Care Quality Commission

York Road Group Practice

Quality Report

York Road
Ellesmere Port
Cheshire
CH65 0DB
Tel: 0151 355 2112
Website: www.yorkroadgrouppractice.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.

Summary of findings

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Summary of findings

Overall summary

York Road Group Practice provides general medical services from a health centre which was purpose built about 22 years ago. There are five male GPs and one female GP working at the practice. The health centre is open from 8am to 6:30pm Monday to Friday inclusive and is closed at the weekend. The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities:-

- Diagnostic and Screening
- Family Planning
- Maternity and midwifery services
- Treatment of disease, disorder and injury
- Surgical Procedures

We spoke with GPs, staff, patients and the relatives of patients during our inspection. Patients we spoke with and who completed our CQC comment cards told us they were generally happy with the services they received. We saw that the service is provided in premises which are well maintained and clean.

There are systems in place which ensured the safety of patients. These included learning from occurrences, experiences and events and included the safe use of medicines administered on site. We saw data which demonstrated the service was effective in meeting the wide ranging needs of patients. Systems are in place to monitor the quality of care given to patients. Good management control systems are in place and included those for the management of clinical risk.

Patients told us they felt involved in discussions about their own health care and about the treatment options available to them. We saw patients being spoken to with sensitivity and respect by all staff during the course of the inspection. All staff have access to equipment, guidance and training. Staff received adequate information about the patient to support clinical decisions and effectively respond to those in urgent need.

Staff described the service as having a strong management team. Staff told us they felt appropriately trained and supported to do their job and we saw records to show new members of staff were properly inducted, checked for suitability and safety to work in their given role.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Patients were protected from harm and abuse because relevant and effective policies and procedures were in place and monitored. Healthcare staff were able to recognise if an incident had occurred and act accordingly.

Events and incidents were appropriately shared with staff.

The practice had systems in place to safeguard vulnerable patients from the risk of harm and staff had received training relevant to their role.

The premises were clean. Effective monitoring systems were in place to ensure the basic safety of the building was maintained. Medicines were stored and administered properly.

Staff ensured that patients received appropriate treatment and support.

Are services effective?

Care and treatment was delivered in line with current good practice. Patients' needs were identified and actions were taken to meet these needs and where necessary hospital referrals were made in a timely manner. We saw that healthcare professionals obtained patient's' consent to treatment.

The team made effective use of clinical audit tools, as well as clinical supervision and staff meetings were held to assess and support the performance of clinical staff.

York Road Group Practice was teaching and training doctors. One of the GPs described how the doctor training process was advantageous to the practice as a whole in helping to support, continually review and discuss new best practice guidelines for all staff. The practice offered all staff annual appraisals in order to review performance at work and to identify development needs for the upcoming year.

Are services caring?

The 23 patients we spoke with as well as the 28 out of the 30 patients who responded to us by completing and returning our Care Quality Commission (CQC) comment cards were positive and appreciative about the services and how they were provided.

Summary of findings

Comments referred to the staff at York Road Group Practice as being kind and compassionate and patients said that they were treated with dignity and respect. The provider had set up a Patient Participation Group (PPG).

Staff told us that they were aware of the importance of providing privacy to patients at all times. We saw that a vacant room was available for any patients wanting a conversation of a private nature with a member of staff.

Are services responsive to people's needs?

The practice operated a clear complaints policy and we saw documentation logging responses to complaints, concerns and comments they received about the service.

The practice made adjustments to meet the needs of patients including having a hearing loop system in place. Staff knew about how to access interpreter services for patients who did not have English as their first language. The premises were accessible by wheelchair users. The practice was responsive to patient feedback and patient survey using the patient participation group (PPG).

Are services well-led?

The management team had a clear vision with appropriate management systems in place. Staff told us that they felt appropriately trained and supported to do their job. However, we found staff would welcome the opportunity to be more involved and contribute to the on-going development of the practice. We saw records which showed new members of staff were properly inducted, checked for suitability and safety to work in their given role.

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
Older people had access to safe services. These services were observed as being well received by patients and we saw that they had confidence in them, with the staff who provided and supported the services being described by patients as kind and compassionate. Care and treatments were in line with good practice and the practice worked in collaboration with other services and agencies to provide care and support.

Good information was available to carers. Older people were well represented on the patient participation group (PPG). The services were delivered and monitored by a management team keen to improve services.

People with long-term conditions
People with long term conditions were supported by a clinical healthcare team. We saw that the team were educated in the number of patients with long term conditions and their overall healthcare needs. Patients were cared for in line with good practice guidelines and the healthcare team was attentive and responsive to continual changes to patient's needs. Healthcare professionals were skilled in dedicated areas and their on-going education meant that they were able to ensure best practice was being maintained.

