# Dr Gary O'Hare and Dr Sharon Chapelhow

## Quality Report

Murdishaw Health Centre
Gorsewood Road
Runcorn
Cheshire
WA7 6ES
Tel: 01928 712061
Website: www.murdishawhealthcentre.co.uk

Date of inspection visit: 10 December 2015
Date of publication: 11/02/2016

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

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Requires improvement |
| Are services well-led? | Good |

# Summary of findings

## Contents



## Overall summary

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

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

• Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were acted on.

• Risks to patients were assessed and well managed. However, the practice was not operating with its full complement of clinical staff which impacted on patient access to appointments and responsiveness of the practice. Recruitment of a pharmacist for the practice had been agreed but this process had not started. The practice was trying to fill a vacancy for a nurse. Staff interviewed said patient access was the main challenge for the practice.

• The practice used innovative and proactive methods to improve patient outcomes, for example, through its use of CCG sponsored services and health promotion.

• There was a system in place to undertake audits with a focus on improving patient care. The practice identified areas for improvement and monitored this over time to ensure required improvements were achieved and sustained, for example in the area of antibiotic prescribing.

• Patients said they were treated with compassion, dignity and respect. Information was provided to help patients understand the care available to them.

• The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.

• The practice invited suggestions for improvements and made some changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).

• The practice was well equipped to treat patients. Information about how to complain was available and easy to understand.

# Summary of findings

• The practice had a clear vision which had quality and safety as its top priority. There was a clear leadership structure and staff felt supported by management.

There were also areas where the provider could make improvements. The provider should:

• Make checks on the drainage system from the practice premises to ensure that no remedial works are required.

• Ensure sufficient numbers of suitably qualified staff are deployed to meet the needs of patients.

We saw some areas of outstanding practice relating to families, children and young people.

The practice utilised community based services in innovative ways to help patients take ownership of their health and wellbeing. For example, work with a Health Engagement Officer, who acted as a link between local authority social services departments and the practice, had helped and supported numerous patients.

• Patients experiencing depression and isolation were helped to address triggers or causes of these problems, increasing their levels of confidence, in for example, parenting skills.

• We saw examples of this work which had a more far reaching impact, for example, in addressing low level anti-social behaviour of younger patients, in picking up previously undetected safeguarding issues such as teenage self-harm and increasing attendance of older children at school.

• Engagement with the local area Wellbeing officer had been used to provide a community run garden at the practice. More recently, this garden was used to allow younger children to plant and grow vegetables, providing a source of education that linked to health.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Two practice staff were sent on a course where they 'followed' progress of a safeguarding referral, to increase practice staff understanding of where their observations lead to and how important they can be. We noted that the recruitment practices could be strengthend by printing copies of checks of professional registrations, and holding these as a permanent record of checks carried out each year.

**Are services effective?**

Good

The practice is rated as good for providing effective care and treatment. The practice proactively engaged with patients to promote their well-being. Working innovatively with other community based services, the practice was able to help patients take ownership of their health issues. GPs referred patients to a Health Engagement Officer, a Well-being Officer, and a Social Care in Practice (SCIP) worker to help address triggers or causes of poor health, for example stress related depression and alcohol related problems. The practice had undertaken a number of audits, which were used to pinpoint areas for improvement in patient care. Most of these had more than one completed cycle and had been discussed with colleagues internally and externally.

**Are services caring?**

Good

The practice is rated as good for providing caring services. The practice partners had responded positively to disappointing results in the last NHS England GP patient survey. Since then the practice had developed a mission statement, conducted their own patient survey, and highlighted key areas of improvement to focus on. The practice also reviewed patient feedback from the NHS Friends and Family scheme with staff at staff meetings, highlighting positive indicators of improved performance. development of a daily bulletin for all staff, highlighting were pressures on services were likely to be.

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

Requires improvement

The practice is rated as requires improvement for providing responsive services. We were able to review, with patients, their experience of care from the practice. We saw and heard from representatives from each of the patient population groups. All said

# Summary of findings

they found the practice highly supportive and organised in delivery of essential care services. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and the practice responded when issues were raised.The practice had implemented some changes since the results of the last NHS England GP Patient Survey were published in July 2015, but it was too early to say whether these changes could bring about improvements required in the area of responsiveness, particularly with regard to access to appointments. We were told that the practice was trying to fill a practice nurse vacancy and two further staff we spoke to identified patient access to appointments as being the key challenge they faced. The practice had been successful in a bid for funding to recruit a pharmacist for the practice but this had not been finalised.

