

# Stockton Heath Medical Centre

## Quality Report

The Forge, London Road  
Stockton Heath  
Warrington  
Cheshire  
WA4 6HJ

Tel: 01925 604427

Website: [www.stocktonheathmedicalcentre.co.uk](http://www.stocktonheathmedicalcentre.co.uk)

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stockton Heath Medical Centre on 24 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the clinical care and treatment they received was very positive.
- Data showed that outcomes for patients at this practice were similar to locally and nationally reported outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff felt well supported in their roles and were kept up to date with appropriate training.
- Overall, patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients consistently reported concerns with the appointments system. They told us they had difficulty in getting through to the practice by telephone and in making an appointment with a GP.

# Summary of findings

- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

Areas where the provider must make improvements are:

- The provider must review the appointments system to ensure it is responsive to the needs of patients.

Areas where the provider should make improvements:

- Carry out a comprehensive review of service provision, staff capacity and demand for services.
- Implement a more effective system to record the actions taken in response to significant events and safety alerts.
- Demonstrate improvements to patient care through the completion of two cycle clinical audits.
- Review the arrangements for prescription security.

**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 report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.

Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.

Infection control practices were carried out appropriately and in line with best practice guidance.

Tests were carried out on the premises and on equipment on a regular basis.

The practice had a large and well established staff team. However, a review of staffing requirements should be carried out as part of a review of service provision, staff capacity and demand for services.

Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with best practice guidance. The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients were comparable to local and national averages.

The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Staff worked on a multidisciplinary basis to understand and meet the range and complexity of patients' needs. Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.

The practice was not carrying out formal two cycle clinical audits to identify and drive improvement in performance and in outcomes for patients.

Good



# Summary of findings

Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment. A system of staff appraisals was in place but appraisal meetings were overdue for some staff.

## Are services caring?

The practice is rated as good for providing caring services.

Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. Overall, they gave us positive feedback about the caring nature of staff.

Data showed that patients generally rated the practice comparable to others locally and nationally for aspects of care. For example having tests and treatments explained to them and for being treated with care and concern.

Information for patients about the services available to them was easy to understand and accessible.

The practice maintained a register of patients who were carers in order to tailor the service provided. For example to offer them health checks and immunisations.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.

The appointment system was not always responsive to patients' needs. Urgent and routine appointments were available the same day but patients told us they could not always get a timely routine appointment and they could not pre-book an appointment with a GP. Patients consistently told us the system did not work for them and we saw that patients had raised concerns about the appointments system to the practice.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and overall the practice responded quickly when issues were raised. However, this was not the case for complaints relating to the appointments system.

Requires improvement



## Are services well-led?

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

Good



# Summary of findings

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

There were clear systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and monitor and improve quality. The practice had a dedicated member of staff who was the clinical governance lead.

Staff told us the practice encouraged a culture of openness. Clinical staff met on a regular basis to review patients' needs, care and treatment. These meetings also provided an opportunity to ensure effective communication between clinicians and provide peer oversight, support and challenge. The practice had an established and engaged patient participation group who were consulted with.

There was a clear focus on continuous learning, development and improvement linked to outcomes for patients. The challenges and future developments of the practice had been considered.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu. The practice provided a range of enhanced services, for example, the provision of care plans for patients over the age of 75 and screening patients for dementia.
- The practice had a higher than average percentage of older patients within the practice population. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages. Screening uptake for bowel cancer and breast cancer were higher than local and national averages. For example, 80.4% of females aged 50-70 had been screened for breast cancer compared to a national average of 72.2%.
- The practice contacted patients following admission to hospital to check if they required any services from the practice.
- GPs carried out regular visits to local care homes to assess and review patients' needs and to prevent unplanned hospital admissions. Home visits and urgent appointments were provided for patients with enhanced needs. However, as with all of the population groups the management of the appointment system required improvement to ensure it was responsive to the needs of all patients.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- A number of GPs held a special interest in elderly care including for those with complex conditions and one GP had a special interest in end of life care.
- Practice staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.
- The practice hosted a local service that promoted healthy lifestyles and encouraged people to increase their participation in activities.

