

Peelhouse Medical Plaza

Quality Report

Peelhouse Medical Plaza
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Date of inspection visit: 8th September 2015

Date of publication: 19/11/2015

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?

Outstanding



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

We carried out an announced comprehensive inspection at Peelhouse Medical Plaza on the 8th September 2015. Overall the practice is rated as good.

Our key findings were as follows:

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. Staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- The practice was clean and tidy. The practice had good facilities in a large adapted building with disabled access and a lift to staff offices on the first floor.
- The clinical staff proactively sought to educate patients to improve their lifestyles by regularly inviting patients for health assessments. The practice used innovative and proactive methods to improve patient outcomes.
- There was an effective system in place to undertake audits of the operation of the practice and improve patient care.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- Patients spoke highly about the practice and the whole staff team. They said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- Information about services and how to complain was available and easy to understand. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a clear leadership structure with delegated duties distributed amongst the team and staff felt supported by management. The staff worked well together as a team.
- Quality and performance were monitored

We saw areas of outstanding practice including:

Summary of findings

- The practice had strategies in place to identify long term conditions early and therefore improve patient care, for example, to identify patients at risk of chronic obstructive pulmonary disease (COPD). This strategy had gained recognition with external accreditation and within the CCG whereby one GP acted as a lead for Respiratory health within Halton CCG and had a special interest in respiratory conditions. They had developed initiatives for better patient outcomes in regard to patients conditions associated with their respiratory health by developing an assessment tool. This tool covered not only clinical features but also a patient's home situation, their mobilising needs, diet and all other aspects of care to help encompass a more holistic approach and to identify triggers and understanding of each patient's needs. COPD audits in 2014 and 2015 showed implemented changes to the assessment tools and quality improvements to helping patients with needs such as using their inhaler and teaching appropriate techniques to patients. This work had led to a respiratory strategy for Halton CCG offering a holistic assessment and approach for patients and sharing their initiatives and best practice in assessing high risk patients to other practices within the CCG.
- The practice ran an effective warfarin clinic managed by the advanced nurse practitioner who was able to see a broad range of patients. The practice carried out monitoring of patient satisfaction surveys each year for the service provided by the warfarin clinic which showed a high satisfaction rate 94.3% amongst patients. Re audits showed the effectiveness of their in-house warfarin clinic with results seen for 2013 and 2015 showing monitoring arrangements and assessments carried out. The results helped to show improvements to patients diagnosis, helped stabilise therapeutic medication levels and offered at least annual reviews with all patients recalled. Data

produced by the practice comparing figures for 2010 compared to 2015 showed a steady rise of time in range in spite of a steady rise in the number of patients recruited and tested as the service was developed. This indicated that better control was achieved for a far greater number of patients managed. For example in 2010, 218 patients achieved a therapeutic range compared to an increase in 2015 of 246 patients.

- The nurse practitioner managed the overall monitoring and review of unplanned admissions strategy of patients identified at risk of hospital admission. They provided monthly audits of all patient admissions and details of follow up visits to patients to help monitor and reduce admissions and to help support patients with any identified care and unmet needs. Monthly audits helped evidence improvements and positive outcomes for patients which were presented to the clinical team each month to provide good governance of at 'risk patients.' Data showed the number of non-elective admissions per 1000 of the practice population aged 75 years + from 2014 to May 2015 showed a sharp decrease. For example in 2014, 385 patients had unplanned admissions compared to 314.4 up to May 2015. Collated data from April 2013 to May 2015 showed an overall decrease in the number of unplanned admissions to hospital showing effective management of their unplanned admissions strategy.

However there were areas of practice where the provider should make improvements:

Review current storage and potential risks to the security of prescription pads when stored in office cabinets when left open for staff access to other equipment and records.

Letter from the Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated within the practice and with external professionals and members of the patient participation group (PPG) to support improvement. The premises were clean and tidy. Safe systems were in place to ensure medication, including vaccines were well managed. Prescription pads stored in office cabinets would benefit from risk assessments to help improve security when cabinets were left open for staff access. There were sufficient numbers of staff. Recruitment checks were carried out and recruitment files were well managed.

Good



Are services effective?