**Are services well-led?**

Good

The practice is rated as good for providing well-led services.

It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing of and alerting them tonotifiable safety incidents.

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.

# Summary of findings

## The six population groups and what we found

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

**Older people**

Good

The practice 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice GPs worked with staff in local nursing and care homes, to ensure these patients health care needs were met.

**People with long term conditions**

Good

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

Outstanding

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

Practice clinicians were highly supportive of parents of children with complex health needs. GPs worked with specialist hospitals in the North West to ensure these children's health needs were met and that parents had good access to practice GPs and nursing staff. Parents health needs were also met, ensuring they had the support they needed to meet their caring responsibilities. We saw that the practice worked well with other organisations to bring services to parents and their children, helping them deal with social issues that impact on health. This had a significant, positive impact for those patients, for example by helping address behavioural issues of older children which increased attendance at school, and helping parents develop the skills necessary to deal with challenging behaviour of older children.

# Summary of findings

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

Good

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

- The needs of 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

**People whose circumstances may make them vulnerable**

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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 and had followed the path of a safeguarding referral to give them a better understanding of how the information provided is prioritised and dealt with. 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 two designated administrative staff who followed up these referrals to ensure no vulnerable patient's referral and details had been missed.

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

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below local and national averages. 411survey forms were distributed and 110 were returned giving a response rate of 26.8%. This sample reflected the views of 1.58% of the practice population.

- 38.9% found it easy to get through to this surgery by phone compared to a CCG average of 52.3% and a national average of 73.3%.
- 70.4% found the receptionists at this surgery helpful (CCG average 79.2%, national average 86.8%).
- 66.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.2%, national average 85.2%).
- 88.5% said the last appointment they got was convenient (CCG average 91.6%, national average 91.8%).
- 42.8% described their experience of making an appointment as good (CCG average 62.4%, national average 73.3%).
- 69.1% usually waited 15 minutes or less after their appointment time to be seen (CCG average 58%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, 14 of which were positive about the standard of care received and reflected that changes implemented in August 2015, to improve patient access had started to yield results. Two negative comments made were about waiting time when arriving for an appointment, and about having to see a locum GP at the practice.

## Areas for improvement

-

**Action the service SHOULD take to improve**

- Make checks on the drainage system from the practice premises to ensure that no remedial works are required.
- The provider must ensure sufficient numbers of suitably qualified staff are deployed to meet the needs of patients.

## Outstanding practice

The practice utilized community based services in innovative ways to help patients take ownership of their health and wellbeing. For example, work with a Health Engagement Officer, who acted as a link between local authority social services departments and the practice, had helped and supported numerous patients.

- Patients experiencing depression and isolation were helped to address triggers or causes of these problems, increasing their levels of confidence, in for example, parenting skills.
- We saw examples of this work which had a more far reaching impact, for example, in addressing low level anti-social behaviour of younger patients, in picking up previously undetected safeguarding issues such as teenage self harm, and increasing attendance of older children at school.
- Engagement with the local area Wellbeing officer had been used to provide a community run garden at the practice. More recently, this garden was used to allow younger children to plant and grow vegetables, providing a source of education that linked to health.

# Dr Gary O'Hare and Dr Sharon Chapelhow

**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 advisor and a practice manager specialist advisor.

## Background to Dr Gary O'Hare and Dr Sharon Chapelhow

The practice of Dr Gary O'Hare and Dr Sharon Chapelhow is located in Runcorn, Cheshire, and falls within Halton Clinical Commissioning Group. The premises were purpose built some years ago and are used to deliver services to approximately 6,900 patients.

The practice partnership is made up of two partners; a third partner has recently been appointed but the application to register this partner was not finalised at the time of this inspection. The practice is supported by a regular locum GP who works four sessions each week. The combined sessions delivered by the GPs equates to slightly less than three full time equivalent GPs.

The clinical team are supported by a full time advanced nurse prescriber and two part time nurses. There is also a full time health care assistant. The combined sessions delivered by part time nurses equates to one full time equivalent nurse. All services at the practice are delivered under a Personal Medical Services (PMS) contract.

The practice is open from 8.00am to 6.30pm on Monday to Friday of each week, with extended early morning surgeries between 7am and 8am on Monday, Tuesday and Friday of each week. These early morning surgeries provide additional 10 minute appointments with a GP, between 7 and 8am. A nurse is also available at these early morning clinics. Throughout the week, the regular surgery appointment times are between 8am and 11.50am and from 2pm to 17.50pm. Patients who require GP services outside of the practice opening hours are diverted to an out of hours provider by the NHS 111 service.