# Summary of findings

## People with long term conditions

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Some of the GPs had lead roles in chronic diseases and practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health.
- Data from 2014 to 2015 showed that the practice was comparable with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation was 98% compared to a national average of 94.45%.
- Patients with long term conditions could make pre-bookable appointments with the practice nurses. Longer appointments and home visits were available for patients with long term conditions when these were required. However, as with all of the population groups the management of the appointment system required improvement to ensure it was responsive to the needs of all patients.
- The practice provided an in house phlebotomy service five days per week and this was reported to be more convenient for patients. The practice also provided a wound and leg ulcer clinic.
- The practice contacted patients following admission to hospital to check if they required any services from the practice.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.

Good



## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



# Summary of findings

- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.
- Family planning services were provided and the practice had a lead for Women's health. The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 80.56% which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours. However, parents we spoke with told us they had the same difficulties as other patients in getting through to the practice by telephone and they were not able to make a pre-booked appointment with a GP for their child. As with all of the population groups the management of the appointment system required improvement to ensure it was responsive to the needs of all patients.
- The premises were suitable for children and babies and baby changing facilities were available.

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

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

- The practice had not adjusted the appointments system sufficiently to ensure the service was flexible to meet the needs of this group. Concerns with regards to the appointment system were particularly challenging for this group.
- The telephone consultation system was advantageous for some people in this group as they did not always have to attend the practice in person.
- The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm in the evenings Monday to Friday, and from 8am to 8pm Saturdays and Sundays, through a pre-booked appointment system.
- The practice offered a range of online services as well as a range of health promotion, NHS screening and health checks that reflected the needs of this age group.

Requires improvement



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice provided primary care to vulnerable people living in a number of residential settings.
- As with all of the population groups the management of the appointment system required improvement to ensure it was responsive to the needs of patients. People whose circumstances make them vulnerable may find the appointment system more challenging.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available. The practice had undergone an assessment by the 'Deaf support network' to ensure the services provided met the needs of deaf people and those with hearing difficulties. The practice also provided some information in easy read format.
- The practice told us they had strong links with the travelling community and they tailored the way they communicated with patients from the travelling community to ensure it was to best effect.
- The practice hosted a monthly support service for people recovering from substance misuse.
- Information and advice was available about how to access a range of support groups and voluntary organisations.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- Data about how people with mental health needs were supported showed that outcomes for patients using this

Requires improvement



# Summary of findings

practice were similar to or better than average. For example, data showed that 82.4% patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This compared to a national average of 84.01%.

- GPs carried out cognitive assessments with patients and referred people to a local memory clinic for support if required. The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them. Practice staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.
- The practice worked with multi-disciplinary professionals in the case management of people experiencing poor mental health, including those with dementia.
- Patients were given screening tools to help in the diagnosis of their mental health.
- As with all of the population groups the management of the appointment system required improvement to ensure it was responsive to the needs of patients. People experiencing poor mental health may find the appointments system more challenging.
- A system was in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took.
- The practice hosted a psychotherapy service and patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations. Patients were also referred to secondary care as appropriate.

# Summary of findings

## What people who use the service say

The results of the national GP patient survey published on 7 January 2016 showed the practice was performing similar to other practices for patients' experiences of the care and treatment provided and their interactions with clinicians. However, the practice scored lower than local and national averages for questions about patients' experiences of making an appointment. 265 survey forms were distributed and 107 were returned which equates to a 40.4% response rate. The response represents approximately 0.6% of the practice population.

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

For example:

- 82.3% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.6% and national average of 88.6%.
- 89.3% said the last nurse they spoke to was good at listening to them (CCG average 92.6% national average 91%).
- 85.6% said the last GP they saw gave them enough time (CCG average 89.2%, national average 86.6%).
- 93.9% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%).

Overall, the practice scored lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 22.5% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a national average of 73.26%.

- 41.6% described their experience of making an appointment as good compared to a CCG average of 68.1% and a national average 73.3%. Conversely 43.2% described their experience of making an appointment as poor (CCG average 17.2%, national average 12.4%).
- 52.9% were fairly or very satisfied with the surgery's opening hours (national average 78.3%).
- 75.6% found the receptionists at the surgery helpful (CCG average 84.4%, national average 86.8%).
- 14.11% said they always or almost always got to see or speak to their preferred GP (national average of 36%).

61.08% percent of patients who completed the survey described their overall experience of the surgery as 'fairly good' or 'very good' compared to a national average of 85.05%.

