

Oaklands

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 Oaklands on 4 August 2015. The overall rating for the practice was requires improvement as the practice required improvement for providing safe and well led services. The full comprehensive report on the August 2015 inspection can be found by selecting the 'all reports' link for Oaklands on our website at www.cqc.org.uk.

This inspection was undertaken on 11 July 2017 and was an announced comprehensive inspection to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 4 August 2015. This report includes our findings in relation to those requirements.

Overall the practice is rated as good.

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

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

Summary of findings

The practice had made some improvements to meet legal requirements but there were still areas where the provider should make improvements including:

- Introduce a system to allow the findings and actions arising from investigations into significant events to be consistently shared with staff. Record the action taken and date of review of all significant events in the significant event log to allow a comprehensive overview of issues arising and actions implemented.
- Introduce a formal process to monitor cleaning standards.
- Ensure in-house checks of the fire alarm and emergency lighting take place at the recommended frequencies.
- An up to date risk assessment to identify and manage risks presented by Legionella should be put in place.
- The procedure to follow when a patient presents as needing urgent medical attention should be reiterated to all staff.
- Ensure staff recruitment records contain evidence of information having been gathered about any health conditions which are relevant (after reasonable adjustments) to the role the person was being employed to undertake.
- Review the system to identify the training needs of staff.
- Review system used to identify carers registered with the practice.

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?

At our previous inspection on 4 August 2015, we rated the practice as requires improvement for providing safe services. Improvements were needed to ensure the premises were safe as there were some areas of the premises that fell below acceptable standards of cleanliness. Improvements were needed to the management of significant events to ensure the policy was updated to reflect the procedures in place and to expand the range of reportable incidents. At this inspection we found that improvements had been made and the practice is now rated as good for providing safe services.

We found that the system in place for reporting, recording and investigating significant events had been reviewed and the written procedures to support the process had been updated. The records of significant events showed that the range of reportable incidents had been expanded. Meetings between all staff teams were regularly occurring. However, we found that further work was needed to the system for sharing findings from significant events to provide a consistent approach and to records that provided an overview of these events so that it could be clearly identified what action had been taken and when. The systems in place for ensuring appropriate standards of cleanliness and hygiene had been improved. The premises were clean, policies and procedures had been updated and clinical waste was being suitably managed. We found that the monitoring of cleaning standards was not being recorded.

There were appropriate systems in place to ensure that equipment was safe to use. There were systems to protect patients from the risks associated with insufficient staffing levels and medicines management. Staff were aware of procedures for safeguarding patients from the risk of abuse.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff felt supported and they told us they had access to training and development opportunities appropriate to their roles.

Good



Summary of findings

Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. A range of access to the service was provided and this was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with guidance about how to handle a complaint.

Good



Are services well-led?

At our previous inspection on 4 August 2015, we rated the practice as requires improvement for providing well-led services as the provider had not ensured their audit and governance systems were effective. The significant event policy did not reflect the process in place and the range of significant events identified needed to be expanded. Regular appraisals of staff were not carried out, staff were unclear about the roles of others within the practice and there was limited evidence of audit or of other methods of quality improvement. Risk management systems in relation to cleanliness and infection control needed to be improved. At this inspection we found that improvements had been made and the practice is now rated as good for providing well-led services.

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings. The practice reviewed patient and staff feedback and acted on this.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. GPs visited local care homes weekly. Visits were carried out by the same clinicians to provide continuity and these clinicians were available for senior care home staff for advice and guidance outside of these visits. A dedicated telephone line was in place to prioritise calls from nursing and residential homes and the community team. Care plans were in place for care home residents to support their health and well-being. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to ensure regular reviews of patients with long term conditions. Quality and Outcome Framework (QOF) data showed the practice was performing in-line with other practices locally and nationally in monitoring patients with long term conditions. The practice encouraged patients to monitor their long term conditions where possible. For example, through the use of blood pressure monitoring machines at home or by using a monitor at the practice. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Immunisation rates were in line with local and national averages for all standard childhood immunisations. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor. Priority was given to children and young people who needed to see a GP. Child health

