal sharing of information and provided staff in different roles with the opportunity to contribute to the development of the service.

The practice worked in collaboration with other practices. The practice worked with four neighbouring practices (whose practice populations shared similar demographics) in providing a pilot supported by the Prime Minister's Challenge Fund. This included the provision of a minor ailment and paediatric ambulatory care service for children up to 16 years of age provided by an advanced paediatric nurse practitioner. The pilot also included providing health promotion and family support for children and families

Good

Are services effective?

(for example, treatment is effective)

with more complex medical and social needs. GPs attended meetings with neighbouring practices to consider the care and treatment of people with multiple and complex health issues and the provision of primary care to patients who lived in residential care settings.

The practice participated in the 'avoiding unplanned admissions to hospital scheme' which helped reduce the pressure on A&E departments by treating patients within the community or at home. They also had a system to inform the out of hours service about patient's needs.

Effective staffing

The majority of staff we spoke with told us they felt well supported in the roles. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff. Staff had access to and made use of e-learning training modules and in-house training. All staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. All clinical staff were kept up to date with relevant training, accreditation and revalidation. For example the practice nurse had been provided with training relevant to treating patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

Staff told us they felt appropriately supervised and all staff had undergone an appraisal within the last 12 months.

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 practices' patient record system and the intranet system. This included access to medical records, investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring people to other services for secondary care. Information such as NHS patient information leaflets were also readily available through the computerised system.

Consent to care and treatment

Staff sought patient's 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. The Mental Capacity Act 2005 (MCA) is legislation

designed to protect people who are unable to make decisions for themselves and to ensure that decisions are made in people's best interests.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GPs told us they assessed the patient's capacity.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression and kidney disease. Patients who had long term conditions were followed up throughout the year to ensure they attended health reviews.

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 review patients on their palliative care list.

Childhood immunisation rates were in line with CCG averages. 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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 and treatments. We noted that consultation and treatment room doors were closed during consultations. However, we noted that some conversations taking place in these rooms could be overheard. The GP was aware of this and had taken some action to address the matter, however, this needs further consideration and action.

The way in which the reception and waiting area was set up was not conducive to private conversations between patients and staff. This had been recognised and patients were given the option to write down any private matters which they did not wish to discuss in the waiting area and staff told us they could offer patients a private room if they wanted to discuss sensitive issues. The provider should review this arrangement again as we heard a private conversation unfold in the waiting area which staff should have diverted.

The service was provided by a long standing GP who was the registered provider. There was also a salaried GP who had worked at the practice for over a year. The GPs knew the patient group well and patients received a good level of consistency in the GPs providing their care and treatment. Patient's described the GPs as having a strong caring ethos. One of the GPs told us they contacted patients directly following hospital appointments and a patient we spoke with confirmed this practice.

We made comment cards available at the practice prior to our inspection visit. The vast majority of the 14 CQC patient comment cards we received were positive about the service provided by the practice. Patients said they felt the practice offered a 'good' service and staff were helpful, caring and treated them with dignity and respect. One patient commented on a lack of privacy during consultation as they had heard other patient's consultations from the waiting room.

Results from the national GP patient survey showed that the practice scored comparable to and higher than local and national averages for matters such as patients feeling listened to, being treated with care and concern and having trust in the GP. For example in relation to the care and treatment provided by the GPs:

- 93.3% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG)average of 90.4% and national average of 88.6%
- 91.3% said the GP gave them enough time (CCG average 89.4%, national average 86.6%)
- 99% said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%)
- 90.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85.1%).

The practice scored comparable to and higher than other practices for the care and treatment provided by nurses. For example:

- 98.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%)
- 96.2% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 85.3%, national average of 84.8%)
- 98.8% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 92%, national average of 91.9%)
- 99.2% said the last nurse they saw or spoke to was good at listening to them (CCG average of 91.3%, national average of 91.0%)
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of97.7%, national average of 97.1%).

In relation to patient's overall experience of the practice 84.9% of patients describe this as good. This was comparable to an average CCG score of 82.2% and a national average of 84.8%.

We spoke with three patients who were visiting the practice on the day of our inspection. They gave us good feedback about the practice and told us they felt staff were caring. Patients gave us very positive feedback about the service they received from the GPs and the practice nurse.

Good

Are services caring?

Care planning and involvement in decisions about care and treatment

Patients told us through face to face discussions and in comment cards that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 96.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86%
- 97.3.1% said the last nurse they spoke to was good at explaining tests and treatments compared to a CCG average of 89.4% and a national average of 89.6%

Staff told us that translation services were available for patients who did not have English as their first language and an interpreter was used to support deaf patients. The practices' website provided information about the services provided in a wide range of languages.

Patient and carer support to cope emotionally with care and treatment

There was a large amount of notices and information leaflets available in the patient waiting area informing patients how to access a number of support groups and organisations. These included signposting patients to: counselling services, Alzheimer's support and diabetes support. Signposting information was also available on the practice website.

The practice maintained a register of known carers. The practices' computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Alerts were put on carers' patient records to ensure they were offered longer appointments.

