# Park Lane House Medical Centre

## Quality Report

Waters Green Medical Centre
Sunderland Street
Macclesfield
Cheshire
SK11 6JL
Tel: 01625 422893
Website: http://www.parklanehousesurgery.co.uk

Date of inspection visit: 9 December 2014
Date of publication: 31/03/2015

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

## Contents


### Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 3

The six population groups and what we found 5

What people who use the service say 7

Areas for improvement 7

### Detailed findings from this inspection

Our inspection team 8

Background to Park Lane House Medical Centre 8

Why we carried out this inspection 8

How we carried out this inspection 8

Detailed findings 10


## Overall summary

**Letter from the Chief Inspector of General Practice**

This is the report of findings from our inspection of Park Lane House Medical Centre. The practice is registered with the CQC to provide primary care services. We undertook a planned, comprehensive inspection on 9 December 2014 and we spoke with patients, relatives, staff and the practice management team.

The practice was rated as **Good.**

Our key findings were as follows:

- The practice had good systems in place to ensure patients and staff were kept safe. However we found that fitness checks for staff were not undertaken for practice roles that required this.
- Patient's needs were assessed and care was planned and delivered in line with current legislation and best practice guidelines.
- Patients were treated with compassion, dignity and respect and that they were involved in care and treatment decisions.
- Systems were in place to ensure the needs of the local population were identified and met.
- The practice had a clear leadership structure and staff felt supported by management. There were systems in place to monitor and improve quality and identify risk, this included proactive engagement with the practice Patient Participation Group (PPG).

There were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure doctors have available emergency drugs or have in place a risk assessment to support their decision not to have these available for use in a patient's home.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice was rated as good for safety. Information from NHS England and the Clinical Commissioning Group (CCG) indicated the practice had a good track record for maintaining patient safety. Effective systems were in place to oversee the safety of the building and patients. Staff took action to learn from any incidents and to safeguard patients and when appropriate made safeguarding and child protection referrals. We found that not all staff with chaperoning responsibilities had a completed Disclosure and Barring Service (DBS) check, however risk assessments were in place to support this decision. Medicines were stored safely.

**Are services effective?**

Good

The practice was rated as good for effective. Data showed patient outcomes were at or above average for the locality. NICE guidance was referenced and used routinely. People's needs were assessed, this included assessment of mental capacity and the promotion of good health. Staff had received training appropriate to their roles and further training needs had been identified and planned. The practice undertook annual appraisals and personal development plans for all staff. Multidisciplinary working was evidenced.

**Are services caring?**

Good

The practice was rated as good for caring. Data showed patients rated the practice higher than others for how caring staff were. Patients told us during the inspection they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect whilst ensuring confidentiality was maintained.

**Are services responsive to people's needs?**

Good

The practice was rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Area Team (AT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice with a named GP for continuity of care. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff.

# Summary of findings

**Are services well-led?**

Good

The practice was rated as good for well-led. The practice had a clear vision and strategy to deliver care and staff were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures in place to govern activity and regular quality monitoring meetings were taking place. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

# Summary of findings

## The six population groups and what we found

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

**Older people**

Good

The practice was rated as good for the care of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its community and had a range of enhanced services, for example in dementia and end of life care. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs and home visits.

**People with long term conditions**

Good

The practice was rated as good for the population group of people with long term conditions. Emergency processes were in place and referrals made for patients that had a sudden deterioration in health. When needed longer appointments and home visits were available. All these patients had a named GP and structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

Good

The practice was rated as good for the population group of families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

**Working age people (including those recently retired and students)**

Good

The practice was rated as good for the population group of the working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students, had been identified and the practice had adjusted the

# Summary of findings

services it offered to ensure these were accessible, flexible and offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

**People whose circumstances may make them vulnerable**

Good

The practice was rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with learning disabilities. The practice had carried out annual health checks for people with learning disabilities. The practice offered longer appointments for people with learning disabilities and they supported the work of volunteer supportive groups for patients with learning disabilities across the community.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

**People experiencing poor mental health (including people with dementia)**

Good

The practice was rated as good for the population group of people experiencing poor mental health (including people with dementia). Annual health assessments took place including the patients physical health needs. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had in place advance care planning for patients with dementia.

