

# Weaver Vale Practice

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Weaver Vale Practice on 3 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
  - The practice carried out audits of clinical work, which drove improvements in care of patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of audits, reviews, complaints and concerns.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.
- The practice was a training practice hosting trainee GPs and medical students. We saw that there was sufficient mentor support in place for these trainees.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had targeted areas of clinical work that required improvement, which brought health benefits to patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients responded positively to questions about how caring the practice was; where scores were lower than other practices, action plans were in place to address this.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible. Staff helped patients to access other services, aimed at promoting patient wellbeing.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had produced action plans to address any scores that were lower than expected, for patient satisfaction with services. We saw that these action plans were followed and that improvements were made to services.

Good



## Are services well-led?

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

- 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 it.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice produced an annual report, which summarised improvements in performance and set out areas the practice would focus on to deliver improved or more effective care.
- The provider was aware of and complied with the requirements of the duty of candour.

Good



# Summary of findings

- The practice had systems in place for notifiable safety incidents. Information was shared with all staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Audits were carried out to measure progress and improvement in all parts of the practice.
- The practice placed quality and safety as their top of their priority for patient care.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients have a named GP; for older patients this service is prioritised by all staff to promote better continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with complex needs.
- We saw evidence of good communication and joint working with community based nurses and clinicians, who regularly attended multi-disciplinary team meetings at the practice.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF achievement for the treatment of patients with long term conditions such as diabetes were in line with local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of 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 who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations, except for Meningitis C immunisations of children under 12 months of age.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had addressed historical low rates of uptake for cytology screening, and this work was continuing.
- The practice health care assistant worked alongside health visitors at the weekly baby clinic to assist in the monitoring of infant patients. This acted as a link to families with the surgery, promoting other services to patients that were available, such as wellbeing initiatives and psychological therapies.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw other, positive examples of joint working with midwives and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- As a result of systematic audit, the practice were trialling a new appointment model, which meant access to appointments would be improved, particularly for patients who would need to take time away from work or study.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had conducted audits of the patient register to ensure that no vulnerable adult or child, had been missed as a safeguarding case, ensuring that all records of children and adults at risk were correctly updated and annotated.

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

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

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the local clinical commissioning group (CCG) average of 82% and national average of 84%.
- The percentage of patients with other mental health conditions, who had a comprehensive agreed care plan documented in their record within the last 12 months was 96%, compared to the CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health, and where possible we saw that it was a patient's named GP that had contact with or consulted with the patient.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 374 survey forms were distributed and 98 were returned. This represented the views of approximately 1% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of CCG average of 55% and national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% national average of 76%.
- 69% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, 34 of which were highly positive about the standard of care received. Two comment cards carried less positive comments. One referred to problems accessing the practice by phone and the other asked for the speed at which information was displayed and changed on the television monitor in the waiting area, to be slowed down.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Weaver Vale Practice

## 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 GP specialist adviser and a practice manager specialist adviser.

## Background to Weaver Vale Practice

Weaver Vale Practice is based in Runcorn, Cheshire and is located within the Hallwood Health Centre, close to Halton Hospital. The practice falls within Halton Clinical Commissioning Group. The practice is run by a partnership of four GPs, who are supported by a further three salaried GPs and a locum GP as and when required. The working hours of the GPs gives the equivalent of 5.5 full time GPs. There are two full time practice nurses and a part time health care assistant that support the GPs. At the time of our inspection, one salaried GP was on a period of leave, which was covered by partners, the other salaried GPs or by appointing a locum GP to support the team.

The practice is a teaching practice, hosting trainee GPs and medical students. The patient list is made up of approximately 9,000 patients. A practice manager oversees the daily running of the practice. The practice manager is supported by a management assistant and a deputy practice manager. The practice administrative team is made up of 10 staff who perform a mixture of reception, secretarial and administrative roles. There is also an apprentice who works with this team.