The practice is rated outstanding for providing effective services. The practice proactively engaged patients to promote their well-being. The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD). The practice monitored its performance data and had systems in place to improve outcomes for patients. Staff routinely referred to guidance from the National Institute for Health and Care Excellence (NICE.) Patients' needs were assessed and care was planned and delivered in line with best practice and national guidance. An advanced nurse practitioner saw a broader range of patients and monitored the effectiveness of their unplanned admissions strategy of patients identified at risk and in managing their in-house warfarin clinic.

Outstanding



Are services caring?

The practice is rated as good for caring. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. Data from the National GP Patient Survey published July 2015 showed that patients rated the practice as comparable and exceeded in several aspects of care compared to local and national averages. Some staff had worked at the practice for many years and understood the needs of their patients well.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice referred patients to Wellbeing Enterprise Services, a social enterprise to support people to achieve happier, healthier and longer lives. Patients could be referred for support with a number of issues, including, debt management, housing, social isolation. The practice had good facilities and was well equipped to treat patients and meet their needs including access to disabled facilities, hearing loop and translation services. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure with delegated roles and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active PPG. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They kept up to date registers of patients' health conditions. Home visits were made to housebound patients to carry out reviews of their health. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified older patients who were at risk of unplanned hospital admissions and developed a care plan to support them. The practice worked with the Carers Centre to support patients who had caring responsibilities.

Good



People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions, treatment and screening programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. For example, home visits were undertaken to housebound patients or those residing in residential care or nursing homes. One GP was lead for COPD and acts as a lead for respiratory health within Halton CCG. They had developed initiatives for better patient outcomes in regard to their health and associated with respiratory conditions. This strategy had been in place for a number of years and this work had gained recognition with national awards, external accreditation and recognition as good practice within the CCG.

Outstanding



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. The practice were in the process of formalising meetings with the health visitor to discuss any children who were identified as being at risk of

Good



Summary of findings

abuse. The practice offered family planning advice. Immunisation rates were comparable and sometimes exceeded local CCG benchmarking for all standard childhood immunisations. Urgent access appointments were available for children.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered extended hours each Monday from 18:30-2000. practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. All staff were trained and knowledgeable about safeguarding vulnerable patients and had access to the practice's policy and procedures and had received guidance in this. The practice had signed up for the Safe in Town scheme and provided a safe haven for vulnerable people (vulnerable people were able to come to the practice and the person's carers would be contacted). The practice also referred patients to Wellbeing Enterprise Services, a social enterprise to support people to achieve happier, healthier and longer lives[CB1]. Patients could be referred for support with a number of issues, including, debt management and social isolation.

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 referred patients to the appropriate services. The practice maintained a register of patients with mental health problems in order to regularly review their needs. The practice staff liaised with other healthcare professionals to help engage these patients to

Summary of findings

ensure they attended reviews and various specialists. Mental Capacity Act training was available to all staff and most staff had received this training. Staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on July 2015 showed the practice was performing in line with local and national averages and in some areas exceeding those averages. There were 355 survey forms distributed and 108 forms were returned. This is a response rate of 30.4% and 1% of the total patient population.

Results indicated the practice could perform better in areas including getting through to the surgery by phone and describing their experience of making an appointment. For example:

- 24.6% of respondents find it easy to get through to this surgery by phone compared with a CCG average of 52.3% and a national average of 73.3%.
- 65.2% of respondents described their experience of making an appointment as good compared with a CCG average of 62.4% and a national average of 73.3%.
- 77.2% of respondents find the receptionists at this surgery helpful compared with a CCG average of 79.2% and a national average of 86.8%.

The practice had been responsive to this patient feedback and had as a result reviewed access to the surgery by phone with representatives in their PPG group. They had increased staff answering calls in the mornings and arranged for pharmacies to only collect and drop off scripts outside peak hours. The practice manager was monitoring improvements to patient satisfaction and they were looking at purchasing a completely new phone system to help provide further improvements with telephone access for patients.