The practice had sign-posted patients experiencing poor mental health to various support groups and voluntary sector organisations including MIND and SANE. The practice had a system in place to follow up on patients who had attended accident and emergency where there may have been mental health needs. Staff had received training on how to care for people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We received 43 completed patient CQC comment cards and spoke with 11 patients who were attending the practice on the day of our inspection. We spoke with people from different population groups, including parents with children, patients with different physical conditions and long-term care needs. The patients were mostly complimentary about the staff and GPs. However overall we had mixed patient feedback. Some told us that in order to get a same day appointment they had to say the appointment was needed in an emergency. Mostly people felt they were given enough time when they saw the GP and practice nurse. Good examples were described to us for the prompt referral of patients to hospital care. Patients told us the practice had compassionate staff, particularly when dealing with patients and relatives who had suffered bereavement. They reported helpful and caring GP, reception and practice staff.

## Areas for improvement

**Action the service SHOULD take to improve**

Ensure doctors have available emergency drugs or have in place a risk assessment to support their decision not to have these available for use in a patient's home.

# Park Lane House Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP and a specialist advisor who was a Practice Manager along with a patient Expert by Experience member.

## Background to Park Lane House Medical Centre

Park Lane House Medical Surgery is registered with the Care Quality Commission to provide primary medical services. This is a Primary Medical Service (PMS) contracted service within the centre of Macclesfield. The practice has a complete primary health team consisting of doctors, practice nurses, health care assistants, reception secretarial and administration staff and pharmacy technicians. The practice has a lead GP partner with a total of eight GPs working there.

The total practice list size for Park Lane House Medical Surgery is 9172. The practice is part of East Cheshire Clinical Commissioning Group (CCG). The practice is situated in an area that has lower than average areas of deprivation. The practice population is made up of a higher than national average population aged between 40 and 54 years and a lower than national average of younger aged patients.

The practice is open Monday to Friday from 8.00am to 18.30pm with no extended hours as part of their PMS contract. The practice is closed half a day per month for staff training and development. Patients can book appointments in person, online or via the phone. 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 medical services.

From data we reviewed as part of our inspection we saw that the practice outcomes are in line with those of neighbouring practices within the area. The practice keeps up to date registers of those patients with learning disabilities, mental health conditions and those in need of palliative care. Multi-disciplinary team meetings were in place to support these patient groups.

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

## How we carried out this inspection

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?

# Detailed findings

- Is it caring?
- 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also 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 9 December 2014.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection.

We spoke with the practice manager, registered manager, GP partners, practice nurses, administrative staff and reception staff on duty. We spoke with patients who were using the service on the day of the inspection.

We observed how staff handled patient information, spoke to patients face to face and talked to those patients ringing the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Good

# Are services safe?

## Our findings

**Safe track record**

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff were encouraged by the management team to share information when incidents and untoward events occurred. They were clear that the practice manager and GP would be notified when events occurred. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example effective action had been taken in ensuring caution was taken for patients with similar names. Reports from NHS England indicated the practice had a good track record for maintaining patient safety.

**Learning and improvement from safety incidents**

The practice had a system in place for reporting, recording and monitoring significant events. Records were kept of significant events that had occurred during the last twelve months and these were made available to us. Staff reported an open and transparent culture when accidents, incidents and complaints occurred. Staff were trained in incident and accident reporting. There was an accident and incident reporting policy and procedure to support staff with which they were familiar. They told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally. Of the events we reviewed, we were satisfied that appropriate actions and learning had taken place. All actions were monitored at regular monthly practice meetings. There was evidence that appropriate learning had taken place and that the findings were shared with relevant staff. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

The practice had a process for monitoring serious event analysis (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG). Staff received alert notifications from national safety bodies and all relevant staff were aware of these. We saw incident forms were available on the practice intranet. Once completed these were sent to the practice manager who showed us the system used to oversee how these were managed and monitored. We tracked five incidents and saw records were completed in a comprehensive and timely manner.

From the review of complaint investigations held at the practice, we saw the practice ensured complainants were given full feedback and learning had taken place.

**Reliable safety systems and processes including safeguarding**

There was a local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff demonstrated knowledge and understanding of safeguarding. They described what constituted abuse and what they would do if they had concerns. They had undertaken electronic learning regarding safeguarding of children and adults as part of their essential (mandatory) training modules. This training was at different levels appropriate to the various roles of staff. There was a chaperone policy in place. Staff were familiar with this however and there was signage in the consultation rooms offering chaperones if needed.