We spoke with 16 patients during the course of the inspection visit and overall they told us the care and treatment they received was good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards. All of these were positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care. Staff were described as 'professional', 'helpful', 'excellent', 'courteous' and 'caring'. Patient's comments included; 'They go above and beyond' and 'I always receive a professional friendly service'. However, nine out of the 22 comment cards sited concerns with the appointments system with some patients expressing deep dissatisfaction with this. Patient's comments included; 'The system for booking appointments is inadequate, it's very difficult to obtain an appointment' and 'The appointment system is OK for emergencies but not for non-urgent appointments'.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

Action the provider must take to improve:

- The provider must review the appointments system to ensure it is responsive to the needs of patients.

### Action the service **SHOULD** take to improve

Action the provider should take to improve:

- Carry out a comprehensive review of service provision, staff capacity and demand for services.

- Implement a more effective system to record the actions taken in response to significant events and safety alerts.
- Demonstrate improvements to patient care through the completion of two cycle clinical audits.
- Review the arrangements for prescription security.

# Stockton Heath Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Stockton Heath Medical Centre

Stockton Heath Medical Centre is located on The Forge, London Road, Stockton Heath, Warrington, Cheshire. The practice provides a service to 16,776 patients. The practice is situated in an area with low levels of deprivation when compared to other practices nationally and unemployment levels are lower than the national average. The percentage of patients aged 65 years and over and 75 years and over is higher than the national average. The percentage of patients with long standing health conditions is higher than the national average.

The practice is run by four GP partners and there are an additional seven salaried GPs (5 male, 6 female). There are seven practice nurses. Three of these are nurse practitioners, one of whom is the executive clinical governance lead. The practice team also included three health care assistants, a practice manager and a team of reception and administration staff. The practice is a training practice.

The practice is open from 8am to 6.30pm Monday to Friday and appointments are available from 8.30am to 6pm

mid-week except for Thursdays when the last appointment is 5pm. Early appointments with a GP are available one day per week. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice has a Personal Medical Services (PMS) contract and offers a range of enhanced services for example; childhood vaccination and immunisation, facilitating early diagnosis and support to patients with dementia and health checks for patients who have a learning disability.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

## How we carried out this inspection

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

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

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

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

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

We carried out an announced visit on 24 February 2016. During our visit we:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at a weekly practice meeting and we were assured that learning from events had been disseminated and implemented into practice to prevent a re-occurrence.

A new way of recording how significant events were managed had been introduced. This was an improvement on the previous system but it could be improved further to include more detail about the outcome of investigations and the actions taken as a result.

### Overview of safety systems and processes

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

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

procedure). Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An assistant practitioner was the infection control clinical lead and they liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the practice had achieved high scores and we saw evidence that action was taken to address any improvements required as a result of the audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. Medicines prescribing data for the practice was comparable to national prescribing data. Staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved. The main stock of prescription pads were securely stored and single sheet prescriptions were logged and accounted for. However, some blank prescriptions were kept in printers and this may compromise the security of the prescriptions. The practice had introduced a contract for patients who were prescribed opiates (which are a group of medicines for treating pain that can be addictive) in an aim to support patients to reduce their use of these medicines and support managed withdrawal.
- The practice had a high level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate

## Are services safe?

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had been provided with training in health and safety. The practice had an up to date fire risk assessment. A fire drill was overdue and the practice manager told us they were aware of this and would schedule one. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella.
- The practice had a large staff team and arrangements were in place for planning the number of staff and mix of staff on duty. However, patients told us they had difficulties in getting through to the practice by telephone and in getting an appointment with a GP. The provider had not carried out a comprehensive review of service provision, staff capacity and demand for services in response to this.

### Arrangements to deal with emergencies and major incidents

- The practice had arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a robust system in place to ensure the medicines were in date and fit for use. The emergency medicines were reviewed periodically to ensure the medicines were appropriate for dealing with types of medical emergencies that might be encountered. The practice had a defibrillator (used to attempt to start a persons heart in an emergency) available on the premises and oxygen with adult and children's masks.
- Systems were in place to record accidents and incidents.
- A system was in place for responding to patient safety alerts. This should be reviewed to ensure it includes a timescale for actioning the alerts as we noted an example of a delay in the actioning of an alert.
- The practice had a 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

The clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE provides evidence-based information for health professionals.