The practice had 13 consultation and treatment rooms. The practice hosts a number of other services, such as a musculoskeletal clinic, for treatment of sprains and strains. Health visitors and midwives also hold clinics at the practice. Other community based services are available from the practice, such as the services of a well-being officer and a health engagement officer, who provides a link between social services and GP practices.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 December 2015. During our visit we:

- Spoke with a range of staff includingtwo GP partners, an advanced nurse prescriber, a practice nurse, the practice manager and two further administrative support staff. We spoke with six patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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.

Good

# 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we looked at the annual significant event meeting, where all staff attended and looked at each significant event. Discussion was held on improvements and changes made to systems at the practice, how well staff understood these, and whether the changes to working practice were fully implemented and understood. At these meetings, there was a further opportunity to make action points and assign these to named members of staff.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

**Overview of safety systems and processes**

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse, that 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 always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. Two members of administrative staff had attended a locally organisedtraining day, to follow the path of a safeguarding referral from a GP practice. This brought a good level of understanding to staff, who were able to understand where the information provided goes to, how it prioritised based on the information contained in a referral, and how it is assigned and acted upon. The two staff members concerned acted as safeguarding champions amongst clerical staff, sharing what they had learned when back at the practice.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 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. We noted there was a strong odour in one of the consulting rooms, which appeared to be linked to the drains at the practice. However, it was unclear whether this was due to exceptionally heavy rainfall experienced in the week of our inspection, or whether there was a need for remedial work. We were confident that this was not causing an increased risk to the control of infection but did highlight to the provider that steps should be taken to tackle the cause of the odour, if not directly linked to the heavy rainfall experienced recently.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

**Monitoring risks to patients**

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and all staff were aware of this, where it could be located and what the policy referred to. 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 also 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. Water temperature and quality testing was in place and we saw the last Legionella test for the practice, showing water quality and safety met required standards.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had been trying to recruit a salaried GP to deliver a minimum of four sessions each week, but had not managed to achieve this. At the time of our inspection, a regular locum was delivering these sessions, and could increase the sessions work to provide some cover for GPs on annual leave. We saw that with this staffing mix, supported by a full time advance nurse prescriber, the practice was typically able to offer 67 appointments per 1,000 patients per week. This fell short of the accepted metric for optimal patient access to appointments of 70 appointments per 1,000 patients per week. Although this did not compromise patient safety, the practice partners were looking at other ways to overcome recruitment issues, for example, by bidding for funding for a practice pharmacist who could support GPs by conducting medicines reviews.

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had two defibrillators available on the premises and oxygen with adult and children's masks and defibrillator pads. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had 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 peoples' 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 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 99.2% of the total number of points available. Data showed;

- Performance for diabetes related indicators was similar to the CCG and national average for all five indicators
- The percentage of patients with hypertension having regular blood pressure tests was slightly better than the CCG average – practice value 85.29%, CCG 83.65%.
- Performance for mental health related indicators was slightly better in two areas – patients with a diagnosed mental health condition that had a comprehensive agreed care plan in place in the last 12 months: practice 90.2%, nationally 88.47%, and patients with a diagnosed mental health condition whose alcohol consumption has been recorded in the preceeding 12 months: practice 92.31%, nationally 89.55%.
- The practice scored below national rates in two areas - patients diagnosed with dementia whose care has been reviewed within the past 12 months: practice 76.47%, nationally 84.01%, and the number of patients diagnosed with dementia whose smoking status has been recorded in the past 12 months: practice 91.77%, nationally 94.1%.

  The dementia diagnosis rate had improved at the practice, from 79.4% in August 2015 to 92.2% in September 2015. This meant that the diagnosis rate was in line with expected rates of prevalence for the practice.

  Clinical audits were used to measure practice performance and to highlight areas for improvement in clinical practice.
- There had been two clinical audits completed in the last two years, both of which were completed cycles. These were in respect of antibiotic prescribing and in the prescription of non-steroidal anti-inflammatory drugs/ medicines. Audits showed better adherence with NICE prescribing guidance. For example, improvements were made with NSAIDs, showing doctors were chosing medicines in line with first, second and third line uses, which was in line with NICE guidance. Antibiotic prescribing, particularly prescribing of cephalosporin and Quinolone items had been considerably reduced, from 18% of antibiotic items to 10%, bringing the practice into closer alignment with national prescribing rates.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements, for example, in the prescribing of some antibiotics in the treatment of patients prone to urinary tract infections. All GPs reviewed this to see if patients actually achieved any benefit, for example, a lower instance of urinary tract infections. Where this was not the case, treatment was reviewed as part of the care plan review for that patient.