The patient participation group (PPG) representatives were generally older people, but the group was mindful to represent the needs of people with long term conditions. With the management teams on-going commitment to improve the services they provided, their proactive approach to recruitment of patients with long term conditions into their PPG was an item at the forefront of their agenda.

Mothers, babies, children and young people
Mothers, babies, children and young people benefited from the support of a multi-disciplinary healthcare team. The team cared for people in line with good practice guidelines and which ensured that patient's needs were responded to if and when their needs changed. Screening and vaccinations programmes were in place and these were managed in order to support patients.

The safeguarding and child protection was led by a practice GP. Non-attendance of babies and children at vaccination clinics was monitored. The practice worked in collaboration with the community health visiting team.

Summary of findings

The working-age population and those recently retired
The working-age population and those recently retired were able to receive safe services in line with all relevant good practice guidelines. Patients told us the staff communicated well and that the practice was friendly. The management team delivered and monitored the services so that they maintained a process of continual improvement to the services provided.

A range of services were provided for patients to consult with GPs and nurses, which included telephone consultations. Some patients said that they had to wait for an appointment.

People in vulnerable circumstances who may have poor access to primary care
Safeguarding training was undertaken by all healthcare staff to ensure the safety of vulnerable adults and all staff had received this training within the last year. All staff at the practice were aware of what measures to take regarding the safeguarding of vulnerable adults. Staff had access to the local authority's contact and procedural arrangements.

The practice had arrangements in place to operate longer appointments which were to be made available where very vulnerable people's conditions required it.

People experiencing poor mental health
Safe services were provided to people who experienced mental health problems. This was in line with relevant good practice guidelines. The practice recorded all patient details who experienced mental health problems. The practice provided and arranged services which were age appropriate and considerate to the challenges faced by people in this population group. Patients told us that the practice offered a good service.

Summary of findings

What people who use the service say

We received 30 completed Care Quality Commission (CQC) comment cards. Of the 30 comment cards returned, 28 were very complimentary of the practice. Three of the comment cards provided explanations about specific instances of care. One card gave the practice a rating of 6 out of 10. Another card described a patient's individual and specific experience in relation to a cancelled appointment. Another card said that sometimes it seemed like the doctor did not really listen. Four of the comment cards spoke about difficulties in how patients obtained appointments. The patient participation group (PPG) spoke positively of the practice.

NHS choices survey, results for the national Patients Survey, stated that 65.1% of patients would recommend their GP surgery, 32.2% of patients rated their ability to get through on the phone as very easy or easy, 54.5% of patients rated their experience of making an appointment as good or very good and 77.5% was the score given for opening hours.

Areas for improvement

Action the service COULD take to improve

The feedback from some patients was they wanted better access to appointments and at times people could not get through to the practice by telephone. Some people told us they had to wait over 30 minutes for their scheduled appointment, but if they were a few minutes late arriving for their appointment it could be cancelled and rescheduled. Some patients were concerned by this.

Broader patient representation on the patient participation group could bring about improvement in the involvement of patients in decisions about the range and quality of services provided.

Care Quality Commission

York Road Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included a supporting CQC inspector, a Practice Manager and an Expert by Experience. Experts by Experience are people who have experience of using care services.

Background to York Road Group Practice

York Road Group Practice has operated in its current premises since 1992 and there is car parking with easy access for people with disabilities. On the ground floor there are consulting rooms, practice nurse rooms, a treatment room and a minor surgery room. In addition to the team of six GPs and one nurse clinician there are four practice nurses, a healthcare support worker, a practice manager and 15 administrative staff.

The practice also has medical students and general practitioner registrars from time to time.

The practice provides out of hours support whereby after normal practice hours, the practice participates in the Cheshire West Out of Hours Co-operative with other practices in Ellesmere Port. This service is based at Ellesmere Port Hospital.

The service is responsible for providing primary care to over 12,000 patients and reports to the NHS West Cheshire Clinical Commissioning Group. The services available include minor surgery, baby / maternity care; breast screening, carers, cervical screening, child health, immunisation, sexual health and stopping smoking.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem

Before visiting, we reviewed an extensive range of information we had received from the service. We looked at looked at the practice's policies, procedures and a range of audits. We also asked other organisations to share their

Detailed findings

information about the service. We reviewed other publically available information. We also reviewed 30 CQC comment cards where patients and members of the public shared their views and experiences of the service.

We carried out an announced visit on 2 June 2014 between 8:30am and 6:00pm.

During our visit we looked carefully at the premises. We spoke in some detail with a range of staff which included GPs at the practice, the registered manager, the practice manager, receptionists, nurses and we spoke with 23 patients who used the service. We saw how people were being attended to and talked with patients who formed part of the Patient Participation Group (PPG).

Are services safe?

Summary of findings

Patients were protected from harm and abuse because relevant and effective policies and procedures were in place and monitored. Healthcare staff were able to recognise if an incident had occurred and act accordingly.