The practice is in a shared facility and is jointly owned by the partners of the two practices who use the building. The building is fully accessible to all. There is a parking area

outside the building with a designated disabled space. The reception space is shared, with two, clearly signed reception desks for each of the practices based in the building. Patients are then directed to separate waiting areas. The practice has eight consulting rooms, two nurses' rooms and one treatment room which is used to perform surgical procedures. There is a room that is used by other services that visit the building, for example, the Wellbeing Officers. There is a treatment room provided for the delivery of baby vaccinations and immunisations and for phlebotomy. There are patient toilets, male and female, a disabled toilet facility, and a baby change and feeding room. The rest of the practice space is given over to administrative rooms, a meeting room and staff break and rest facilities.

The practice is open from 8.30am to 6.30pm each day, with the exception of Tuesday, when the practice is open until 8pm. Surgery times are from 9am to 11.30am each weekday morning, and from 2.30pm to 4.30pm each weekday afternoon. There is an extend hours surgery on Tuesday of each week, from 6.30pm to 8pm. When the practice is closed, patients are directed to call the NHS 111 service. If patients are found to need a GP, NHS 111 refers on to the out of hours provider, Go to Doc.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 August 2016.

During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.

The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out a thorough analysis of the significant events. We saw that these were discussed with all clinicians at monthly meetings, and reviewed annually to check for any themes or re-occurring incidents. We particularly noted that staff were good at reporting incidents. For example, we saw that staff had reported an incident linked to the removal of deceased patients from the practice register using a new computer link. This raised discussion within the practice on how a protocol should be developed and reviewed to check how any errors would be rectified. Staff throughout the practice had a good understanding of how significant event reporting increased staff knowledge of systems, promoting safer working in the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw how the practice reviewed an event that involved a patient not receiving medicines, as required, on the same day. This review included all stakeholders and learning points were shared more widely. There was a clear system in place for the receipt of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, into the practice. The practice lead on prescribing triages the alerts for inclusion at the regular clinical meetings at the practice.

These meetings are held at alternate times each month to ensure all clinicians can have at least bi-monthly attendance. We saw agendas and minutes of those meetings, which could be shared with those unable to attend in that month.

### Overview of safety systems and processes

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

- Arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs bar one were trained to child protection or child safeguarding level 3. We saw that for some GPs, this training required updating. Both practice nurses had received training in child and adult safeguarding but only one nurse had received training in child safeguarding to level two. We were told by the practice manager that they were waiting on availability of training through the CCG for the mandatory updates on safeguarding training for clinicians. All administrative staff had received training on safeguarding to the required level.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

## Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. A system for staff to recognise which prescription requests were urgent was in place and we saw that this worked well.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken on these staff, prior to employment. Recruitment records kept by the practice met the requirement of the regulations.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. All 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). All risks were rated using a traffic light system of red, amber, green, (RAG rated). We saw that all risk assessments were updated following any planned works to the premises, and all staff were updated at governance meetings on any change to levels of risk.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- There was a rota system in place for different staffing groups to ensure enough staff were on duty. The leave of GPs and nurses was well managed.
- We saw that consideration was given to the learning needs of GP registrars (trainee GPs who have completed their medical training) and to the needs of the medical students placed with the practice. We saw that the practice ensured there was sufficient mentor support in place at all times for the trainees.

### 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 received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed 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.

The practice had effective systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 the practice achieved 95% of the total number of points available. The achievement of other practices locally was 97% (CCG average) and the national average achievement was 95%. QOF exception reporting was either in line with or below CCG and national averages in all but two areas. The practice rate was 9.3% overall, the CCG average rate was 10.3% overall, and the national rate was 9.2% overall. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The two areas where QOF exception reporting was higher than local and national averages, were in patients with depression and patients with osteoporosis.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

Performance for diabetes related indicators was comparable to CCG and the national average. For example:

- The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c is 64mmol/mol or less in the preceding 12 months was 81%, compared to the CCG average of 79% and national average of 78%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading was 140/80mmHg or less was 79%. CCG average 79%, national average 78%.
- The percentage of patients with diabetes on the register who received an influenza immunisation in the preceding 1 August to 31 March was 94%. CCG average 96%, national average 95%.

Performance for mental health related indicators was comparable to local and the national averages. For example

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 96%. CCG average 92%, national average 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 88%. CCG average 92%, national average 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 87%. CCG average 82%, national average 84%.

There was evidence of quality improvement including clinical audit.