Good



Summary of findings

promotion information was available on the practice website and in leaflets displayed in the waiting area. Flexible appointment times were provided around school times. Family planning and sexual health services were provided.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday. Extended hours were provided Monday evening until 8pm, Tuesday morning 7am to 8am and alternate Saturday mornings 8.30am to 11.15am. Patients could book appointments in person, via the telephone and on-line. The appointment system provided pre-bookable and on the day appointments. Routine appointments could be booked up to two weeks in advance for GPs and four weeks in advance for nurses. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations and home visits were also offered. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, NHS health checks, contraceptive services, smoking cessation advice and family planning services.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. A register was kept of patients with a learning disability and there was a system to ensure these patients were offered an annual health check. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them. Appointments for travellers were prioritised and opportunistic screening and provision of immunisations and vaccinations were offered to promote the health care needs of this vulnerable patient group. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to Alternative Solutions for support with social issues that were having a detrimental impact upon their lives.

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). GPs worked with specialist services to review care and to ensure patients

Good



Summary of findings

received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK, and the Alzheimer's Society and were offered resources such as talking therapies and on-line self-help resources. The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 (data collected from July-September 2015 and January-March 2016 from 108 forms, returned which represented approximately 1% of the total practice population). The results showed that patient's responses about whether they were treated with respect and compassion by clinical and reception staff were in-line with local and national averages. For example results showed:

- 92% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%.
- 91% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

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

- 95% of patients said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 70% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 60% and national average of 66%.
- 84% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 59% and national average of 73%.
- 84% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 74% and national average of 76%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were positive about the standard of care received. We spoke with four patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that they were satisfied with access to the practice.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last three months showed there had been 428 responses completed. Four hundred and seven (95%) of the respondents were either extremely likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Introduce a system to allow the findings and actions arising from investigations into significant events to

be consistently shared with staff. Record the action taken and date of review of all significant events in the significant event log to allow a comprehensive overview of issues arising and actions implemented.

Summary of findings

- Introduce a formal process to monitor cleaning standards.
- Ensure in-house checks of the fire alarm and emergency lighting take place at the recommended frequencies.
- An up to date risk assessment to identify and manage risks presented by Legionella should be put in place.
- The procedure to follow when a patient presents as needing urgent medical attention should be reiterated to all staff.
- Ensure staff recruitment records contain evidence of information having been gathered about any health conditions which are relevant (after reasonable adjustments) to the role the person was being employed to undertake.
- Review the system to identify the training needs of staff.
- Review system used to identify carers registered with the practice.

Oaklands

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oaklands

Oaklands is responsible for providing primary care services to approximately 10,498 patients. The practice is situated in Middlewich, Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a similar patient population age range and similar numbers of patients with a long standing health condition when compared to other practices locally and nationally.

The practice is managed by five GP partners. In addition there are two salaried GPs. The nursing team consists of three practice nurses and two health care assistants. There are both male and female clinical staff. The practice is managed by a practice manager and a deputy practice manager. The service is supported by a team of reception and administrative staff. The practice is a training practice for GP registrars.

Oaklands is open from 8am to 6.30pm Monday to Friday. Extended hours are provided Monday evening until 8pm and alternate Saturday mornings 8.30am to 11.15am. Patient facilities are located on the ground and first floor. There are car parks at and close to the practice. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, by calling 111.

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

We previously undertook a comprehensive inspection of Oaklands on 4 August 2015. The practice was rated as requires improvement.

Why we carried out this inspection

We undertook a comprehensive inspection of Oaklands on 4 August 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report on the August 2015 inspection can be found by selecting the 'all reports' link for Oaklands on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Oaklands on 11 July 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

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

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

announced inspection on 11 July 2017. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

Are services safe?

Our findings

At our previous inspection on 4 August 2015 we rated the practice as requires improvement for providing safe services. Improvements were needed to ensure the premises were safe as there were some areas of the premises that fell below acceptable standards of cleanliness. Improvements were needed to the management of significant events to ensure the policy was updated to reflect the procedures in place and to expand the range of reportable incidents. At this inspection we found that improvements had been made and the practice is now rated as good for providing safe services.

Safe track record and learning

The system in place for reporting, recording and investigating significant events had been reviewed and the written procedures to support the process had been updated. The records of significant events showed that the range of reportable incidents had been expanded. All staff spoken with knew how to identify and report a significant event.