The practice scored higher than average in terms of patients' being treated with care and concern by their GP, getting to speak to their preferred GP, the nurse involving them with decisions about their care and the convenience of their appointment. For example:

- 92.4% said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87.1% and a national average of 85.1%.
- 68% of respondents who had a preferred GP usually get to see or speak to that GP compared with a CCG average of 54.6% and a national average of 60%.
- 90.1% said the last nurse they saw or spoke to was good at involving them in decisions compared with a CCG average of 88.7% and a national average of 84.8%.
- 92.2% of respondents say the last appointment they got was convenient compared with a CCG average of 91.6% and a national average of 91.8%.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 30 comment cards and spoke with eight patients. Out of 38 comments, all patients indicated that they found the staff helpful, caring, polite and they described their care as very good. Patients told us that doctors and nurses were all lovely and they were happy with the standard of care provided. Patients were very positive about the service they received from the practice.

Areas for improvement

Action the service **SHOULD** take to improve

Review current storage and potential risks to the security of prescription pads when stored in office cabinets when left open for staff access to other equipment and records.

Outstanding practice

We saw areas of outstanding practice including:

- The practice had strategies in place to identify long term conditions early and therefore improve patient care, for example, to identify patients at risk of chronic

Summary of findings

obstructive pulmonary disease (COPD). This strategy had gained recognition with external accreditation and within the CCG whereby one GP acted as a lead for Respiratory health within Halton CCG and had a special interest in respiratory conditions. They had developed initiatives for better patient outcomes in regard to patients conditions associated with their respiratory health by developing an assessment tool. This tool covered not only clinical features but also a patient's home situation, their mobilising needs, diet and all other aspects of care to help encompass a more holistic approach and to identify triggers and understanding of each patient's needs. COPD audits in 2014 and 2015 showed implemented changes to the assessment tools and quality improvements to helping patients with needs such as using their inhaler and teaching appropriate techniques to patients. This work had led to a respiratory strategy for Halton CCG offering a holistic assessment and approach for patients and sharing their initiatives and best practice in assessing high risk patients to other practices within the CCG.

- The practice ran an effective warfarin clinic managed by the advanced nurse practitioner who was able to see a broad range of patients. The practice carried out monitoring of patient satisfaction surveys each year for the service provided by the warfarin clinic which showed a high satisfaction rate 94.3% amongst patients. Re audits showed the effectiveness of their in-house warfarin clinic with results seen for 2013 and 2015 showing monitoring arrangements and

assessments carried out. The results helped to show improvements to patients diagnosis, helped stabilise therapeutic medication levels and offered at least annual reviews with all patients recalled. Data produced by the practice comparing figures for 2010 compared to 2015 showed a steady rise of time in range in spite of a steady rise in the number of patients recruited and tested as the service was developed. This indicated that better control was achieved for a far greater number of patients managed. For example in 2010, 218 patients achieved a therapeutic range compared to an increase in 2015 of 246 patients.

- The nurse practitioner managed the overall monitoring and review of unplanned admissions strategy of patients identified at risk of hospital admission. They provided monthly audits of all patient admissions and details of follow up visits to patients to help monitor and reduce admissions and to help support patients with any identified care and unmet needs. Monthly audits helped evidence improvements and positive outcomes for patients which were presented to the clinical team each month to provide good governance of at 'risk patients.' Data showed the number of non-elective admissions per 1000 of the practice population aged 75 years + from 2014 to May 2015 showed a sharp decrease. For example in 2014, 385 patients had unplanned admissions compared to 314.4 up to May 2015. Collated data from April 2013 to May 2015 showed an overall decrease in the number of unplanned admissions to hospital showing effective management of their unplanned admissions strategy.

Peelhouse Medical Plaza

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and a CQC inspection manager. The team included a GP and practice manager specialist advisors, an Expert by Experience, (Experts work for voluntary organisations and have direct experiences of the services we regulate. They talked to patients to gain their opinions of what the service was like.)

Background to Peelhouse Medical Plaza

Peelhouse Medical Plaza is based in a residential area of Widnes close to all local amenities. The practice is based in a more deprived area when compared to other practices nationally. The number of patients claiming disability living allowance and with health related problems in daily life is higher than average when compared to other practices nationally. There were 14150 patients on the practice list at the time of inspection. The practice has seven partners, six who are male GPs and one female GP, an advanced nurse practitioner, three practice nurses, a health care assistant, an assistant practitioner, a practice manager, reception and administration staff. The practice also houses other services such as: an NHS pharmacy, NHS optician, private physiotherapy, CAD (citizen advice bureau) bureau, community trust services such as district nurses and the practice also has its own lecture theatres with various meeting rooms. Peelhouse Plaza is a Community Wellbeing Practice, which means that it is connected with community support and services that can help patients to stay well throughout life.