The practice had developed an action plan for tackling inappropriate prescribing of antibiotics, appointing a GP partner to champion this within the practice and to ensure that all prescribers were complying with the latest local and national guidance. Work undertaken included the review of issue of rescue packs to patients at risk of respiratory infection, using the television screens in the

Good

# Are services effective?

## (for example, treatment is effective)

patient waiting area to inform patients they may not require an antibiotic, and to talk through an information leaflet with patients, during consultations, to promote better education on the safe use of antibiotics.

**Effective staffing**

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Patients we spoke with gave examples of how the practice had worked well with treatment centres outside of the immediate area, for example, with Alder Hey childrens' hospital. In all cases, the practice had worked effectively to ensure that arrangements in place meant discharge from hospital was problem free and that when required, patients with complex needs had good access to GPs and other clinicians based in the community.

**Consent to care and treatment**

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

- < >taff 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

**Health promotion and prevention**

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 76.83%, which was lower than the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. However, we noted that the percentage of females aged 25-64 attending screening appointments within the target time range (between 3.5 and 5 year intervals) was lower than expected,

Good

# Are services effective?

## (for example, treatment is effective)

at 69.6%, compared to the CCG average – 71.9% and national average 74.3%. The practice also encouraged its patients to attend national screening programmes for example, bowel and breast cancer screening. Uptake of breast cancer screening was good but uptake of bowel cancer screening was low – practice value 44.7% compared to the CCG average of 51.3% and national average of 58.3%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.8% to 99% and five year olds from 94.1% to 98%. Flu vaccination rates for the over 65s were better than the national average at 75.06% compared to 73.24%, and for at risk groups 53.56% compared to the national average of 51.86%.

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

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect, but that there was room for improvement. The practice scored below the CCG and national average for its satisfaction scores on consultations with doctors and nurses and in their experience of the practice, in 13 out of 15 questions. For example:

- 83.7% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 79% said the GP gave them enough time (CCG average 88.7%, national average 86.6%).
- 94.8% said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%)
- 79.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.1%, national average 85.1%).
- 79.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87.1, national average 85.1%).
- 70.4% said they found the receptionists at the practice helpful (CCG average 79.2%, national average 86.8%)
- 67.1% described their overall experience of the surgery as good (CCG average 81.9%, national average 84.8%)

The practice had two, more positive scores:

- 89.2% of patients said the last GP they saw or spoke to was good at explaining tests and treatments to them (CCG average 88.6%, national average 86%)
- 97.7% of patients had confident and trust in the last nures they saw or spoke to (CCG average 97.7%, national average 97.7%).

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

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:

- 89.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and national average of 86%.
- 81.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 88.7% , national average 84.8%)

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.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and that this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We were able to speak to a patient who had experienced bereavement recently; we were told about how the practice GPs had supported them to deal with this and to help them focus on their own health improvement.

The practice provided services to a nursing home, a care home and a number of supported living facilities for people with learning disabilities, within the locality. We were able to speak with a carer of patients living at the supported living facility. They were able to tell us of their experience of caring for older patients, who had lived with severe learning disability. We were told how the practice GPs had planned end of life care, which enabled these patients to stay in their home at end of life, rather than be admitted to a hospital. Staff were emotionally supported to provide care to these patients and to be part of best interest meetings when appropriate. Examples we were given showed GPs worked with other community clinicians to provide care that promoted patient choice, dignity and respect for the carer-patient relationship. Carers from the supported living facility spoke highly of the GPs at the practice and the levels of access to patient care they were afforded when needed.

Requires improvement

# 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 a 'Commuter's Clinic' on a Monday, Tuesday and Friday morning from 7am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

**Access to the service**

The practice is open from 8.00am to 6.30pm on Monday to Friday of each week, with extended early morning surgeries between 7am and 8am on Monday, Tuesday and Friday of each week. These early morning surgeries provide additional 10 minute appointments with a GP, between 7 and 8am. A nurse is also available at these early morning clinics. Throughout the week, the regular surgery appointment times are between 8am and 11.50am and from 2pm to 17.50pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The provider may wish to note that opening times of the practice were not correct on the NHS Choices website.