Events and incidents were appropriately shared with staff.

The practice had systems in place to safeguard vulnerable patients from the risk of harm and staff had received training relevant to their role.

The premises were clean. Effective monitoring systems were in place to ensure the basic safety of the building was maintained. Medicines were stored and administered properly.

Staff ensured that patients received appropriate treatment and support.

Our findings

Safe Patient Care

Patients we spoke with who used the service told us they felt safe and that they had confidence in their GPs and nurses. There were no concerns raised with us by patients about their safety at the practice.

We did not receive any concerns from NHS England regarding the safety at the practice.

There were successful systems in place for reporting safety incidents and allegations of abuse. These were in line with national and statutory guidance.

Incident reporting guidance was clear and staff could describe their role in the reporting process as well as those who held accountability in procedures. Information regarding outcomes from any incidences or occurrences was provided to staff via meetings.

Learning from Incidents

We evaluated how the practice managed serious or significant incidents. Documentation demonstrated that the system in place was managed in line with guidance issued by the national patient safety agency (Seven Steps to Patient Safety in General Practice). The practice operated a process of significant event analysis (SEA).

We looked at two examples of SEA audits carried out at the practice and found where necessary a more robust investigation (called ‘root cause analysis’) was carried out. Results, conclusions and improvements that could be made from significant events were cascaded to staff via training and meetings. Practice staff we spoke with told us that they were encouraged to raise concerns and received feedback from any incidents they reported. The provider showed us responses to patients where they were also informed of the outcomes of the incident.

The practice shared information from the SEA audits with the National Reporting and Learning Service, the Clinical Commissioning Group and other local practices in order that lessons could be shared to promote patient safety. We saw that the practice had acted on external recommendations from other agencies such as the Medicines and Healthcare products Regulatory Agency (MHRA).

Are services safe?

Safeguarding

Prior to the inspection, the practice supplied us with policies in place for the safeguarding of vulnerable adults and children. We examined the policies and found they comprehensively described the different forms of abuse and what staff should do if they suspected abuse.

There was a named safeguarding lead who was able to describe how the practice operated and monitored children on the 'at risk register'. We found that doctors attended, when possible, multi-disciplinary child protection meeting and were able to provide, in a timely manner, relevant information as requested. There was a system in place to monitor vulnerable children and to ensure appropriate information was shared. This meant vulnerable patients were receiving coordinated care, support and monitoring from other professionals involved in their care and treatment.

Staff had received training both at induction and as part of a continuous training programme to ensure they were kept up to date. The procedures and training in place meant that patients were at reduced risk of abuse not being identified and responded to.

Staff we spoke with confirmed that they had in place and understood a whistleblowing policy. They also told us that they had access to a handbook which contained the whistleblowing policy and were advised to approach the practice manager with any concerns they had with the understanding that their concerns would be dealt with confidentially and in a supportive manner.

Monitoring Safety & Responding to Risk

We saw the reporting mechanisms the practice had in place to deal with significant events. We saw there had been suitable investigations and actions taken to prevent reoccurrences and saw staff meeting minutes which verified that the practice shared this information with staff members.

We saw evidence that staff were trained in how to deal with medical emergencies, including resuscitation. The staff we spoke with explained to us how they were confident in carrying out the training that they had received. This showed to us that patients could be reassured that if a medical emergency did occur and that the provider had sufficiently trained staff in place to deal with the situation.

Registered providers must notify the Care Quality Commission (CQC) of certain events or occurrences. We spoke with the registered and practice managers who knew of their requirements to notify CQC. This included any changes, certain events and incidents which would affect the service. We found the practice was aware of these requirements and had previously notified the CQC of changes.

The practice had staffing contingency plans in place during periods that were considered to be peak operational periods. This periodically meant bringing in temporary and locum staff when necessary.

Medicines Management

We looked at the arrangements in place for medicines management and spoke with the medicines manager. We found there were standard operating procedures in place for using certain medicines to ensure all clinical staff followed the same procedures.

A restricted amount of medicines were stored in the practice and we saw evidence that all medicines were checked for their expiry dates provided by the manufacturers which ensured their effectiveness.

The practice had an assigned fridge for medicines and vaccinations needing to be stored at a certain temperature. The fridge temperatures were regularly checked and recorded in line with the practice policy and in line with the manufacturer's guidance for storage. The practice nurse we spoke with regarding this showed us the log and we could see that the medicines and vaccinations were correctly stored between 2-8 degrees Celsius and that the medicines were safe for clinical use.

We also saw that the doctors' bags were properly maintained. We saw records for the medicines used confirming that they were in date and stored correctly. The doctors bags were checked and replenished on site by the nursing team and the medicines contained were listed and the record was kept securely on the computer system and updated as necessary.

There were no comments received from patients regarding problems receiving repeat prescriptions.