The practice is open Tuesday to Friday from 8am to 6.30pm with extended hours each Monday open from 8am to 8pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hour's service. The out of hour's provider is UC24.

The practice has a Personal Medical Services (PMS) contract. In addition the practice carried out a variety of enhanced services such as: avoiding unplanned admissions to hospital.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Detailed findings

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

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 8th September 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.

Reviewed various documentation including the practice's policies and procedures.

Are services safe?

Our findings

Safe track record

Halton Clinical Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff. The practice carried out an analysis of these significant events to identify any trends. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and could access information about events through their intranet systems.

Overview of safety systems and processes

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

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation, local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. Staff demonstrated they understood their responsibilities and all staff had received training relevant to their role including level 3 in safeguarding for clinical staff. Meetings with the health visitor to discuss any concerns relating to children were in the process of being formalised by practice staff so they would meet regularly to minute discussions and actions taken in regard to all children identified at risk.
- A notice was displayed advising patients that staff would 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 staff had received a Disclosure and Barring Services (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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was maintained and in good working order. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Comments we received from patients indicated that they found the practice to be clean. The practice had an infection control lead. There was an infection control protocol in place and staff had received up to date training. The practice reviewed infection control audits and acted on any issues where practical.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The storage of prescription pads was in need of review to ensure they were stored safely in locked facilities at all times. During the day the cabinet they were stored in was unlocked for staff access to other records and equipment. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Regular stock checks and recorded temperature checks were carried out to ensure that medications were appropriately stored, in date and there were enough available for use.
- Recruitment checks were carried out and the staff files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. Two staff files had just one reference in place, although the practice manager acknowledged this and advised they would ensure the correct records were put in place.
- The practice manager showed us records to demonstrate that arrangements were in place for planning and monitoring the number of staff and mix of

Are services safe?

staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had identified succession planning for the forthcoming retirement of staff. They were developing plans to enable them to recruit suitable numbers of staff to replace staff that were due to leave.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life

support training and there were emergency medicines available in the treatment room. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place for staff to access to ensure all clinical staff were kept up to date.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

The nurse practitioner managed the overall monitoring and review of unplanned admissions strategy of patients identified at risk of hospital admission. This work helped reduce the pressure on A&E departments by treating patients within the community instead of hospital. Care plans were in place for all of these patients. The advanced nurse practitioner provided monthly audits of all patient admissions. These audits contained details of the practice's follow up visits to help monitor and reduce further admissions and to help support patients with identified care and any unmet needs. For example, if a patient had been identified at risk from falls following their monitoring they were able to refer patients more speedily to specialist support such as the falls risk nurses for specialist input and improved care. Monthly audits helped evidence improvements and positive outcomes for patients which were presented to the clinical team each month to provide good governance of at risk patients. Data showed the number of non-elective admissions per 1000 of the practice population aged 75 years + from 2014 to May 2015 showed a sharp decrease. For example in 2014, 385 patients had unplanned admissions compared to 314.4 up to May 2015. Collated data from April 2013 to May 2015 showed an overall decrease in the number of unplanned admissions to hospital showing effective management of their unplanned admissions strategy.

Protecting and improving patient health

The practice had developed a number of initiatives to proactively engage patients to promote their health and well-being. We were provided with several examples of this:-

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews.

Home visits were undertaken to housebound patients. The nursing team carried out home visits which included long term condition reviews and immunisation. The effectiveness of this approach was shown in data demonstrating flu vaccine uptake for 2014 was slightly higher than neighbouring practices. QOF results for COPD patients for 2014-15 showed a 98% uptake of flu vaccination with the COPD patient group. The practice had achieved maximum QOF points for flu vaccination within the COPD patient group. The practice had recently received supplies of their flu vaccine and had already vaccinated 47% of their patients with COPD. They had identified 122 housebound patients and 92 patients had already been vaccinated, eight had declined, four were in hospital and reminders had been sent and patients had been contacted. The practice felt their overall management of home visits to their patients with long term conditions had helped to reduce unplanned admissions to hospital.

