

Culcheth Health Plus

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 Culcheth Health Plus on 9 May 2017. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Feedback from patients about the care and treatment they received from clinicians was positive.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The appointments system was flexible to accommodate the needs of patients. Urgent appointments were available the same day and routine appointments could be booked in advance. Patients said they found it easy to make an appointment.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.

Summary of findings

- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice had a clear vision to provide a safe and high quality service.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).
- Review the information provided to patients about the complaints process.
- Ensure emergency medicines include all required equipment.
- Introduce a periodic check on uncollected prescriptions.
- Review the training provided to the staff team at the CCA Care Partnership Chapelford surgery.
- Increase the number of identified carers to ensure these patients are provided with information about the support available to them.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas where the provider should make improvement are:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Significant events were investigated and the learning from these was shared across the practice.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- Staff had been trained in safeguarding and those we spoke with were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Risks to patients were assessed and well managed.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Appropriate pre-employment checks had been carried out to ensure staff suitability.
- Systems for managing medicines safely were in place.
- A system was in place to ensure all patients on a repeat prescription had at least an annual review of their medicines and to ensure people who required regular monitoring for their medicines received this.
- The practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients.
- Data showed that outcomes for patients at this practice were comparable to those locally and nationally.

Summary of findings

- The practice had a good call and recall system in place ensuring patients received appropriate monitoring, treatment and follow up care and treatment.
- Referrals to secondary care were carefully monitored to ensure they had been received and attended by patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinical meetings were held to review patient care and share best practice guidance.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisals was in place and all staff had undergone an up to date appraisal of their work.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- Data from the national patient survey showed that patients rated the practice comparable to other practices locally and nationally for aspects of care. For example, having tests and treatments explained and for being treated 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 services provided. For example to offer them health checks and immunisations.
- Information was available to inform carers about local support services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.

Summary of findings

- The appointment system was flexible and responsive to patients' needs. Patients we spoke with said they did not find it difficult to get an appointment. Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The governance arrangements included oversight by a board of directors.
- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and staff felt well supported in their roles.
- There were good systems in place to govern the practice and support the provision of good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice used feedback from staff and patients to make improvements. The patient participation group (PPG) was active and they gave us examples of how the practice had made changes in response to their feedback.
- There was a focus on learning, development and improvement linked to outcomes for patients.

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.

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to outcomes for patients locally and nationally.
- GPs worked with other practices in the locality in carrying out regular visits to local care homes to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Practice staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.

People with long term conditions

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

Good



- 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.
- Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health.
- Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.

Summary of findings

- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- A GP was the designated lead for child protection.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child health surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. Non-attendance of babies and children at vaccination clinics was monitored and staff told us they would report any concerns they identified to relevant professionals.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm in the evenings Monday to Friday, and from 8.00am to 8.00pm Saturdays and Sundays, through a pre-booked appointment system.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided appropriate access and facilities for people who were disabled.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- All carers for people who have a learning disability had been contacted to ask if they would like to be referred for a carers assessment with the local authority.
- A system was in place to alert staff if a vulnerable patient had failed to attend an appointment and these patients were then contacted by the practice.
- Patients with drug or alcohol dependency were referred to local support services.

Good



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).

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- A systems was in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Patients with a new diagnosis of depression were automatically recalled for review at two and four weeks and alert was flagged if they do not attend.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received scores that were comparable to average scores in most areas including patients' experiences of the care and treatment provided, their interactions with clinicians and their experiences of making an appointment. There were 296 survey forms distributed and 95 were returned which equates to a 32% response rate. The response represents approximately 0.7% of the practice population.

The practice received scores that were comparable to the Clinical Commissioning Group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time, being treated with care and concern and having confidence and trust in the GPs.

For example:

- 88% of respondents said the last GP they saw was good at treating them with care and concern compared with a CCG average of 87% and national average of 85%.
- 94% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 79% said the last GP they saw gave them enough time (CCG average 88%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

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

- 80% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a national average of 73%.
- 76% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 71% were fairly or very satisfied with the surgery's opening hours (CCG average 70%, national average 76%).
- 86% found the receptionists at the surgery helpful (CCG average 84%, national average 87%).