There was a policy in place for the prescribing of controlled drugs. There were no controlled drugs on site at the time of the inspection. Prescribing guidelines for controlled drugs were in place and appropriate audits were carried out.

Are services safe?

Cleanliness & Infection Control

We saw that the medical centre was visibly clean and tidy and that the patient waiting area was light and clean.

We looked at consulting rooms and these were clean with hand sanitising liquids provided which were located close to the sinks. The wall mounted dispensers had embossed into them written and pictorial information which promoted good hand hygiene.

There were sufficient quantities of gloves and aprons and the consulting couches had paper rolls protecting them. There were appropriate procedures in place to protect staff and patients from dangers associated with sharp equipment such as needles. The clinical waste bins were stored out of the reach of children.

We spoke with staff who told us they were trained in infection control and we spoke with the nurse with lead responsibilities for infection control. We saw good audits for infection prevention and control and saw where areas of improvement had been identified as part of a cycle of continuous improvement. The audits included timescales to complete the improvements. We saw how and when the clinical waste was disposed of. We also saw evidence of the cleaning schedule and spoke with the cleaning staff on duty at the time of the inspection.

Staffing & Recruitment

Recruitment policy and recruitment processes were in place and in use. We saw that references were requested and recorded and notes were made at interviews. People who were recruited to work at the practice provided written employment summaries or curriculum vitae (CVs) and proof of their identity and all this information was kept securely in a personnel file. Staff we spoke with agreed that the recruitment process was thorough. Clinical staff had undergone thorough checks with the Disclosure and Barring Service (DBS).

All staff were subject to checks to assess their suitability to work with vulnerable people and staff told us they had complete an induction course when they took up their post. We saw evidence of the induction course and their attendance.

Dealing with Emergencies

We checked the emergency medicines, defibrillator and oxygen. We saw evidence that these were checked on a regular basis and these checks were recorded and the records kept. These documents demonstrated a good audit process. We saw certificates to verify the GPs, staff and nurses had received training for basic life support.

We reviewed the business continuity plan for the practice. The plan acknowledged management plans for dealing with potential foreseeable risks. This ensured systems were in place to observe the safety and effectiveness of the practice and its services in the event of a national or localised incident to reduce the risk of patients coming to harm.

Equipment

Suitable medical equipment was available and in place. We saw that this had been properly serviced and the equipment was accessible and stored safely. Staff had received documented training in order to be able to use or operate the equipment at the practice.

To certify that the practice was safe, contracts were in place to ensure safety checks of equipment such as fire fighting equipment and the calibration of medical equipment. We looked at maintenance and service records including those for gas and water testing. We also saw records concerning the testing of portable electrical equipment. There were no water storage tanks on the premises which would require legionella precautions.

Are services effective?

(for example, treatment is effective)

Summary of findings

Care and treatment was delivered in line with current good practice. Patients' needs were identified and actions were taken to meet these needs and where necessary hospital referrals were made in a timely manner. We saw that healthcare professionals obtained patient's' consent to treatment.

The team made effective use of clinical audit tools, as well as clinical supervision and staff meetings were held to assess and support the performance of clinical staff.

York Road Group Practice was teaching and training doctors. One of the GPs described how the doctor training process was advantageous to the practice as a whole in helping to support, continually review and discuss new best practice guidelines for all staff. The practice offered all staff annual appraisals in order to review performance at work and to identify development needs for the upcoming year.

Our findings

Promoting Best Practice

The practice employed a duty doctor system on each day whereby a GP acted as duty doctor for the day. They undertook a telephone triage of all emergency calls from patients, performed home visits when necessary and undertook some practice based patient consultations.

Clinical staff used evidence based sources of information such as the National Institute for Health Care Excellence (NICE). For complex conditions, well established access to hospital consultants was utilised. The GPs had well established access to hospital consultants. The practice also had close contact with other agencies and services to ensure patients were given the best care and opportunities using the 'joined up' health and social care. Notes were completed by the clinicians responsible and detailed the care the patient received.

The practice offered services including minor surgery, baby / maternity care; breast screening, carers, cervical screening, child health, immunisation, sexual health, stopping smoking, teenage health and travel information demonstrating a proactive approach to healthcare services. This approach to services provides health promotion which is considered best practice. For example, immunisation is no longer contractual but continuing to offer the service and providing information so as parents can make an informed decision as parents are reliant on healthcare professionals for information.

The Quality and Outcome Framework (QOF) information showed that the practice was, year on year, pursuing attainment and improvements in addressing such health challenges as smoking and lifestyle issues.

Practice nurses gave good accounts of how they worked with their patients especially teenagers and young adults. They told us about how they were improving young people's access to services. For example, providing a drop-in, confidential teenage health clinic once a week where young people could be seen without needing to pre-book an appointment.