The practice had a comprehensive skill mix which included an advanced nurse practitioner who was able to see a broad range of patients and monitored the effectiveness of their in-house warfarin clinic. Prior to this service being managed at the practice and provided externally the practice had no knowledge of the frequency of testing or the quality of anticoagulation dosing when repeat prescriptions were being requested from the patients. The onsite service enabled patients to be managed by their own GP practice whereby dosing arrangements and changes in medications could be assessed at the same time, by the same clinicians. Anticoagulation patients were treated as priority patients with patient alerts on their



Are services effective?

(for example, treatment is effective)

records and all staff were aware of medications and appointment needs. Staff tried to coincide appointments with other clinics to help prevent multiple attendances for patients.

The practice carried out monitoring of patient satisfaction surveys each year for the service provided by the warfarin clinic which showed a high satisfaction rate 94.3% amongst patients. Patient comments were very positive about the support and advice given and the fact they had access to the clinic at the practice. Re audits carried out by the practice in 2013 and 2015 showed effective monitoring arrangements and assessments which helped improve patient's diagnosis, stabilised therapeutic medication levels and offered at least annual reviews with all patients recalled. Data produced by the practice comparing figures for 2010 compared to 2015 showed a steady rise of time in range in spite of a steady rise in the number of patients recruited and tested as the service was developed. This indicated that better control was achieved for a far greater number of patients managed. For example in 2010, 218 patients achieved a therapeutic range compared to an increase in 2015 of 246 patients.

The practice had strategies in place to identify and therefore improve patient care for patients at risk of chronic obstructive pulmonary disease (COPD). This strategy had been in place for a number of years and this work gained recognition with external accreditation such as 'The Respiratory Excellence award 1999', 'The national asthma campaign for The Henry Blair prize 2000' and runners up in 2003 for the 'Respiratory Excellence award.' One GP acts as a lead for Respiratory health within Halton CCG and has a special interest in respiratory conditions. They had developed initiatives for better patient outcomes in regard to patients conditions associated with their respiratory health by developing an assessment tool. This tool covered not only clinical features but also a patient's home situation, their mobilising needs, diet and all other aspects of care to help encompass a more holistic approach and to identify triggers and understanding of each patient's needs. COPD audits in 2014 and 2015 showed implemented changes to the assessment tools and quality improvements to helping patients with needs such as using their inhaler and teaching appropriate techniques to patients. This initiative resulted in the lead GP lecturing and teaching at clinical excellence seminars in 2015 and guest speaking internationally. It also led to a respiratory strategy

for Halton CCG offering a holistic assessment and approach for patients and sharing their initiatives and best practice in assessing high risk patients to other practices within the CCG.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 87.8% to 98.7% and the CCG averages ranged from 87.3% to 97.7%.

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

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support out of hours.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. QOF results from 2014-2015 showed the results being 99.3% of the total number of points available. QOF information showed the practice was meeting its targets for health promotion and ill health prevention initiatives. This practice was not an outlier for any QOF targets. Data from 2014-2015 showed:



Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was higher than the national averages. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation. Practice rate was 95.25% and the national rate was 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. Practice rate was 86.2% and the national rate was 83.11%.
- Performance for mental health related assessment and care was higher than the 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. Practice rate was 84.17% and National rate was 83.82%.

All GPs and nursing staff had access to a variety of clinical audits carried out at the practice including those carried out by the CCG pharmaceutical advisor. Examples of completed audit cycles included an audit of statins and antibiotics in which patients were reassessed and medications reviewed. The re audit involved the community pharmacist who helped advise on best practice in the review of medications. These reviews helped to identify those patients receiving medication and audits carried out helped to identify that appropriate treatment was provided. Records showed how improvements had been made to patient care as a result of audit findings and helped to show considerable reductions in the use of antibiotics.