The practice had a dedicated GP appointed as lead for safeguarding vulnerable adults and children. They had the necessary training to enable them to fulfil this role (e.g. level 3). The lead safeguarding GP was aware of vulnerable children and adults and safeguarding records demonstrated good liaison with partner agencies such as the police and social services. All staff we spoke with were aware who the safeguarding lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments, for example children subject to child protection plans.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. We saw evidence audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

**Medicines management**

Good

# Are services safe?

The practice had clear systems in place for the management of medicines. There was a system in place for ensuring a medication review was recorded in all patients' notes for all patients being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the Medicines Manager and Clinical Commissioning Group (CCG) pharmacists to review prescribing trends and medication audits.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw that fridge temperatures were monitored twice daily to ensure safety. The fridge was adequately maintained and staff were aware of the actions to take if the fridge was out of temperature range.

We observed effective prescribing practices in line with published guidance. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. Information leaflets were available to patients relating to their medicines. We reviewed the doctor's bags available to GPs when doing home visits and found they did not routinely carry medicines for use in patients' homes. There was also no risk assessment in place to support this decision.

Clear records were kept when any medicines were brought into the practice and administered to patients. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with regulations. We saw that medicines management was reviewed during monthly practice and partner meetings if required actions were taken in response to reviewing prescribing data.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff that generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were appropriate and necessary. The practice employed a prescription manager and their role was to oversee this process. All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw that blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice had the equipment and in-date emergency drugs to treat patients in an emergency situation. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely and were monitored to ensure they were in date and effective. Anaphylaxis kits were held in the nurses treatment rooms. These medicines were monitored for expiry dates on an ad hoc basis and no written records were made of this.

**Cleanliness and infection control**

We saw the premises were clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a staff member with lead responsibilities for infection control who had undertaken additional training to enable them to provide advice to the practice concerning infection control policy and to carry out staff training. All staff received induction training about infection control specific to their role and there after received annual updates. We saw evidence that the lead for infection control carried out audits for each of the last three years and that any improvements identified for action were completed on time. Practice meeting minutes showed the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. There was also a policy for needle stick injury,

Hand washing techniques signage was displayed in staff and patient toilets. Hand washing basins with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the

environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

**Equipment**

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometers.

**Staffing and recruitment**

The practice had a recruitment policy in place. Appropriate pre-employment checks were undertaken, such as references, medical checks, professional registration checks, photographic identification. However not all staff whose role required it, including those with chaperoning responsibilities, had a Disclosure and Barring Service (DBS) check completed before commencement of work. The practice had completed a risk assessment for this however supporting their decision. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role.

**Monitoring safety and responding to risk**

The practice had a system in place for reporting, recording and monitoring significant events. We were told that incidents were reported at regular practice meetings and minutes were shown to us to demonstrate this. We saw the practice had their own health and safety audit which included a walk around the practice looking for any faults or issues. Health and safety information was displayed for staff to see and there as an identified health and safety representative. Formal risk assessments for the environment and premises were in place, this included a fire risk assessment and a completed legionella test for the building.

The practice had procedures in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. Staffing levels were set and reviewed to ensure patients were kept safe and their needs met. We found that systems were in place to ensure that all staff attended refresher training course to ensure they kept up to date.

We saw evidence that staff were able to identify and respond to changing risks in patient's conditions or during and medical emergency. For example timely referrals were made for all patients attending hospital as a referred patient or as an emergency. All acutely ill children would be seen on the same day as they requested.

**Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use but this was carried out on an ad hoc basis and no records were kept of this. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact in the event of failure of the heating system. A fire risk assessment had been undertaken that included actions required maintaining fire safety. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The GPs and nursing staff we spoke with could clearly describe the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. We saw minutes of practice meetings and meetings with neighbouring GP practices where new guidelines were discussed along with the implications for the practices. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. Each practice nurse also had a lead role, they had been trained and supported to carry out this work and improvements were noted in terms of patient experience and practice performance for example asthma patients. Practice nurses told us they worked as a close team and were open and willing to ask for support from the GPs.

Care was planned to meet identified needs and was reviewed to optimise patient treatment and experience. Computerised patient assessments were undertaken by the GP and practice nurses and monthly check were made to ensure patients requiring assessments were followed up. Changes were identified a printed copy of the plan was given to patients in their own homes. The practice used a new computerised tool to identify patients with specific or complex needs. This enabled the practice to ensure that all patients requiring an annual or more frequent review or assessment would be given an appointment and review date. Systems were in place to monitor their attendance. We were shown the process the practice used to review patients recently discharged from hospital which required patients to be reviewed promptly by their GP according to need. National data showed the practice was in line with referral rates to secondary and other community care services for all conditions.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on the basis of need and that age, gender, sexual orientation and race were not taken into account in this decision-making.