The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. We looked at a sample of significant events from the practice and found that action had been taken to improve safety in the practice where necessary. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We found that although staff told us significant events were discussed at meetings this was not consistently reflected in the minutes. A log of significant events was maintained which enabled patterns and trends to be identified. We found that the action taken and date of review was not consistently recorded in the log over the last 12 months. The GP responsible for significant events had identified this and as a consequence was revising the system to address the shortfalls. This included a retrospective review of all significant events to ensure the action taken had been effective.

There was a system in place for the management of patient safety alerts and we were given examples of the action taken.

Overview of safety systems and processes

- Policies and procedures for safeguarding children and vulnerable adults were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and they told us they had received training on safeguarding children and vulnerable adults relevant to their role. The practice met with the health visiting service and midwifery service to discuss any concerns about children and their families and how they could be best supported.
- A notice was displayed advising patients that a chaperone was available if required. Nurses and health care assistants acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. At this inspection we found the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and cleaning standards were audited by the cleaning company employed by the practice. The practice manager also checked on these standards however there was not a formal process to record this. Staff told us they cleaned clinical areas and equipment however a clear protocol for the cleaning of equipment was not in place. This was provided to us following the inspection and we were informed it would be disseminated to staff without delay. Supplies of personal protective equipment, such as gloves and aprons were available and there was a system for the safe management of clinical waste. Spillage kits for the safe management of bodily fluids were accessible for staff. One of the practice nurses was the infection prevention and control (IPC) clinical lead. They had received training in infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and we were told staff had received training. Refresher training was planned for all staff to attend in October 2017. Infection

Are services safe?

control was covered as part of new staff induction but this had not been recorded. The induction protocol was amended following the inspection. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. There were processes for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found several uncollected prescriptions from March 2017. Staff spoken with told us they checked to see if there were uncollected prescriptions and notified a GP. However, there was no system to ensure this was carried out regularly or a written protocol to provide guidance. Following the inspection we were informed that a reminder system had been introduced to ensure that a monthly check was undertaken and we were provided with a protocol outlining the action to be taken by staff.
- We reviewed the personnel files of two staff employed within the last 12 months and one locum GP. Overall the required recruitment information was available. Both records had no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. We looked at an additional three records that showed a DBS check had been undertaken for clinical staff. to carry out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. Following the inspection we were provided with a template for recording this information which demonstrated a recent check had been undertaken. A check of GMC registration was carried out prior to employing a locum GP, however this check was not carried out periodically to ensure continued suitability.

- We noted that a risk had been identified for a member of staff regarding their day to day duties and responsibilities. This had not been formally documented but this was addressed following the inspection.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. Health and safety checks of the premises were undertaken. Fire safety equipment checks were undertaken by an external contractor, however in-house checks of the fire alarm and emergency lighting were not consistently taking place at the recommended frequencies.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We noted that a list of all equipment to be checked was not in place to prevent any equipment checks not occurring. The electrical wiring certificate for the building showed the installation was unsatisfactory. The report indicated that the general condition of the electrical wiring was good but some work was needed. Following the inspection we were provided with evidence from the electrical contractor to confirm that the outstanding works had been completed.
- A basic risk assessment to identify and manage risks presented by Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) was recorded and records showed external tests of the water systems had been carried out in October 2015. However, records did not show that there was a clear action plan for managing any possible risks presented. Following the inspection we were informed that a further risk assessment would be carried out by an external contractor on 22 August 2017 to provide a basis for the management of any risks going forward.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Are services safe?

There was an instant messaging system on the computers which alerted staff to any emergency. All staff had basic life support training, some staff were overdue for their refresher training however this had been arranged for later this month. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were in date and regularly checked. We found that the storage of emergency medication and equipment may not make it fully accessible for staff and was not securely held. Following the inspection we were informed emergency medication had been moved to a more accessible area and that key pads were being fitted to emergency medication cupboards and treatment room doors.

We spoke to three staff about the action they would take if a patient presented with symptoms indicating emergency medical treatment may be needed. Two were clear about the protocol to follow and the third member of staff was unsure. Following the inspection the practice manager advised that all reception staff had been reminded of the protocol and that it would be formally gone through at the next scheduled team meeting. The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 August March 2015, we rated the practice as good for providing effective services. At this follow up inspection on 11 July 2017 the practice continues to be rated as good for providing effective services.