A complete 360° clinical audit for COPD (Chronic obstructive airways disease) was carried out in June 2014. NICE guidance was used to formulate best practice and criteria for managing patients with COPD. The re audit

showed several improvements in the assessment of COPD, in essential recording and in joint working with the primary care team. The data evidenced substantial improvements in COPD care due to the staffs use of the COPD assessment records and templates. The audit findings were discussed and shared with the practices multi-disciplinary meetings and identified further work to improve progress.

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 that covered such topics as fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet their learning needs and were happy with the training on offer. Staff had received training that included safeguarding, fire procedures, basic life support, infection control and the Mental Capacity Act. The practice manager had updated records for training and was taking action to ensure all staff were up to date with any identified refresher training including all clinical staff. Staff felt well supported and there was good evidence that staff development was clearly managed to support internal talent and staff skills including supporting staff with a PHD and a health care degree.

All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.) There were annual appraisal systems in place for all other members of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms and treatment room doors were closed during consultations so that patients' privacy and dignity was maintained during examinations and consultations.

From 38 patient comments, all patients indicated that they found the staff helpful, caring, polite and they described their care as very good. Patients told us, they were happy with the standard of care provided and they were very complimentary about the practice staff. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Some staff had worked at the practice for many years and knew their patients well. We also spoke with two members of the PPG on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The staff had set out information stands so that patients had a lot of information accessible to them and available in different formats such as large print writings and use of pictures to describe local support offered to them.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and they had identified 555 patients who were carers and offered support, for example, by offering health checks and flu jabs. The practice had developed a notice board for carers with lots of information and supportive contacts such as local carers groups. The practice had a nominated member of staff who offered support to all carers and signposted them to relevant support groups.

Results from the national GP patient survey showed patients were happy with how they were treated. Patient comments made throughout our inspection aligned with

the positive results of this survey. The practice was comparable and above average for some of its satisfaction scores on consultations with doctors and nurses. For example:

- 100% of respondents said they had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 96.1% and a National average 95.2%.
- 92.4% say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87.1% and a National average 85.1%.
- 92.7% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 88.7% and a National Average 86.6%.
- 93.4% say the last nurse they saw or spoke to was good at treating them with care and concern compared with a CCG average of 92.7% and a National average 90.4%.
- 99.1% had confidence and trust in the last nurse they saw or spoke to compared with a CCG average of 97.7% and a National average 97.1%.
- 93.6% say the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92.9% and a National average 91.9%.
- 90.2% describe their overall experience of this surgery as good compared with a CCG average of 81.9% and a National average 84.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable with local and national averages. For example:

- 95.2% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.2% and a National average 88.6%.

Are services caring?

- 95.3% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 82% and a National average 81.4%.
- 92.6% say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 88.6% and a National average 86.0%.
- 92.4% say the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 93% and a National average 91.0%.
- 90.1% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88.7% and national average 84.8%.
- 94.3% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 92.3% and national average 89.6%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. The practice offered a range of enhanced services such as dementia assessments, avoiding unplanned admissions to hospital and providing tests for patients at the practice to avoid delays in care and hospital appointments. The practice visited patients who resided in local care homes (whereby the GP identified vulnerable patients at risk of admission to hospital and regularly reviewed these patients.)

The practice staff were innovative in their vision to develop ways to meet their patients' needs. They encouraged patients with long-term conditions to be more involved in self-management of their health, with suitable support from health care professionals. The practice was supporting patients to use COPD passports that gave them advice on this condition and the practice's patient newsletter gave further information and advice on COPD and offered invites to patients to be screened for this condition.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Records and a discussion with staff and PPG representatives showed that the practice had responded to patient feedback by making changes to the operation of the practice and facilities provided. For example they had organised for members of the well-being team to attend their PPG meetings and to visit patients at the practice to raise patient's awareness in regard to their role and how they could support them. They had also been instrumental in providing a large television screen for patients to access during their appointments. The practice had recently developed a patient newsletter and patient leaflet offering information about the practice and they provided access to PPG minutes via their practice website. The PPG were in the process of developing an action plan following their recent patient survey and they had initially collated all of the patient's individual comments and suggestions within their results. They were aware of the need for further review of