Management, monitoring and improving outcomes for people

The practice employed some staff in organisational roles in order to support, monitor and improve patient outcomes. For example, we met with the medicines manager. She

Are services effective?

(for example, treatment is effective)

gathered information which supported the practice in carrying out medicine audits and the maintenance of medicines. We were told by staff how clinical audits were linked to medicine management information, safety alerts or as a result of the Quality Outcomes Framework (QOF) performance. This QOF information for 2013-2014 indicated the continuing effective commitment of the practice in supporting patients with long term conditions.

The practice had other systems in place which supported GPs and other healthcare professionals to improve clinical outcomes for patients. For example, up to date registers of patients receiving long term conditions and receiving long term medications / prescriptions.

Staffing

The practice kept records that demonstrated that staff were recruited and appointed using proper procedures and processes. New staff were provided with training on appointment, often referred to as induction. They were supported and monitored very closely during their first few weeks in post identifying strengths and where additional training may be needed. The training on appointment included reading the policies and procedures of the practice and meeting with their line manager to confirm their suitability for the role. All staff were able to access relevant up to date policy documents on the computer central storage system. Everyone we met had a job description.

Weekly meetings took place for each staff group and minutes were taken as necessary and were forwarded as necessary.

All staff were supervised and annual appraisals were recorded in writing. Clinical staff had allocated clinical supervision recorded and felt that this was a valuable process.

Opportunities were made available annually to staff to receiving training and all of their statutory training had been completed. Nurses had support with their on-going professional education and GPs had protected learning time and revalidations had been completed. They also had time to meet with their external appraisers and to reflect on their practice.

Working with other services

All GPs worked with other specific health services and agencies as required. We saw that there were regular clinical meetings for all the GPs, health visitors, community psychiatric nurse (CPN) and district nurses where reviews were undertaken or specific education and training on specific clinical topics were addressed. These included end of life care and mental health needs. The practice shared clinical information through the NHS EMIS IT system which supported good patient care. The out of hours service with the practice participating in the Cheshire West Out of Hours Co-operative with other practices in Ellesmere Port, based at Ellesmere Port Hospital also demonstrated a strong collaboration in working with other services

Information received from other agencies, for example hospital departments, were read by the duty GP and actioned on the same day.

Health Promotion & Prevention

New patients were being accepted by the practice. All new patients completed a questionnaire and were given a new medical patient appointment. This enabled to practice to provide individualised care and support. We saw that new patients were offered a consultation and assessments were undertaken. Life style risk factors were considered and patients were offered advice and support in relation to risk factors such as diet, smoking and drinking alcohol. For patients and families in need of end of life care, protocols were in place and multi-disciplinary care team were provided.

Patients were supported to manage their health and well-being by information, clinical systems and advice given by the practice. These included national screening and vaccination programmes, long term condition reviews and healthy living information.

The practice offered flu vaccinations, travel advice and was committed to young people and teenage health promotion initiatives.

Screening and assessments for depression were undertaken and physical checks for people suffering from mental health conditions.

The practice provided a variety of supporting information and leaflets to patients and carers in relation to services provided as well as offering advice and support networks available within the community.

Are services caring?

Summary of findings

The 23 patients we spoke with as well as the 28 out of the 30 patients who responded to us by completing and returning our Care Quality Commission (CQC) comment cards were positive and appreciative about the services and how they were provided. Comments referred to the staff at York Road Group Practice as being kind and compassionate and patients said that they were treated with dignity and respect. The provider had set up a Patient Participation Group (PPG).

Staff told us that they were aware of the importance of providing privacy to patients at all times. We saw that a vacant room was available for any patients wanting a conversation of a private nature with a member of staff.

Our findings

Respect, Dignity, Compassion & Empathy

There were a total of 51 patients who were spoken with or provided comment card feedback who responded positively and complementary about the practice and the services it provided.

Patients we spoke with said they were treated with dignity and respect. This was evident for patients of all ages – adults and children. Patients told us they could talk privately and in confidence with their GP and other staff. We saw that consultations rooms were provided for patients who needed to speak privately with a member of staff. Patients said that their needs were listened to carefully and that they were treated well when they requested privacy. These rooms were equipped with curtains around the examination couch to maintain patients' privacy. A chaperone service was available to patients on request and we met patients who were happy with the chaperone arrangements because they had used it. Chaperone training was delivered in house or by an external company and training time for this was protected to ensure this important training was completed. Six staff had received this training.

We also saw that the NHS choices website recorded a positive score of 2 ½ stars out of five stars rating for dignity and respect for the most recent survey completed 2012 / 2013 and that most recent practice survey recorded 81% of patients who responded said that reception staff were helpful. Furthermore, the most recent practice survey recorded 91% of patients who responded thought that they had been given enough time by the GP during the consultation.