A counsellor provided regular counselling sessions at the practice for patients requiring this support. Patients receiving end of life care were signposted to support services. Staff sent bereavement cards to carers offering support and signposted them to bereavement support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to improve the services the practice offered to meet the needs of the patient population. For example, they had signed up to a local pilot scheme to secure the services of an advanced paediatric nurse to provide outpatient care to children and prevent unplanned hospital admissions. This was in response to local data about the number of child attendances at Accident and Emergency. The practice also worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

The introduction of the new appointment system provided evidence that that practice was responsive to patients' needs. Home visits were provided by the GPs and the practice nurse. The GPs and nurse provided home visits over a relatively large geographical area and as a result the amount of time travelling to home visits across the locality may have been impacting on other areas of their work. The GPs said they intended to review the current arrangements.

The practice manager told us the practice had a practice participation group (PPG). They told us this was a small group and that the PPG was in the process of developing but they were able to site examples of how feedback from the PPG had been used to develop the service. There were no members of the PPG available at the time of the inspection to provide feedback to us.

Access to the service

The practice is open from 8.00am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at another surgery up until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays. Outside of practice hours patients could access the Bridgewater Trust for primary medical services.

Urgent and pre-bookable routine appointments were available. There were alerts on the computerised system if patients required support for their appointment. There were longer appointments available for people who required these. Home visits were available for older patients and other patients who required these. Same day appointments were available for children and those with serious medical conditions. Services were also provided on an opportunistic basis such as child immunisations.

Patients we spoke with on the day of our visit told us they used to have difficulty getting an appointment when they needed one but that this had improved greatly more recently. Results from the national GP patient survey showed that patient's satisfaction with aspects how they could access care and treatment was lower than local and national averages at the time of the survey.

- 52.86% patients said they could get through easily to the surgery by phone compared to a national average of 73.32%.
- 60.5% patients described their experience of making an appointment as good compared to a national average of 73.3%
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to a national average of 64.8%)
- 53.97% of patients 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 compared to a national average of 76.1%
- 72.7% said they found the receptionists at the practice helpful. This compared to a national average of 86.8%.

The practice scored comparable to average in relation to the opening hours of the practice:

- 73.4% of patients were satisfied with the practices' opening hours compared to the national average of 78.53%
- 76.3% said the practice was open at times that are convenient compared to the CCG average of 69.1.% and a national average of 73.8%.

The patient survey contained aggregated data collected between July - September 2014 and January - March 2015. The practice had produced an action plan in response to patient feedback and there had been changes to the

Good

Are services responsive to people's needs?

(for example, to feedback?)

appointment system since this time. The feedback we received at the time of the inspection visit indicated that patients were now happy with access to the practice and the new appointments system.

The practice was accessible for patients who required disabled access. However, there was room for improvement in relation to the equipment provided to support patients. For example, the surgery examination beds were fixed height and the reception window was high.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and apology when this was appropriate. Information about how to make a complaint was available to patients in the practice information leaflet. The practice carried out a periodic review of the nature of complaints to ensure any themes had been identified and actions taken to address them.

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 aimed to deliver high quality care and treatment and promote good outcomes for patients. Staff were confident that the practice delivered this. The feedback from patients indicated that they were happy with the standard of care and treatment provided and that they experienced good outcomes from the service.

Staff told us the practice had been through a difficult period over the past two years with a combination of a move of premises and changes to the staff and management team. They recognised that there was room for continued improvement in some areas of work. This included: action to encourage the local patient population to take up various screening and health promotion. For example the prevalence of cancer was higher than the national average and whilst this had been recognised by the GPs the practice had yet to implement strategies to improve health awareness, screening and prevention.

Governance arrangements

GPs had a clear understanding of the performance of the practice. There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.

Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allowed them to continue to practice and remain on the National Performers List held by NHS England). All other staff were supported through annual appraisal and continuing professional development.

Leadership, openness and transparency

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They worked to ensure high quality care and treatment. The GPs were visible in the practice and overall the staff told us that they were approachable and listened to them.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.

The practice encouraged a culture of openness and transparency. The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

A range of meetings were held at the practice on a regular basis. GPs communicated regularly throughout the week and met on a weekly basis to look at patient care. Clinical staff attended a range of multi-disciplinary meetings and local strategy and development meetings. The practice closed for one half day per month to enable staff to meet and take up learning opportunities.

Staff also attended multi-disciplinary meetings with other practices and relevant professionals as part of Clinical Commissioning led initiatives and cluster working.

Seeking and acting on feedback

The practice had listened to the views of patients and acted on their feedback. An action plan had been produced in response to the national patient survey feedback and action had been taken to improve the appointments system in response to patient feedback.

The practice had a patient participation group (PPG). This was small at the time of our inspection but we heard examples of how feedback from the PPG had been acted upon.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. This included the practice working in collaboration with the CCG and being involved in local schemes to improve outcomes for patients. The practice shared information with us about the challenges to their work and about the plans they had for the future development of the service. These included; plans to provide an enhanced service to provide patients

Are services well-led?

Good

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

with a learning disability with an annual health check, the promotion of health prevention linked to the prevalence of cancer and low uptake of screening in the practice population, the intention for the current salaried GP to register as a GP partner and for the practice to become a teaching practice.