A lower than average percentage of patients, 76%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 82% and a national average of 85%.

We spoke with six patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards relating to the services provided at the main surgery in Culcheth. The vast majority of feedback in these was very positive and staff in all roles received praise for their professional care.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the information provided to patients about the complaints process.
- Ensure emergency medicines include all required equipment.
- Introduce a periodic check on uncollected prescriptions.
- Review the training provided to the staff team at the CCA Care Partnership Chapelford surgery.

Summary of findings

- Increase the number of identified carers to ensure these patients are provided with information about the support available to them.

Culcheth Health Plus

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 second inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Culcheth Health Plus

Culcheth Health Plus is located in Culcheth, Warrington, Cheshire. The practice was providing a service to approximately 13,500 patients at the time of our inspection. The main practice is located at Jackson Avenue, Culcheth, Warrington, WA3 4DZ. The practice has two branch surgeries; at CCA Care Partnership Chapelford, Burtonwood Road, Great Sankey, WA5 3AN and CCA Care Partnership Appleton, 45 Dudlow Green Road, Appleton, WA4 5EQ. We visited the main site and both branch surgeries as part of the inspection.

The practice is part of Warrington Commissioning Group (CCG) and is situated in an area with lower than average levels of deprivation when compared to other practices nationally. The practice has a higher than average elderly population and the percentage of patients who have a long standing health condition is lower than the national average.

The practice is run by Warrington Primary Care Home C.I.C. which is governed by Warrington Health Plus, a community interest company. All 26 GP practices across Warrington are members. Warrington Health Plus are acting in a 'care taking' capacity until such times as an alternative provider

is found. Across the three sites there are; five salaried GPs, four practice nurses, three health care assistant, three location managers and a team of reception/administration staff.

The surgeries are open from 8am to 6.30pm Monday to Friday. Patients could access a GP at a Health and Wellbeing Centre in Warrington town centre from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services by contacting NHS 111.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has an Alternative Provider Medical Services (APMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation programmes and checks for patients who have a learning disability.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 May 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant, location managers, reception staff and administrative staff.
- Spoke with patients who used the service and with a member of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting, recording and responding to significant events. Staff told us they felt confident to report incidents and there was a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We looked at a sample of events and we were assured that a thorough analysis of these had been carried out and the findings and lessons learnt had been shared at regular practice meetings. The medical director had an oversight of the process of managing significant events and they were also overseen by the governing board and discussed at monthly board meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of when they had raised safeguarding concerns.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring

Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they were responsible for liaising with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The practice had achieved a high score for the most recent audit.
- An assessment of the risk and management of Legionella had been undertaken and measures were in place to mitigate risks associated with Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. A health care assistant had been trained to administer vaccines and medicines against a patient specific direction from a prescriber. There was a system to ensure the safe issue of repeat prescriptions. There was a system to ensure that patients who were prescribed potentially harmful drugs were monitored regularly. A pharmacist worked at the practice. Their role included providing direct support to patients through medication reviews and changes to medicines following hospital discharge. The practice worked alongside the Clinical Commissioning Group (CCG) to improve prescribing in response to medicines audits and targets set by the CCG. Clinical audits had been carried out linked to medicines prescribing and a review of medicines prescribing for particular drugs had been carried out to ensure prescribing was appropriate and in line with best practice. The practice was working to reduce antibiotic prescribing and this had improved. A system was in place to account for prescriptions pads and they were stored securely. There was no routine check on uncollected prescriptions at one surgery.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings

Are services safe?

showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the DBS.