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications and interventions. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via the two week appointment system which was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible. We noted that this referral system could be made more robust by monitoring whether patients had been provided with an appointment. A protocol to address this was provided to CQC following the inspection. This indicated that the process would be audited to ensure its effectiveness.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2015-2016) showed the practice had achieved 97% of the total number of points available which was comparable to local (96%) and national (95%) averages. The practice had a 7.3% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

compared to the Clinical Commissioning Group (CCG) (6%) and national (5.7%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 78% compared to the CCG average of 81% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to the CCG average of 90% and the national average of 89%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 86% compared to the CCG average of 84% and the national average of 84%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92% compared to the CCG average of 91% and the national average of 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 77% compared to the CCG average of 83% and the national average of 83%.
- The percentage of patients with asthma, on the register, who had undergone an asthma review in the preceding 12 months was 83% compared to the CCG average of 75% and the national average of 76%.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of referrals for endoscopy, minor surgery, vaccinations post splenectomy and the management of urinary tract infections. The audits showed changes had been made to practice where this was appropriate and clinicians told us that the findings of audits and any actions were disseminated to promote shared learning.

Effective staffing

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure clinical and non-clinical staff had an annual appraisal. GPs had appraisals, mentoring and facilitation and support for their revalidation.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. A record was made of the training provided to nursing and administrative staff. However, the system used made it difficult to easily identify staff training needs without going through individual records. GPs held their own training records which meant the practice manager was not able to oversee the completion of training that needed to be regularly refreshed. Some staff needed refresher training in fire safety, information governance, infection control and basic life support. A training plan was in place to address this. Staff had access to and made use of e-learning training modules and in-house training. The practice manager told us that they ensured locum GPs had completed training in safe practices such as safeguarding adult and child training and basic life support. However, a copy of training certificates had not been retained.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the

practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

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

Consent to care and treatment

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

Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a GP appointment if they had a long term condition or were prescribed multiple medications. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

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

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

25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 86% compared to the CCG average of 81% and the national average of 81%.

Childhood immunisation rates for under two year olds ranged between 90% and 94% with the national expected

rate being 90%. Immunisation rates for the 5 year age group were comparable to the CCG and national averages. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

Are services caring?

Our findings

At our previous inspection on 4 August March 2015, we rated the practice as good for providing caring services. At this follow up inspection on 11 July 2017 the practice continues to be rated as good for providing caring services.

Respect, dignity, compassion and empathy

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

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were positive about the standard of care received. We spoke with four patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the national GP patient survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that overall patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages, results showed for example:

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

- 91% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed national GP survey results to ensure patients were satisfied with the service provided and to look at how any issues raised could be addressed.

Care planning and involvement in decisions about care and treatment

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

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a register of carers and had identified 101 (just under 1%) of patients as carers. The practice offered carers a health check to ensure they were receiving the care and treatment they needed. The practice had a carers' link who was working to identify further carers and who ensured carers were referred to organisations to support them such as Cheshire Carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. A bereavement protocol was in place to guide staff on the actions to be taken to support patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 4 August March 2015, we rated the practice as good for providing responsive services. At this follow up inspection on 11 July 2017 the practice continues to be rated as good for providing responsive services.

Responding to and meeting people's needs

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

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

- Extended hours appointments were available to provide flexibility for patients.
- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Appointments for travellers were prioritised and opportunistic screening and provision of immunisations and vaccinations were offered to promote the health care needs of this vulnerable patient group.
- GPs visited local care homes weekly. Visits were carried out by the same clinicians to provide continuity and these clinicians were available for senior care home staff for advice and guidance outside of these visits.
- The practice had employed a pharmacist (together with NHS England) who supported the service, for example by reviewing patients prescribed multiple medications and liaising with care homes to ensure patients had the medication they needed.
- The practice had employed a physiotherapist who was available via self-referral.

- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- The practice referred patients to Alternative Solutions for support with social issues that were having a detrimental impact upon their lives. GPs actively referred to this service which had reduced the need for repeated GP appointments.
- An in-house phlebotomy service was provided which meant patients could receive these services locally rather than having to travel to another service.
- Travel vaccinations and travel advice were provided by the nursing team.
- There were accessible facilities, which included a hearing loop, baby change and translation services.