Staff had ready access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice had a designated member of staff who was the clinical governance lead. The practice monitored the implementation of best practice guidelines through regular clinical meetings. These meetings also provided an opportunity for peer oversight and challenge on clinical decisions.

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.

### Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 96.8% of the total number of points available with 11.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators were comparable to or in some cases higher than the Clinical Commissioning Group (CCG) and national average. For

example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 99.8% compared to a national average of 88.3%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 92.62% compared to a national average of 89.9%.
- The performance for mental health related indicators was comparable to or in some cases higher than the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 91.11% compared to a national average of 84.01%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 82.44% compared to a national average of 84.01%. We did note however that exception reporting for mental health indicators were higher than the national average.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We found there had been no full cycle clinical audits completed in the last two years. One audit with regards to the prescribing of Cephalexin (an anti-biotic) had commenced in August 2015. Some action had been taken to reduce the prescribing of Cephalexin but a second data collection was required to determine if there had been any quality improvements. A system of effective clinical audit should be introduced. The practice should consider which audits to complete based on matters such as NICE guidance, recommendations from the local Clinical Commissioning Group (CCG) and the Royal College of General Practitioners.

# Are services effective?

(for example, treatment is effective)

Clinicians attended a weekly clinical meeting to discuss clinical matters and review the care and treatment provided to patients with complex needs. The meeting included multi-disciplinary professionals from across the locality.

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic, a wound and leg ulcer clinic, and an in house phlebotomy (taking blood for tests) service five days per week.

## 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.
- All staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with a range of additional training in topics such as: dementia awareness and mental health wellbeing. Staff had been provided with 'Making every contact count' training. This training is aimed to assist staff to be receptive to how patients present and to promote staff to provide advice to patients and signpost them for support with healthier lifestyle choices.
- Staff had been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Staff told us they were well trained and experienced to meet the roles and responsibilities of their work and we saw evidence of some high level training for lead members of clinical and non-clinical staff.

Clinical staff held lead roles and special interests in a range of areas including; elderly and intermediate care, learning disability, diabetes, palliative care, mental health, safeguarding, dermatology and minor operations,

medicines and women's health. Staff across the practice knew who the clinical leads were and patients could be allocated clinicians based on their clinical presentation or known health conditions.

Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. We noted that some clinical staff appraisals were overdue. The clinical governance lead had recognised this and was implementing a new system to ensure staff were provided with regular appraisal. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

Staff attended a range of internal and external meetings. GP attended meetings with the CCG and one GP was a lead in the CCG. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

The practice was a training practice. We spoke with a trainee GP who gave us very positive feedback about the quality of the training and support provided by the GPs.

## Coordinating patient care and information sharing

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and the care and treatment plans for patients with complex needs care were reviewed at these.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the

# Are services effective?

(for example, treatment is effective)

support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions. They also had a system to inform the out of hours service about patient's needs.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had completed training on mental capacity and they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people GPs were clear about their responsibilities to work within relevant guidance for assessing capacity to consent. Other clinical staff were able to give us an appropriate response in principle.

## Health promotion and prevention

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients

who had long term conditions were followed up throughout the year to ensure they attended health reviews and they were signposted to relevant services. Patients identified at risk of developing a health condition were referred to or signposted for lifestyle advice such as dietary advice or smoking cessation.

A weekly smoking cessation session was hosted at the practice. The practice also hosted an alcohol and drug misuse support service and a psychotherapy service on a monthly basis.

Information and advice was available about how to access a range of support groups and voluntary organisations.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors had been identified.

The practice encouraged patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 80.56%, which was comparable with the national average of 81.83%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer. Bowel cancer screening rates were higher than the national average. Childhood immunisation rates were in line with local averages.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The practice had a system that produced 'white noise' outside of some consultation rooms to ensure conversations from within the rooms could not be overheard from the waiting areas. The reception area was open to the main waiting area and not particularly conducive to private conversations. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 22 comment cards we received were highly positive and complimentary about the caring nature of the service provided by the practice. Patients said they felt the practice offered an 'excellent' service and staff were helpful and treated them with dignity and respect. Patients' feedback described staff as; 'brilliant', 'professional', 'diligent' and patients felt that staff 'listened' and showed 'compassion' and 'understanding' towards them. We found during discussions with staff that they consistently demonstrated a patient centred approach to their work.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between January - March 2015 and July - September 2015. The practice scored similar to average when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 85.6% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89.2% and a national average 86.6%.