We found that staff had access to the necessary equipment and were skilled in its use and GPs arranged timely investigations as required during the patient consultation. Patients we spoke with were clear about their investigations and their treatment and they understood the results of these.

**Management, monitoring and improving outcomes for people**

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management. The practice employed a prescription manager specifically to oversee how medicines and repeat prescribing were being managed. A key role for the pharmacy technician was to ensure that they regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice showed us a number of clinical audits that had been undertaken in the last 12 months. These were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example audits of infection control rates for patients attending for minor surgery, a deaf awareness audit and patient records reviews. We found that audits were often linked to medicines management information, safety alerts or as a result of information from the Quality and Outcomes Framework (QOF). QOF is a national performance measurement tool.

Good

# Are services effective?

## (for example, treatment is effective)

The practice also used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. Information shared with us from the local Clinical Commissioning Group (CCG) showed the practice achieved 99.40% of the total QOF points in 2013/14 and for clinical achievements alone they performed above the England and CCG average. The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes comparable to other services in the area and in some areas they were achieving higher performance. We heard how neighbouring GP practices met to review practice, share best experience and discuss new and updated clinical guidance.

The practice team were making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement and the learning that took place following this.

**Effective staffing**

All doctors were on the national GP performers list and this was monitored by the local CCG. The practice rarely used locum GPs but when they did, the same checks as those made on permanent staff were also made on locums. The practice had a mix of administration and reception staff working with a deputy and lead practice manager. A health care assistant was in post to support the work of the practice nurse. We looked at the induction programme which included mandatory training, role-specific training, risk assessments, health and safety.

We found all staff had received an annual appraisal. This was used to identify staff learning and development. This was a small practice and there was constant opportunity for close supervision of staff. Staff were supported to undertake continuous professional development, mandatory training and other opportunities for development in their role. Essential (mandatory) training topics were identified with relevance to the different roles within the practice. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles such as those who monitored long term conditions such as asthma and diabetes were also able to demonstrate they had appropriate training to fulfil these roles.

**Working with colleagues and other services**

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries and out of hours providers were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. The practice had a system in place to ensure all patients discharged from hospital were seen when they have been discharged form hospital and their conditions reviewed.

The practice worked closely with other health and social care providers in the local area. The GPs and the practice manager attended various meetings with management and clinical staff involving practices across Eastern Cheshire CCG and in particular the GP practices within the same building in Macclesfield. These meetings shared information, good practice and national developments and guidelines for implementation and consideration. They were monitored through performance indicators and practices were benchmarked.

The practice attended various multidisciplinary team meetings at regular intervals such as to discuss the needs of complex patients, for example those with end of life care needs, children at risk, older frail patients and those with mental health and learning disabilities. These meetings were attended by community staff such as district nurses,

Good

# Are services effective?

## (for example, treatment is effective)

health visitors, social workers and palliative care nurses. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

**Information sharing**

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Information was shared in this way with hospital and other healthcare providers. We saw that all new patients were assessed and patients' records were set up. This routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed on a daily basis by doctors in the practice. We found that when patients moved between teams and services, including at referral stage, this was done in a prompt and timely way.

We found that staff had all the information they needed to deliver effective care and treatment to patients. For emergency patients, patient summary records were in place. This electronic record was stored at a central location. The records could be accessed by other services to ensure patients could receive healthcare faster, for instance in an emergency situation or when the practice was closed.

**Consent to care and treatment**

Staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling this. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. They gave examples in their practice of when best interest decisions were made and mental capacity was assessed prior to consent being obtained for an invasive procedure. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, patient vaccinations, a parent's written consent was obtained and documented.

**Health promotion and prevention**

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant / practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. We noted a culture amongst the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic health screening to patients who do not attend the practice regularly. Practice data shows that for health promotion indicators the practice achieved higher than the national and comparable CCG practices.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. The practice used an EMIS web compatible product called Patient Chase which identified patient and population groups. This enabled he practice to keep a register of all patients requiring additional support or review, for example patients who have a learning disability or a specific medical condition such as diabetes. Practice records showed that those who needed regular checks and reviews had received this and the IT system monitored the progress staff were making with this. This included sending letters and telephone calls to patients to remind them to attend.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance Last year's performance for all immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders by the named practice nurse.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

Consultations took place in purposely designed rooms with an appropriate couch for examinations and screens to maintain privacy and dignity. Staff we spoke with were aware of the importance of providing patients with privacy and of confidentiality. There was a separate room available if patients wanted to speak in private when they presented at reception. We observed staff were discreet and respectful to patients despite the reception area being open plan and not confidential for patients.