Involvement in decisions and consent

We spoke with patients who told us that they felt included in their treatment regime and when choices were made. Where consent was expressly required, patients said that they were asked in a timely and proper way. The practice provided written information as requested by the patients or their relatives where necessary. Staff explained to us how patients were involved in making decisions. Staff knew about how decisions should be made in keeping with the requirements of the Mental Capacity Act 2005, including when best interest decision would be made and how. Also staff knew about how decisions should be made in keeping

with the requirements of the Children Act 1989 and The Children's Act 2005. Literature advising and supporting health promotion and lifestyle choices was made available in the patients' waiting area.

The practice had a consent policy in place. Staff were provided with the policy information and when consent was required and how the information should be recorded. We were told that verbal consent was noted in the patients' records and that written consent was obtained for joint injections and minor surgical procedures.

The most recent practice survey recorded 77% of patients who responded said that they were involved in decisions about their care.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice operated a clear complaints policy and we saw documentation logging responses to complaints, concerns and comments they received about the service.

The practice made adjustments to meet the needs of patients including having a hearing loop system in place. Staff knew about how to access interpreter services for patients who did not have English as their first language. The premises were accessible by wheelchair users. The practice was responsive to patient feedback and patient survey using the patient participation group (PPG).

Our findings

Responding to and meeting people's needs

The practice served a large patient community of over 12,000 patients and that it was working hard to listen to such a wide range of patients' 'voices'.

It had been seeking the views of patients. For 2013 / 2014 200 patient surveys had been issued. Of the 200 152 replies were received. The practice has made responses to these replies which included that the patient participation group had been better advertised and that notice boards in the surgery had been rotated so that patients could see all the information available. Also, patients received a receipt when they ordered a repeat prescription over the internet and there were improved triage telephone call back arrangements.

For people who did not have English as a first language we were told translation arrangements were accessible. However, on the day of inspection we observed one patient who may have required an interpreter but did not have one made available.

Signs were readable and visible and access to consultation and treatments rooms on the ground floor level meant that facilities were accessible to people with reduced mobility.

Arrangements were made with the District Nursing Team for housebound patients needing vaccinations. Clinics were provided for adult and children vaccinations, including holiday and travel vaccinations.

A nurse led youth drop in clinic was made available off site and which supported a range of teenage health needs.

There was a large patient waiting area accessible to wheel chair users and furnished with an audio loop system for patients with a hearing impairment. Parking was available nearby. There were disabled toilet facilities.

Access to the service

Patient's commented that it could be very difficult to get through to the practice by telephone. Some patients said that they had particular problems when they called early in the morning to book an appointment and others experienced similar problems after lunch. Some patients told us getting an appointment was not easy. Some patients told us that on arriving for their appointment they had to wait a long time to be seen. We were told that one person was not seen for more than 30 minutes after the

Are services responsive to people's needs?

(for example, to feedback?)

scheduled appointment time. Some patients said that their appointment would be cancelled by the practice if they were just a few minutes late for their scheduled appointment time.

The practice had considered ways to address improvements to access of services. A new telephone system had been introduced. Though call volume was high this system enabled text message reminders to be sent and this it is anticipated, in time, reduce missed appointments. Online appointment booking was also being rolled out. Though these were not for same day appointments the initiative had been well received by the patient participation group (PPG).

Patients said that they could make an appointment to see a named GP if they wished and they did not mind waiting a few days to see a named GP of their choice.

The service also provided GP home visits for people who were not well enough to attend the practice. A range of appointments were available which included telephone consultations and people could book these in person or by telephone.

Concerns & Complaints

The practice recorded and analysed concerns and complaints and lessons learned were applied and improvements were made in response to them.

There had been historical complaints about the triage system. This system had been carried out by the GPs at the practice. As a result of the high incidences of complaints the practice introduced a system whereby a patient, when booking an appointment, were given a leaflet on how to make a complaint. This resulted in a dramatic reduction in the number of complaints the practice received.

Monitoring arrangements were in place to ensure timely responses to complaints were made by the practice. We saw that the practice had a clear complaints policy and responded to complaints and comments about the service in accordance with their policy. We took some time in the course of the inspection to consider one specific instance of a complaint which was the subject of an investigation by bodies beyond the practice itself. We discussed with the provider the history of the reported complaint and the investigation which was continuing. We explored how the provider had acted in supporting the investigation. We saw that the practice was working openly and co-operatively with others in getting to the facts of the case.

Are services well-led?

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

Summary of findings

The management team had a clear vision with appropriate management systems in place. Staff told us that they felt appropriately trained and supported to do their job. However, we found staff would welcome the opportunity to be more involved and contribute to the on-going development of the practice. We saw records which showed new members of staff were properly inducted, checked for suitability and safety to work in their given role.

Our findings

Leadership & Culture

The practice had a patient charter in the very thorough practice leaflet. The practice values were also set out for patients on the website.