- Records showed that medical staff were appropriately revalidated and registered with their respective governing bodies to ensure their continued suitability. For example with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a range of health and safety related policies and procedures that were available to staff.
- The provider had commissioned an external company to carry out a health and safety assessment and action plan was in place to ensure their recommendations were met. The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were checked to ensure they were working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all of the different staffing groups to ensure that enough staff were on duty. The provider was actively trying to recruit GPs to fill vacant posts and was using long term locums in the interim.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. For example;

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency. Emergency call buttons were also located in clinical areas.
- All staff had received annual basic life support training.
- The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. Adult pads were available but there were no children's pads. These were placed on order on the day of the inspection. There was a supply of oxygen available with adult and children's masks. We noted the oxygen was less than fifty percent full.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

Management, monitoring and improving outcomes for people

The provider 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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed performance in outcomes for patients was comparable to that of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more treated with anti-coagulation was 94% compared to the national average of 86%.
- The percentage of patients on the diabetes register, whose last measured total cholesterol was 5mmol/l or less was 80% (national average 80%).
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less was 82% (national average 78%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 94% (national average of 89%).

- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less was 86% (national average 82%).
- The performance for mental health related indicators was comparable to local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 78% (national average 83%).
- 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 90% (national average of 88%).

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed two full cycle audits and one first cycle audit. The two cycle audits related to the prescribing of diazepam and the review of patients taking medication for diabetes to ensure renal function tests had been carried out. The first cycle audit related to joint injections and procedures for consultation, consent and after care. The completed audits demonstrated that the practice was following best practice guidance in assessing and treating patients.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. The system of coding was used effectively to ensure patients received the care and treatment they needed.

Effective staffing

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 told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. There was a training plan in place to ensure staff kept up to date with their training and they had

Are services effective?

(for example, treatment is effective)

access to and made use of e-learning training modules and in-house training. We noted that the staff training record for one of the branch surgeries (CCA Care Partnerships - Chapelford) required updating.

- Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. GPs attended meetings with the CCG and two GPs held a lead role in the CCG. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month which enabled staff to attend meetings and undertake training and professional development opportunities.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other 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 people moved between services, including when they were referred, or after they were discharged from hospital.

Effective systems were in place to ensure referrals to secondary care and results were followed up and to ensure patients discharged from hospital received the care and treatment they required.

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.

Consent to care and treatment

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

- Clinical staff had been provided with training on consent and mental capacity and they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- Written consent was obtained and recorded for minor surgical procedures.

Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews. The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.
- QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were

Are services effective?

(for example, treatment is effective)

comparable to other practices nationally. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was the same as the national average at 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening uptake rates were comparable to national and CCG averages with persons (aged 60-69) screened for bowel cancer in the last 30 months at 59% (national average 57%, CCG average 61%).
- Childhood immunisation rates for the vaccinations given were higher than the national expected rate of

90% and comparable to local and national averages. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the website. Patients were referred to or signposted to health promotion services such as smoking cessation and dietician.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. The vast majority of the comment cards we received were very positive and complimentary about the caring nature of the service provided by the practice. The feedback in comment cards described staff as; kind, helpful, professional, caring, respectful, friendly and capable. A number of patients described the service as 'excellent'.

Staff demonstrated a patient centred approach to their work during our discussions with them. Some staff provided examples of how they felt the team went above and beyond their duties to meet the needs of patients.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice received scores that were comparable to the Clinical Commissioning Group (CCG) and national scores, for matters such as patients being treated with care and concern and having trust in clinical staff. For example:

- 88% of respondents said the last GP they saw was good at treating them with care and concern compared with a CCG average of 87% and national average of 85%.
- 94% said that the last nurse, they saw good or at treating them with care and concern (CCG average 92%, national average 91%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

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

- 86% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84% and a national average of 87%.
- 76% described their overall experience of the practice as 'fairly good' or 'very good' compared to a CCG average of 82% and a national average of 85%.

The provider shared with us the results of a patient questionnaire carried out over a four week period in March 2017. The questionnaire included asking patients to rate the amount of time the GPs spent with them and how thoroughly the GPs explored their symptoms. The results were positive and used to form an action plan for continued improvement.

We spoke with six patients who were attending the practice at the time of our inspection and they gave us very positive feedback about the caring nature of staff in all roles. We also spoke with a member of the Patient Participation Group (PPG) and they told us staff provided a caring and supportive service.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had generally scored higher than local and national averages for patient satisfaction in these areas. For example:

- 86% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90% and a national average of 89%.
- 94% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).

Are services caring?

- 88% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 86% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 92%, national average of 90%).
- 77% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 82%, national average of 82%).
- 89% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 87%, national average of 85%).