- 84.6% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (national average 85.34).
- 89.1% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94.3%, national average of 91.9%).
- 89.13% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (national average 90.58%).
- 93.9% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%).
- 95.8% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98.1%, national average 97.1%).

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

- 75.6% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84.4% and a national average of 86.8%.
- 61.08% described their overall experience of the practice as 'fairly good' or 'very good' (national average 85.05%).

We met with six members of the patient participation group (PPG). The PPG was well engaged and actively involved in areas of development. They provided us with examples of the how their feedback had resulted in changes at the practice. For example the practice had changed the process for repeat prescriptions following feedback from the PPG.

We also spoke with an additional ten patients who were attending the practice at the time of our inspection. The majority of patients we spoke with gave us highly positive feedback about the caring nature of the GPs and other clinical staff. However, we did receive a small number of comments which indicated that some patients felt they had not always had a caring and positive experience during consultations.

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

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we

## Are services caring?

received was also positive and aligned with these views. However, results from the national GP patient survey showed the practice had scored similar to but lower than local and national averages for patient satisfaction in these areas. For example:

- 82.3% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90.6% and a national average of 88.6%.
- 89.3% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92.6%, national average of 91.0%)
- 78% said the last GP they saw was good at explaining tests and treatments (CCG average of 86.1%, national average of 86%).
- 86.3% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90.8%, national average of 89%)
- 71.52% said the last GP they saw was good or very good at involving them in decisions about their care (national average of 85.09%).

- 71.5% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (national average of 85.09%).

Staff told us that translation services were available for patients who did not have English as their first language. The practice's website provided information about the services provided in a wide range of languages.

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

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

The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks.

Patients receiving end of life care were signposted to support services. Clinical staff contacted bereaved family members. They also signposted people to bereavement support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

The practice reviewed hospital admissions data on a regular basis. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Robust systems were in place to ensure referrals to secondary care and results were followed up.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and appointments were available from 8.30am to 6pm mid-week except for Thursdays when the last appointment was 5pm. Health care assistants could provide pre-booked early morning appointments five days per week and an early morning surgery for GP appointments was provided one morning per week. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at the Health and Wellbeing Centre in Warrington town centre from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment.

The appointment system was not always responsive to patients' needs. Patients could make pre-bookable appointments with practice nurses and health care assistants. However, all appointment requests for GPs (with the exception of a small number for follow ups) were 'book on the day' appointments. The appointment system for consultations with GPs worked on the basis that patients contacted the practice by telephone and reception staff took some basic details from them about the nature of their request. A GP was then scheduled to call the patient back to provide a telephone consultation. If a patient required a face to face appointment after speaking with a GP then they were invited in to the practice the same day or a home visit was provided if this was required. The system

resulted in a high number of patients trying to get through to the practice by telephone early in the morning in an attempt to secure an appointment. At a point early in the day the majority of appointments had been allocated and only urgent appointments remained. If a patient had not been successful in getting a routine appointment for that day and they did not require an urgent appointment they had to start the process of trying to get an appointment again the following day. The majority of patients we spoke with told us they were very dissatisfied with the appointment system.

Some patients described scenarios whereby they had had a consultation with a GP and been advised to return for a follow up appointment. But when they presented at the reception desk they were told they could not make a pre-booked appointment and would have to request an 'on the day' appointment when they required this. We were told that this should not happen as clinicians had the capacity to schedule follow up appointments but based on our findings this was not always being followed. Patients told us they found this very frustrating as they had to start the process of trying to get an appointment again.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were lower than local and national averages. For example;

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 22.51% compared to a national average of 73.26%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 52.99% compared to a national average of 78.3%.
- 60.2% they were able to get an appointment the last time they wanted to see or speak with a GP or nurse, compared to a national average of 76.06%.
- 41.6% of patients described their experience of making an appointment as good (CCG average 68.1%, national average 73.3%). Conversely 43.2% described their experience of making an appointment as poor (CCG average 17.2%, national average 12.4%).
- 64.4% said the practice was open at times that were convenient (CCG average of 69.1% and a national average of 73.8%).