Management systems, sometimes called 'governance', were in place and understood. Staff spoke very positively about the practice and were clear about the values of the practice. Some staff were less clear about the future direction and strategy of the practice. Some staff felt that the GPs were not very inclusive in terms of communicating the management and planning arrangements. Some staff felt that they could be included more in the operational and strategic decision making and future planning processes. The practice will consider these developmental needs as part of its ongoing governance arrangements and leadership strategy.

The leadership arrangements in place made information available to staff via regular schedule of minuted meetings held within the practice.

Governance Arrangements

The practice operated a decision making processes which monitored all aspects of the service using recognised primary care processes. These were in line with current best practice approaches to clinical governance in primary care. These were used in a succession of constant improvement, fundamental to the process of audit. They included medicine audits across a specified range of medical conditions and diagnoses in areas sometimes referred to by doctors as access, long term conditions and near patient testing. Audits of GP registrars prescribing were carried out externally and quality and outcome framework (QOF) outcomes were compared to other practices. Patient pathways were also in place to reduce the number of admissions to the accident and emergency department.

Systems to monitor and improve quality & improvement

The data collected by the practice for the quality and outcomes framework (QOF), and other national initiatives such as screening and vaccination, was also used to monitor its own patient outcomes. GPs worked with the medicines manager in identifying which audits to execute. They also looked at which clinical audits to undertake

Are services well-led?

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

following any significant events or complaints. We looked at the significant event records and saw that significant events were well documented and the actions taken were actioned. GPs retained their audit data. This was then used by them to initiate a lessons learned process which enabled improvements to be employed.

Patient Experience & Involvement

We spoke with members of the patient participation group (PPG) and discussed with them their group's structure, terms of reference and minutes of meetings. We heard that the group was chaired by a GP and the members we spoke with told us that they had been invited to join the group. Membership of the group did not reflect representation across all the population groups. The practice website was seen to be inviting people to join the virtual patient participation group, showing the commitment of the practice to engaging new group members and widening membership across the population groups and thereby increasing patient involvement.

Staff engagement & Involvement

Staff told us that they had systematic meetings with their line manager and would be able to broach concerns in confidence if necessary at any time.

The practice had a framework of minuted meetings which were held at regular intervals covering all staff groups, but some staff told us that they felt that internal communications could be improved.

Staff told us that they felt supported and had an opportunity to receive any training they felt was necessary to their job role and their professional development. Relevant training was given on induction. Statutory training was undertaken yearly. On-going professional training and education was supported by the practice and all GPs had met their requirements for revalidation to practice.

Staff knew about the whistleblowing policy.

Learning & Improvement

The practice was dedicated to on-going education, learning and individual development of people who worked at the practice. Written team objectives were shared and discussed with us as well as individual learning and supervision records. The performance of people who worked at the practice was the subject of monitoring and appraisal at all levels which reflected the organisational objectives.

There were lead roles within the team for different clinical and managerial aspects of the service. For example, a nurse led on infection control in the practice.

Identification & Management of Risk

The practice had a range of risk assessment processes in place which covered clinical and non clinical aspects of the service.

For example, the medicines manager in conjunction with the GP lead used prescribing information as supplied by the medicines management team and national alerts to review the medications prescribed. Also, healthcare staff explained to us how they assessed and evaluated risks to patients in relation to mental health or other clinical circumstances such as patient lifestyle choices which may have a negative impact on health, such as in smoking and drinking. Detailed processes and audits were in place to analyse any lessons learned from any significant events analysis (SEA).

Overall governance systems were also in place to manage systems generally including services and the practice premises itself. For example, a disaster recovery plan was in place.

Other management systems were place to reduce general risks including environmental assessments in relation to the premises and use of precautions in the control of substances hazardous to health (COSHH).

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The practice took steps to record the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions, carers information and addition relevant details, such as if patients were being cared for at home. They used this information to provide services to their patients in the best possible way.

The practice worked in co-operation and in consultation with other agencies and health providers to provide support to patients and enable access to appropriate services and specialist help when needed.

The services were delivered and monitored by a management team keen to improve services.

Our findings

Safe

The practice worked collaboratively and in consultation with health and social care services in order to support patients enabling them to receive the care they required. In the community this included meetings with district nursing team and the integrated care team. Hospital referrals were made where necessary.

Policies and procedures in place at the practice ensure that adult patients were protected from harm and abuse. These were applied and assessed regularly to enable healthcare staff to recognise and act on any event or incident. Lessons learned were then shared with all staff. The practice had systems in place to safeguard vulnerable adult patients from the risk of harm and staff had received training relevant to their role.

Caring

The practice endeavoured to arrange any tests at the time the patient was seeing the GP. This enabled the practice to avoid un-necessary secondary appointments being made.

The practice had systems in place to help ensure and monitor where consent was obtained for a relative to be involved in supporting the patient. This also helped to ensure staff were knowledgeable about patient's wishes. The practice maintained appropriate confidentiality at all times.