Patient and carer support to cope emotionally with care and treatment

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

The practice maintained a register of carers and at the time of the inspection there were 117 carers on the register which is less than one percent of the patient population. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks. Written information was available to direct carers to the various avenues of support available to them.

Patients receiving end of life care were signposted to support services. The practice had a policy and procedure for staff to adopt following the death of a patient. This included procedures for notifying other agencies and for making contact with family members or carers to offer them support and signpost them to bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider is a community interest company made up of 26 GP practices across Warrington working to improve primary care services across the borough. The provider was therefore well aware of the primary care landscape and initiatives to improve outcomes for patients.

The provider reviewed the needs of the patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked as part of the Accident and Emergency deflection campaign whereby patients triaged at A&E could be directed back to the surgery for timely assessment by a GP.

The practice provided a flexible service to accommodate patients' needs. For example;

- 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.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- An in-house phlebotomy service was provided which meant patients could receive this service locally rather than having to travel to another service.
- Travel vaccinations and travel advice were provided by the nursing team.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Patients could access a GP at a Health and Wellbeing Centre in Warrington town centre from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get appointments

when they needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or better than national averages. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 80% compared to a national average of 73%.
- 71% were fairly or very satisfied with the surgery's opening hours (CCG average 70%, national average 76%).
- 76% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 86% found the receptionists at the surgery helpful (CCG average 84%, national average 87%).

A weekly review of staff capacity and patient demand for appointments was carried out. This showed that the practice provided a high number of GP appointments per week and that this met patient demand and locally agreed targets.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

Listening and learning from concerns and complaints.

A complaints policy and procedure was in place. Information was available to help patients understand the complaints procedure and how they could expect their

Are services responsive to people's needs?

(for example, to feedback?)

complaint to be dealt with. However, this required review to ensure it provided accurate information about the process. Information about how to complain should also be displayed clearly in each of the surgeries.

We looked at a sample of complaints received in the last 12 months and found that these had been investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate. Patients had been provided

with contact details for referring complaints on to the Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint.

Complaints were discussed on a regular basis at practice meetings and provider board meetings. Lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experiences of the service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included;

the provision of high quality general practice services and the company's activities providing benefit to the wider community and in particular to benefit the health of the population of Warrington through the provision of integrated health services that promote prevention, wellness, accessible services closer to home and person centred health services, and to promote effective inter-practice working in population based delivery clusters. Staff we spoke with demonstrated that they supported the aims and objectives of the practice in how they supported the patient population.

The provider had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

The practice is run by Warrington Primary Care Home and is governed by Warrington Health Plus which is a community interest company. All GP practices across Warrington are members of Warrington Health Plus. The provider is acting in a 'care taking' capacity until such times as an alternative provider is found.

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- A board of directors governed the services provided.
- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The system for the reporting and management of significant events was robust and learning gained from the investigation of events was used to drive improvements.
- The GPs used evidence based guidance in their clinical work with patients.
- The provider 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.

- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The clinical system was used effectively to ensure patients received the care and treatment they required.
- 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 allows them to continue to practise and remain on the National Performers List held by NHS England).
- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.
- 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.

Leadership and culture

On the day of the inspection the provider demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The provider encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all

Are services well-led?

Good 

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

roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with training linked to their roles and responsibilities.

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

The practice actively encouraged and valued feedback from patients and acted upon this. The practice had an established and engaged patient participation group (PPG). A member of the PPG told us they attended regular meetings (bi monthly) with the practice and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback.

The practice also 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 showed that the majority of patients who had completed the survey were either extremely likely or likely to recommend the practice.

The practice used information from complaints received to make improvements to the service. They periodically reviewed complaints to identify any themes or trends and to ensure they had been acted on appropriately. All complaints were reported to the board of directors so they had oversight of complaints and how they had been managed.

Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

Continuous improvement

There was a clear focus on learning and improvement at all levels within the practice. The provider had introduced many new systems and new ways of working since taking over the practice in a care taking role. Their intention was continue on this projectory of improvement in preparation for handing the service over to a new provider.