We reviewed the most recent data available for the practice on patient satisfaction. These included data sources such as the national patient survey, the practice survey and the CQC comments cards completed during our inspection. Overall patients reported being treated by staff with dignity and respect and in general they were satisfied with the care they received. Most commented on the friendly and caring approach of staff. For example, data from the national patient survey showed the practice had achieved higher than the CCG average with 98% of respondents saying the last GP they saw or spoke to was good at treating them with care and concern.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice offered patients a chaperone prior to any examination or procedure. Information about having a chaperone was seen displayed in the reception area. Patients we spoke with told us they were always treated with dignity and respect and that staff were caring and compassionate. We found that staff knew the majority of their patients well and patients told us the practice had a family feel to it, the staff were all welcoming, caring and compassionate.

**Care planning and involvement in decisions about care and treatment**

Patients we spoke with felt confident they had been involved in any decisions about their treatment and care. We looked at the Quality and Outcomes Framework (QOF) information and this showed adequate results for patients reporting that the nurse of doctor was good or very good at involving patients in decisions about their care.

We found that staff were at clear about how to ensure patients were involved in making decisions and the requirements of the Mental Capacity Act 2005 and the Children's Act 1989 and 2005.

The practice had an 'access to records' policy that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records.

**Patient/carer support to cope emotionally with care and treatment**

Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity. Patients we spoke with told us they had enough time to discuss things fully with the GP. They told us all the staff were compassionate and caring.

We observed that the reception staff treated people with respect and tried to ensure conversations were conducted in a confidential manner. We observed that privacy and confidentiality were maintained for patients using the service on the day of the visit.

Clinical staff had various ad hoc methods of supporting bereaved patients. Some would contact them personally. The reception staff were knowledgeable in support for bereaved patients. They were familiar with support services and knew how to direct patients to these.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The service was accessible and responsive to patients' needs and had systems in place to maintain the level of service provided. Practice staff were clear about the needs of their local population and they took on board the views and experiences of patients and their Patient Participation Group (PPG). Most of the staff had worked here for some time so continuity of care could be achieved. The practice use an IT product called Patient Chase which enabled them to target specific patient groups to ensure their needs and reviews were identified and monitored.

We saw how appointments were identified for particular patient groups. For example patients with a complex or chronic disease would be given longer appointment times if needed. Where possible they would see their named GP or practice nurse to ensure continuity of care. When patients were too ill to attend the practice home visits would be undertaken by the GP.

During our inspection we met with members of the practice PPG. We were told that practice staff had implemented a number of suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the PPG. They spoke positively about how staff engaged with them, regular meetings took place and how they responded to the suggestions that were made.

The practice made adjustments to meet the needs of patients, including having access to interpreter services. During our inspection we observed reception staff. We saw how professionally they dealt with patient calls and how empathetic and respectful they were during the conversations.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patient and their families care and support needs. The practice worked collaboratively with other agencies and regularly shared information (special patient notes) to ensure good, timely communication of changes in care and treatment.

**Tackling inequity and promoting equality**

The practice was tackling health inequalities by providing good access to medical care and helping patients navigate a complex health system. Patients we spoke with confirmed that the appointments system was easy to use. They felt staff were supportive from the initial contact and they were satisfied with the choices available to them in terms of access to the service. Patients were given a number of access choices. This included telephone advice, face-to-face contact or a home visit if needed.

We found that staff were aware of local services (including voluntary organisations) that they could refer patients to. Patient's information sign posted patients and families to welfare and benefits advice organisations. We saw that in an effort to improve access for specific diseases the practice held nurse led clinics for example diabetes and we found close working relationships with the health visitors and the community nursing team.

**Access to the service**

Appointments were available from 8am to 6.30pm each week day. There were no extended hours for patients who might work throughout the day. The practice had a comprehensive website which included this information. This also included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

During our visit patients told us they experienced good access to the service. The most recent national patient survey showed that 91% of patients were satisfied with the practice open times. Patients we spoke with told us they felt their needs were regularly met including their spiritual, ethnic and cultural needs. Their care and treatment was planned and delivered to reflect those needs as appropriate. We spoke with staff and found they were aware that each patient's needs might be different. They reported how patients with learning disabilities needed more time, attention and explanations about their care.