- There had been fifteen clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

For example, in the management of patients with atrial fibrillation and in the treatment of the condition:

# Are services effective?

## (for example, treatment is effective)

- A recently completed audit on atrial fibrillation had identified those patients that should cease taking aspirin alone as an anticoagulation therapy;
- identified 39 patients who would be suitable for anti-coagulation therapy.
- Repeat cycles identified further patients that may benefit from anti-coagulation therapy. These patients had been contacted to make an appointment to discuss their health needs and treatment options.

This work contributes to the management of risk of stroke and other cardio pulmonary conditions.

We saw audits that contributed to safer prescribing following discussion of Medicines and Healthcare Products Regulatory Agency alerts. For example, the practice had conducted an audit on the prescribing of antibiotics in the treatment of urinary tract infections. Findings of the audit showed

- patients were not being prescribed certain anti-biotics for the correct time period;
- not all patients were being made aware of side effects and contra-indications when taking particular anti-biotics.
- Urine samples were not being taken routinely.

On the second cycle of audit, it was found

- more patients were having their kidney function tested periodically as is required when prescribing certain anti-biotics for urinary tract infections.
- GPs were better at prescribing the anti-biotic for the correct period of time.
- Urine samples were being asked for as part of the treatment pathway.
- Patients were more aware of side effects and contra-indications when taking particular antibiotics.

This improvement in standards of treatment meant that antibiotics were being used as per specific guidance. This also focussed GPs on particular patient groups with a view to improving efficiency and safety, for example older patients.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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 their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients 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

# Are services effective?

(for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had identified 54 patients that were also carers, which represents approximately 1% of the practice register.

The practice had access to a well-being officer who could refer patients to services that would help address social and health issues, for example, loneliness and social isolation. GPs could also refer patients to psychological therapies and for help with positive mental training. These services are provided by the local CCG and can be accessed by GP practices within the Halton CCG area. Halton CCG won the Health Service Journal Award 2015 for Primary Care Innovation, and the services above were recognised in that award. The practice could refer patients for dietary advice and smoking cessation groups could be accessed through the practice.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had launched a drive to improve the uptake rate of cytology screening. Initially the practice had used a letter on pink coloured paper to remind women to attend for screening. When the uptake did not increase significantly following this initiative, it was re-launched by the practice. To increase uptake further, the practice sent out an invite to women to attend a 'well woman' clinic on a Saturday morning, when cytology screening could be performed and other health advice and initiatives could be discussed, with the opportunity for free massage and other holistic therapies. The uptake figure for cytology screening had increased from 73% in 2013-14 to 75% by 2014-15, and to 79% by July 2016. The practice continues its efforts to increase uptake further.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages, except for delivery of the Meningitis C vaccine to children under 12 months, which for the practice was 70%, compared to the CCG average of 73%.

For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 90% to 98%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 37 patient Care Quality Commission comment cards. Of these, 35 contained positive comments about the service patients had experienced and one card was blank. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two cards gave slightly less positive comments. One was regarding the difficulties getting through to the practice by phone. The other commented negatively on the speed at which the information displayed on the monitor in the patient waiting area, changed, with insufficient time to read all announcements.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

The practice had considered the results of the NHS England GP Patient Survey, alongside feedback from patients left in the practice comments box, and results from the Friends and Family Test. For example, in relation to the lower score achieved in relation to the helpfulness of receptionists at the practice, the practice staff had attended a course on handling difficult situations and conflict resolution. The practice had produced a communications policy for all staff to study, and had shared and discussed this at a practice meeting.

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

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

## Are services caring?

- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format, by requesting these from reception.
- A hearing loop was available for those that required it, and those patients who had a carer, were invited to attend the practice with their carer and given a longer appointment to ensure they had enough time to ask questions and have their health care needs met.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers, which equates to 1% of the practice list. The practice had also raised awareness with staff, to people who were 'young carers', for example, those still in full time education and those who had recently left education. Written information was available to direct all carers to the various avenues of support available to them. The practice had annotated the notes of young carers to ensure staff knew who they were, and ensure their health needs were met. Staff were encouraged to utilise links to initiatives within the CCG, for example, Wellbeing Officers who were at the practice each Wednesday, and Health Trainers who could provide health checks and advice on weight and lifestyle.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

# 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.

The practice offered an extended hour's surgery each Tuesday evening from 6.30pm to 8pm for working patients who could not attend during normal opening hours. The practice decision to hold the extended hour's surgery on this day each week was based on patient feedback.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had two duty GPs each Monday, to meet appointment demand, on what had been identified as being the most consistently busy day each week. (Duty GPs have more 'on the day' appointment slots available than the other GPs on that day.)
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, if patients were hearing or sight impaired, GPs would come out to the waiting room to call each patients in for their appointment.