# Are services responsive to people's needs?

(for example, to feedback?)

The practice was aware of the extent of patients' dissatisfaction with the appointments system and they told us they had carried out a number of reviews and implemented changes to the system in response. The last major change to the system was in 2014 when the practice ceased using the 'Doctor First' appointment system. The practice had maintained some aspects of this system, for example telephone consultations were provided as the first point of call with the GPs followed by face to face appointments on the same day. But other aspects of the system had been discontinued without a comprehensive review of the impact this would have on patients. A sufficiently detailed and comprehensive review of the appointments system is required to ensure the system is flexible and responsive to the needs of patients.

Longer appointments and home visits were available for older patients and patients with enhanced needs. Same day appointments were provided for patients who required an urgent appointment and for babies and patients with serious medical conditions.

The practice was located in a purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing and translation services were available. Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. For example some information had been produced in an easy read

format and staff told us they had strong links with the travelling community and they tailored the way they communicated with the travelling community in response to their needs.

## **Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns. A complaints policy and procedures was in place that provided patients with an overview of how they could expect their complaint to be dealt with and with contact details for referring complaints on to NHS England and the Health Ombudsman.

There were designated members of staff who handled all complaints in the practice. The clinical governance lead handled all clinical complaints and the practice manager handled all other complaints. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate.

Complaints were a standing agenda item to be discussed at practice meetings. Overall we found that lessons had been learnt from concerns and complaints and action had been taken improve the quality of care and patients' experience of the service. However, we saw a high number of complaints had related to the appointments system and at the time of our inspection there had been few actions taken to significantly improve patients' experience of making an appointment.

# 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 delivered high quality care and treatment. The practice had a mission statement and staff knew and understood the values within this.

The GP partners had knowledge of and incorporated local and national objectives. One of the GP partners was a lead with the Clinical Commissioning Group.

### Governance arrangements

The practice had systems and procedures in place to ensure the service was safe and effective. There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.

The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to or higher than other practices locally and nationally for the indicators measured.

There was a clear staffing structure and lines of accountability were clearly understood by staff. Staff told us they felt appropriately skilled and experienced to meet their roles and responsibilities and they had been provided with a range of good quality training. Staff told us they felt well supported overall. However, from our discussions with staff and our review of records it was evident that issues of staff capacity and demand for services was having a negative impact for some staff.

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

There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care. The practice manager had started to improve how these meetings were recorded to ensure the minutes were detailed and informative.

Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role. We found some differences in staffs' responses to questions about procedures. This was not in relation to major issues but it was apparent. The practice told us they had started to introduce new standard operating procedures and they would be reviewing all procedures as part of this.

### 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, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen them.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice

Staff were aware of which GPs had lead roles and special interests for the different areas of work and therefore they knew who to approach for help and advice.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

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

Patient feedback about staff in all roles was positive. Patients told us they felt staff provided a high quality service. Many of the patients we spoke with told us that whilst they had difficulties getting an appointment, when they did see a GPs the care and treatment they received was 'excellent' and 'first class'. Our findings supported this view as we found that patients were provided with a high quality service from experienced and skilled clinicians.

The practice actively encouraged and valued patient and staff feedback through a range of means such as; the patient participation group (PPG), face to face discussions, complaints, staff appraisals and staff meetings.

# Are services well-led?

Good 

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

The PPG was well engaged. Members of the PPG told us they were involved in a range of activities including; regular attendance at meetings with practice staff which sometimes included guest speakers to impart information about health matters and local initiatives, supporting events, and consultation on policies and procedures. Feedback from some members of the PPG about the management of the appointments system was aligned with the feedback we received from patients overall.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included

the practice providing training for GPs, being involved in local schemes to improve outcomes for patients and having representation on the CCG. The GPs and management team were aware of challenges to the service. These included: the increasing demand for services with the growth of the older patient population, new and changing expectations in line with changes in the local health economy, and changes to contractual arrangements. They told us areas for development included; improving on line access and patient uptake of this, developing innovative ways of providing care and treatment, and ensuring succession planning for GPs.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider has not assessed, monitored or improved the quality of the service in relation to the management of the appointments system in response to feedback from people who used the service.  Regulation 17(1)(2)(a).