We saw good evidence of how practice staff worked with out-of-hours services and other agencies to make sure patients' needs were met when they moved between services. We saw that when needed a patient appointment with other providers such as a hospital referral would be

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

made during the patient's consultation with the GP. This was undertaken after the appropriate tests and examinations had been completed by the practice. We heard from patients that following discharge from hospital the GP and practice staff had been very supportive.

Patients were generally satisfied with the appointments system. Within the national patient survey 80% of patients they found it easy to get through to the practice on the telephone. A further 94% of patients said the last appointment they got was convenient for them. Patients we spoke to confirmed that they could see a doctor on the same day if they needed but they told us also that sometimes there was a long wait when attending an appointment.

The practice was situated on the second floor of a purpose built building also housing a number of other GP practices. Patients also accessed shared services such as phlebotomy on the first floor. Lift and star access was available for patients. We saw that the waiting area though not very large could accommodate wheelchairs if needed. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice had a small population of non - English speaking patients and if required they could access interpreter services locally.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Their 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 service. Staff were knowledgeable regarding the complaints process. We saw posters advising patients how patients could make a complaint. We looked at a number of complaints that had been made. We considered that the practice response to complaints was appropriate and actions had been taken to make improvements as required.

# 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 clear vision to deliver good patient care and staff were engaged with this. There was a clear leadership structure and staff felt supported by management. We spoke with a number of staff across the visit, they all knew and understood the vision and values and knew what their responsibilities were in relation to these. There was positive discussion about their involvement with developing this and for providing the best possible outcomes for patients attending the practice.

**Governance arrangements**

We saw transparent and open governance arrangements. We found practice staff were clear about their roles and they understood what they were accountable for. Formal arrangements were in place to identify, report and monitor patient and staff safety risks. We saw risk assessment and risk management processes and procedures and staff were aware of these. We saw records with information showing the skills and fitness of people working at the practice.

The practice had policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Policies were up to date and had regular review dates. The practice held monthly practice meetings during which time governance and risk management issues were discussed. Risks that had been identified were discussed and actions taken. Patient complaints were also discussed so that learning could be disseminated to all staff. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed.

The GPs attended a meeting with neighbouring GPs to review performance and best and updated clinical guidance. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line or at times above average with national standards. We saw that QOF data was regularly discussed at practice team meetings and action plans were produced to maintain or improve outcomes.

We found a robust systematic approach to clinical and internal audit and this was used by the practice to monitor the services and treatments they were providing.

**Leadership, openness and transparency**

We spoke with staff with different roles and they were clear about the lines of accountability and leadership. They spoke of good visible leadership and full access to the senior GP and practice manager. Staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, motivated and reported being treated fairly and compassionately. They reported an open and 'no-blame' culture where they felt safe to report incidents and mistakes.

The management model in place was supportive of staff. Staff we spoke with said they enjoyed working at the practice, many had worked there for a long period of time. Annual and more regular team events took place, staff spoke positively of these events and how valued and supported they felt working there. The practice had a strong team who worked together in the best interest of the patient. All staff were aware of the practice Whistleblowing Policy and they were sufficiently confident to use this should the need arise.

**Practice seeks and acts on feedback from its patients, the public and staff**

Staff reported a culture where their views were listened to and if needed action would be taken. We saw how staff interacted and found there was care and compassion not only between patients and staff but also amongst staff themselves. We were told that regular clinical and non-clinical meetings took place. At these meetings any new changes or developments were discussed giving staff the opportunity to be involved. All incidents, complaints and positive feedback from surveys were discussed.

We found the practice proactively engaged with the general public, patients and staff to gain feedback. An annual patient survey had been carried out and appropriate action plans were in place. The practice had an active Patient Participation Group (PPG) and during our inspection with met with one of their members. They spoke positively for how the practice engaged with them at meetings and how they took account of any recommendations or changes they asked them to consider.

**Management lead through learning and improvement**

Staff had access to a programme of induction and training and development. Mandatory training was undertaken and

# Are services well-led?

Good

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

monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently but written records of this were not kept.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at a number of staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings and team away days to ensure the practice improved outcomes for patients.