some patient's comments in regard to accessing phones at the practice and access to appointments. Representatives from the PPG told us they felt listened to and involved in the operation of the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Home visits were available for elderly patients, housebound patients, those residing in residential care or nursing homes and hard to engage patients. This included home visits to undertake long term condition reviews and vaccinations.
- The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD).
- In response to a high number of patients unable to read, staff had adapted a lot of the supporting literature in reception in the form of pictures to help those people better understand the information offered to them.
- The practice referred patients to Wellbeing Enterprise Services, a social enterprise to support people to achieve happier, healthier and longer lives. Patients were referred for support with a number of issues, including, debt management and social isolation. This service showed that patients who were referred by the practice benefitted from the interventions provided. For example, by experiencing a reduction in their symptoms and improving their general well-being.
- The practice had signed up for the Safe in Town scheme and provided a safe haven for vulnerable people (vulnerable people were able to come to the practice and the person's carers would be contacted).
- Extended hours services were provided one day a week each Monday evening up until 8pm.
- Urgent access appointments were available for children and those with serious medical conditions.
- The building was purpose built and had disabled facilities. Translation services were available and a hearing loop system.
- The practice had various notice boards including carer's information, PPG updates, health promotion material and sign posting contact details for lots of organisations.

Access to the service

The practice offered pre-bookable appointments in advance, book on the day appointments and telephone

Are services responsive to people's needs?

(for example, to feedback?)

consultations. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. The one day a week offering extended opening times provided flexibility to meet patient needs. Results from the national GP patient survey published July 2015 (based on data from July 2014 – March 2015) showed patient's satisfaction with open hours. For example:

- 80.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.8% and national average of 74.9%.
- 91.4% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82.2% and national average of 85.2%.
- However they were below average with local and national averages for getting through to the surgery. For example:
- 24.6% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 52.3% and national average of 73.3%.
- The practice staff had taken a number of actions to improve in this area, including increasing staff answering calls in the mornings and arranging for pharmacies to only collect and drop off scripts outside peak hours. During our inspection, positive comments were made by patients and representatives of the PPG

about improvements in accessing appointments and in getting through to the practice staff, although there was still some dissatisfaction from a smaller number of patients. The practice manager was monitoring improvements to patient satisfaction and they were looking at purchasing a completely new phone system to help provide further improvements with telephone access for patients. This issue had been identified as an area for development by the practice but due to long term sickness this action plan had not yet been fully developed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in reception staff and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. We looked at a sample of complaints made over the last 12 months and found they had been handled satisfactorily and dealt with in a timely way. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

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

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. The practice had a statement of purpose that set out a clear vision to patients to deliver high quality care and laid out what they could expect such as:

‘Be treated with dignity and respect at all times’; ‘Have their long term conditions from birth to end of life to be managed proactively’; ‘Be involved actively in their own care wherever possible’; ‘Receive a good quality of care and guaranteed to be safe, timely, effective, efficient, patient centred and equitable.’ Positive comments shared by patients reflected the visions set out by the practice.

Governance arrangements

There was a clinical governance policy in place. Staff told us they felt well supported by management and confident that they could raise any concerns. Policies were updated and accessible to everyone. Staff we spoke with were aware of how to access the policies and any relevant guidance to their role.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Acting on any concerns raised by both patients and staff. Staff had learnt from incidents and complaints.
- A system of continuous clinical audit cycles which demonstrated an improvement on patients’ welfare.
- Clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines and other information via clinical meetings, PPG meetings and with members of the multi-disciplinary teams.
- Proactively engaging patients in the delivery of the service.

- The GPs and all other clinicians were supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so.

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

The practice encouraged and valued feedback from patients, proactively gaining patients’ feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had also gathered feedback from staff through regular staff meetings and informally as required. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at a sample of staff files and saw that regular appraisals took place. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

The practice team was forward thinking and had introduced several initiatives to improve outcomes for

Are services well-led?

Good 

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

patients. For example, the practice staff were innovative in their vision to develop ways to meet their patient's needs. They had developed detailed assessments for reviewing patients with COPD to help identify more holistic areas of support including any social needs. The assessment tools

and methods of reviewing patients had been adopted by the local CCG and the work carried out by the practice for respiratory diseases had been acknowledged and accredited through various awards.