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

- 62.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.8% and national average of 74.9%.
- 38.9% patients said they could get through easily to the surgery by phone (CCG average 52.3%, national average 73.3%).
- 42.8% patients described their experience of making an appointment as good (CCG average 62.4%, national average 73.3%.
- 69.1% patients said they usually waited 15 minutes or less after their appointment time (CCG average 58%, national average 64.8%).

The practice had implemented changes in August 2015, since the results of the National Patient Survey had been published. This work included taking steps to separate non-urgent telephone traffic from all incoming calls at peak times, for example at 8.00am when phone lines opened. Patients ringing for test results were encouraged to ring at later times in the day. Filter systems on the phone answering machine was also helping to direct telephone traffic more efficiently, and also gave messages to a patients about where they where in the 'holding queue'. It was too early to say whether these changes had made a real impact in areas that patients were unhappy about. The practice also produced a daily bulletin for all staff, highlighting where pressures on services were likely to be. We saw from two CQC comment cards that these improvements were having some effect in terms of increased patient satisfaction.

**Listening and learning from concerns and complaints**

The practice had a 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.
- 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, for example in the practice information leaflet, available in the reception area of the practice.

We looked at formal complaints received in the last 12 months and found all were dealt with in line with the complaints policy. Complaints were investigated and the outcomes discussed. Complaints were reviewed as a standard agenda item at practice meetings and learning was shared. We saw action was taken as a result to improve the quality of care.

We reviewed complaints from patients, left as feedback on the NHS Choices Website. We also reviewed feedback left

Requires improvement

# Are services responsive to people's needs?

## (for example, to feedback?)

on the Healthwatch Halton website. Comments on the Healthwatch Halton website were mainly positive. We could see from more recent comments that some patients reported it was slightly easier to get through to the practice by phone, which could indicate that changes made to telephone systems since the last National Patient Survey results, are beginning to show results.

When we reviewed comments left on the NHS Choices website, we saw that part of the response was always disappointment from the practice, that the patient had not chosen to approach the practice manager directly, to make their complaint. This would appear to indicate that whilst there is a complaint process in place, some patients have little faith that things would change. We also saw that these complaints were not recorded in the practice complaint log; whilst some complaints were anonymous, they still provide a picture of how patients are feeling about levels of access and services at the practice. Some replies to the complaints on the website set out reasons why, for example, patients had experienced delays at the practice and were defensive in tone. One complainant wrote that they had waited for almost two hours with a sick child, to see a GP. The response detailed that the longest wait experienced by a patient in that week was 82 minutes, and gave details of the reasons for this, which a patient may be able to identify themselves from.

Throughout our inspection we did see how the practice was trying to improve patient satisfaction in terms of access, telephone contact and appointment waiting times. However, the practice recognised that with current staffing levels it would struggle to meet the accepted, optimum metric of 70 GP appointments per 1,000 patients, per week meaning that the practice was in a weaker position to begin with in terms of the desired levels of patient access. The position at the time of our inspection was that the practice could typically provide 67 appointments per 1,000 patients per week. Steps to address this had been considered but recruitment of an advanced nurse prescriber or pharmacist to help address this had not been finalised at the time of our inspection. When interviewed the GP partner acknowledged that they were still trying to fill a practice nurse post. This was confirmed by another staff member who told us the practice was "still a nurse short". A further staff member told us"Access is the main challenge – trying hard to rectify the appointment system".The inspector was not persuaded that at the time of inspection, sufficient changes had been made to increase patient access to appointments.

# 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 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
- Staff had an understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

**Leadership, openness and transparency**

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

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 in doing so and felt supported if they did.
- 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, and submitted proposals for improvements to the practice management team. For example, the group discussed with the practice services that they felt needed to stay at the practice, rather than being placed at larger facilities, for example, phlebotomy services.
- The practice had also gathered feedback from staff through through staff meetings, appraisals and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management . 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 and took part in local pilot schemes to improve outcomes for patients in the area. For example the practice hosted a musculoskelatal clinic at the practice for patients with sprains and strains. However, GPs were finding that many patients accessed the clinic to

# Are services well-led?

Good

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

discuss, as an example, arthritic pain. This had been picked up by GPs and suggestions made that a clinic which dealt with other issues, such as management of arthritic pain and symptoms, could be of more use to the locality.