Effective

The practice had a close working relationship with other health and social care services. For example there were effective links and positive communications with the district nursing and health visiting services.

The practice had introduced the roll out the 'named GP' initiative for patients over 75. This meant that patients over 75 had one GP within the practice who was responsible for ensuring their needs had appropriate services and a

Older people

multidisciplinary package of care if needed. The GP would ensure that those needs would have a response from a relevant clinician and that health checks could be accessed.

Responsive

The practice monitored unplanned admissions to hospital and review the level of care being provided.

Patient toilets in the waiting area were kept locked in order to prevent non users of the practice having access from the nearby shopping centre. The toilet key and staff assisted access were readily available on request at reception.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice knew about the number and overall health and care needs of patients with long term conditions using services and worked in co-operation and in consultation with health and social care services in order to help patients to receive the care they required.

Staff were skilled in specialist areas which helped them to provide clinical practice in keeping with current guidelines.

Our findings

Effective

The practice nurses described to us how they succeed in specialist clinical areas such as asthma and other lung conditions, heart disease and diabetes. Having special interest areas in these conditions meant that training and development for healthcare staff was up to date. Subsequently, this meant that staff were able to focus on specific conditions to provide clinical care in line with current guidelines.

Literature provided in the patient's waiting room promoted healthy lifestyle choices. This was also provided during their periodic health check appointments. A wide variety of written information was also provided on the practice website and on request.

Responsive

The practice maintained a range of disease registers, these helped the staff to assess the patients recall them when necessary and undertake clinical audits of care. Audited clinical outcomes indicated that long term conditions were managed with clinical effectiveness. Records indicated that carers were supported by information and referred to support networks as appropriate.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice knew about the number and overall health and care needs of mothers, babies, children and young people and worked in co-operation and in consultation with health, education and social care services in order to help patients of all ages to receive the care they required.

A GP took the lead for safeguarding and child protection. Non attendances of babies and children at vaccination clinics were followed up and done so in conjunction with health visitors where appropriate.

Our findings

Safe

The staff at the practice had safeguarding training provided and all had completed the training in the last 12 months. The practice had up to date child protection policies in place which provided clear and concise information regarding identifying and reporting suspected abuse. Staff had access to electronic and hard copy information, as well as relevant contact details for other agencies in order to report abuse appropriately and timely.

Caring

Mothers and babies were invited to a joint appointment at eight weeks for a check by the GP and baby had the first vaccination.

Effective

Effective screening and vaccination programmes were in place at the practice to promote good support to babies, children and mothers of all ages.

Responsive

Priority appointments were given to children. Staff were able to describe the monitoring of children if they attended accident and emergency departments or missed appointments. They were also able to explain how the practice worked with other health and social services in the event of any concerns or with follow up arrangements and support.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The practice provided a range of services for patients to consult with GPs, nurse clinician and practice nurses including telephone consultations.

An extended appointment service was provided by the Clinical Commissioning Group (CCG) which was held at Ellesmere Port Hospital. Appointments were available 6:30-8pm Monday - Friday & Saturday 10am -12noon.

Our findings

Caring

The practice maintained a log of carers for patients who were carers for family members. They provided them with carers' services information and gave necessary support and advice.

Effective

Information was available from the practice or the practice website about health screening and available services.

Responsive

The practice was accommodating to the needs of patients who were unable to take time off work to attend appointments and staff we spoke to said that they would try and find a time that was more suited to the patient needs. Telephone consultations were available.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The practice knew about safeguarding guidelines, policies and requirements. Staff had access to all the relevant information and had appropriate training suitable to for their role in the last year to ensure they were up to date.

The practice made suitable adjustments to how they provided services in order to meet the needs of patients. For example, on occasions patients with a learning disability could be given a longer appointment. This helped patients to have time to make decisions.

Our findings

Safe

Staff we spoke with knew how to carefully support people in vulnerable circumstances, this included people who were homeless, recently released from prison or suffering with substance abuse issues.

The vulnerable adults and safeguarding policy was helpful to staff and was up to date. Staff had access to telephone numbers for the local authority safeguarding team and other agencies were readily available.

Responsive

People in vulnerable circumstances for example patients with a learning disability, were offered annual health checks.

Well-led

The management team was evident and had a clear purpose. Management control systems were in place and there was a resilient system in place which monitoring and managing risks of people with long term conditions. We saw that prescribing was reviewed with the doctor who leads for prescribing and was consistent with current guidelines for a range of conditions.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice maintained a register of patients who experienced mental health problems and worked in co-operation and in consultation with health, social care and other relevant services. Medications used were kept under review and monitored as necessary.

Our findings

Effective

The practice maintained a register of patients who experienced mental health problems and this was used to monitor medication reviews.