Access to the service

Oaklands was open from 8am to 6.30pm Monday to Friday. Extended hours were provided Monday evening until 8pm and alternate Saturday mornings 8.30am to 11.15am. Patients could book appointments in person, via the telephone and on-line. The appointment system provided pre-bookable and on the day appointments. Routine appointments could be booked up to two weeks in advance for GPs and four weeks in advance for nurses. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations and home visits were also offered.

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

- 95% of patients said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 78% of patients were satisfied with the surgery's opening hours compared to the CCG average of 74% and national average of 76%.
- 70% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 60% and national average of 66%.

Are services responsive to people's needs?

(for example, to feedback?)

- 84% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 59% and national average of 73%.
- 84% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 74% and national average of 76%.
- 86% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 81% and national average of 80%.
- 89% of respondents found the receptionists at the surgery helpful compared to the CCG average of 85% and national average of 87%.

Access was monitored to ensure it was meeting patient needs. Action had been taken to improve access following patient feedback. For example, following two complaints about the appointment system further appointments had been made available to book on-line, this had been publicised, reception staff were also reminded to display waiting times and any delays on the TV screen in the surgery.

We received 13 comment cards and spoke with four patients. Overall they reported satisfaction with access to the practice. Patients commented on the helpfulness of reception staff and being able to get urgent and routine

appointments without difficulty and in a timely manner. One patient said it could be difficult to get an appointment and one said it could be difficult to get a timely appointment with the same GP.

Listening and learning from concerns and complaints

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

The practice kept a record of written complaints. We reviewed a sample of four complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 4 August 2015, we rated the practice as requires improvement for providing well-led services as the provider had not ensured their audit and governance systems were effective. The significant event policy did not reflect the process in place and the range of significant events identified needed to be expanded. Regular appraisals of staff were not carried out, staff were unclear about the roles of others within the practice and there was limited evidence of audit or of other methods of quality improvement. Risk management systems in relation to cleanliness and infection control needed to be improved. At this inspection we found that improvements had been made and the practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives which included providing the highest quality medical care, involving patients in decision making and treating patients as individuals with dignity and respect. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements

There were clear systems to enable staff to report any issues and concerns. The system in place for reporting, recording and investigating significant events had been reviewed following the last inspection and the written procedures to support the process had been updated. The records of significant events showed that the range of reportable incidents had also been expanded. We found that some further improvements should be made to the recording of significant events so that any action to be taken could be consistently shared and to maintain a comprehensive overview of actions implemented.

At this inspection we found the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We found that some further improvements should be made to the records relating to cleaning as there was not a formal process to record checks of cleaning standards. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. Staff had received an appraisal within the last 12 months and a further appraisal had been planned.

Leadership and culture

Staff told us the GP partners were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Meetings took place to share information; look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development.

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

- The practice gathered feedback from patients through the complaint system and GP national patient surveys and acted on this. For example, feedback had indicated that patients' perception of reception staff needed to be

Are services well-led?

Good 

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

improved. This issue was investigated and indicated that more reception staff were needed to reduce the workload of staff and improve morale. As a result the practice employed two further reception staff and customer satisfaction training had also been provided.

- The practice did not have an active patient participation Group (PPG). This would assist in gathering patient opinion when looking at ways to make improvements. The practice was advertising for patients to become members of a PPG through the website and at the practice. A member of staff had been appointed who had previous experience of establishing a PPG. Staff had also been approaching patients to ask if they were interested in becoming members.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last three months showed there had been 428 responses completed. Four hundred and seven (95%) of the respondents were either extremely likely or likely to recommend the practice.

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

Continuous improvement

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, learning disability health checks and influenza immunisations. The practice was working to ensure it met the needs of its patient population. For example, the practice carried out weekly visits to care homes for older patients. The practice was aware of patient feedback about the services provided, for example, regarding access and it had introduced changes to improve this. The practice was aware of other challenges such as workforce, finance and workload challenges and it had introduced solutions to address them. This included part funding an in-house pharmacist and physiotherapist.