### Access to the service

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had conducted audits on appointment availability. As a result of this, a new appointment availability model was being trialled at the practice. The practice recognised that there were appointments available for people who needed to be seen on the day, and for those who wished to book advance appointments for follow-up consultations.

However, there was very little capacity for patients who may need to be seen in three or four days' time. Work on this project is on-going; initially, the practice have found demand has been better managed when there is a staggered release of appointments, combined with a sit and wait system for patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 55% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had responded to patient feedback about access to the surgery by phone. Plans had been in place to secure external funding to upgrade the telephone system but this funding was no longer available. This issue is still being looked at by practice leaders who view this as an area of concern for patients.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

There was a practice protocol for all staff to follow when dealing with a request for a home visit, or urgent medical attention that may not require calling an ambulance. The key steps to take were set out in a laminated chart for all staff to follow. The flow chart prompted staff to act quickly if the patient needed urgent care, and to call an ambulance on their behalf if required. The chart prompted staff to record these actions in the patient record. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

# Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was displayed in notices in the reception area, in the practice information leaflet which was freely available in the waiting areas, and on the practice website.

We looked at nine complaints received in the last 12 months. We found these had all been handled in line with the practice complaints policy. Lessons were learnt from individual concerns and complaints and also from analysis

of trends and action was taken to as a result to improve the quality of care. For example, in response to complaints about appointment availability and the ability to book appointments within a seven day window.

The practice audit of demand for appointments, pinpointed the busiest time for the practice was Monday of each week. As a result, the practice scheduled two duty GPs on a Monday to meet demand for urgent appointments, and had more sit and wait appointments on that day. When we evaluated the numbers of appointments available to patients each day and week, we found that the practice provided 1,125 appointments per week. This is in excess of what would be considered sufficient, for a practice of approximately 9,000 patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients in a survey conducted in the Spring of 2016. The practice has collated the results and provided a summary of action points they will take to address areas raised by patients as requiring improvement.
- The Patient Participation Group (PPG) met regularly, and submitted proposals for improvements to the practice management team. For example, some members of the PPG had volunteered at the practice and performed some administrative duties which gave a better insight into how the practice was run. PPG members also said this helped remove any 'them and us' attitudes, which was a very positive outcome for both staff and PPG members. The practice had signed up to the Association

# Are services well-led?

Good 

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

of Patient Participation (NAPP) groups, giving members of the practice group insight into what other practice groups were doing to encourage greater ownership of patient health.

- Two PPG members we spoke with told us that this helped them focus on areas that they may be able to help improve, such as promoting on-line access amongst patients and development of its use to reduce telephone traffic.
- Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking used scientific methods to improve all aspects of work at the practice. We saw that approximately 15 different audits were ongoing, split between clinical and administrative areas. Results of audits were reported to all staff, to increase understanding and engagement.

The practice lead GP partner had spent a period studying the tasks of the practice manager, before the advertising this vacant post. In doing this, the partner GPs had a greater understanding of what needed to be focussed on by a practice manager, and how they may go about doing this.

Audit drove changes within the practice. In the short time the practice manager had been in place (approximately 12 months) they had worked with the partners to make significant improvements in patient access, responsiveness of the practice and in the development of governance processes that underpinned quality and safety. For example, all staff had been appraised; staff training was planned. Learning time was truly protected for all staff; staff had clear job descriptions, set and reviewed objectives and were performance managed. Where learning needs were identified staff were supported and given access to that learning. Where figures on performance were lower than expected, analysis of why this would be was undertaken and action plans to address areas for improvement were implemented. Leaders helped staff focus on team work and all staff we spoke with said they felt committed to providing patients with the best service possible.