

# Dr Gary O'Hare and Dr Sharon Chapelhow

## Quality Report

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Date of inspection visit: 30 March 2017

Date of publication: 13/04/2017

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

Are services responsive to people's needs?

**Good**



# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Dr Gary O'Hare and Dr Sharon Chapelhow on the 10 December 2015. The overall rating for the practice was good, although the responsive domain was rated as required improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Dr Gary O'Hare and Dr Sharon Chapelhow on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 30 March 2017 to confirm that the practice had carried out their plan to improve areas identified in our previous inspection on 10 December 2015. This report covers our findings in relation to those improvements made since our last inspection.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- The Practice had carried out a full survey of the building carried out by building inspectors in lieu of planned improvement works. At the building inspection, no issues relating to drainage were identified.

- The practice have recruited two full time Advanced Nurse Practitioners, a further Healthcare Assistant and a Clinical Pharmacist who is supporting the clinical team.
- They have responded to patient feedback regarding time to answer the telephones by purchasing a telephone line and also increased reception training, capacity and supervision. They have increased the number of telephone consultations available.
- The practice discuss all general issues at weekly meetings. They review general comments, compliments, significant events, incidents and near misses at these meetings amongst the whole team. They continuously capture patient feedback regarding services including comments left on NHS Choices.

### Letter from the Chief Inspector of General Practice

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

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

The practice is rated as good for providing responsive services.

- Evidence was provided as part of this desk based review to show that improvements had been implemented.
- The practice have recruited two full time Advanced Nurse Practitioners, a further Healthcare Assistant and a Clinical Pharmacist who is supporting the clinical team.
- They have responded to patient feedback regarding time to answer the telephones by purchasing a telephone line and also increased reception training, capacity and supervision. They have increased the number of telephone consultations available.
- They capture patient feedback regarding services by reviewing all compliments and complaints including comments left on NHS Choices. Feedback to the practice demonstrated that they provided adequate consultations to offer patients and patient complaints and adverse responses have significantly reduced.

Good



# Dr Gary O'Hare and Dr Sharon Chapelhow

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk top review was undertaken by a CQC Inspector.

## 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 are purpose built and are used to deliver services to approximately 6,900 patients.

The practice partnership is made up of three partners. The clinical team are supported by a two full time advanced nurse practitioners. All services at the practice are delivered under a Personal Medical Services (PMS) contract.

The practice is open from 8am 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 5.50pm. Patients who require GP services outside of the practice opening hours are diverted to an out of hour's provider by the NHS 111 service.

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 undertook a comprehensive inspection of Dr Gary O'Hare and Dr Sharon Chapelhow 10 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Dr Gary O'Hare and Dr Sharon Chapelhow on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a desk-based follow-up inspection of Dr Gary O'Hare and Dr Sharon Chapelhow on 30 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve areas identified at the last inspection. We reviewed the practice against one of the five questions we ask about services: is the service responsive?

## How we carried out this inspection

We carried out a desk-based focused inspection of Dr Gary O'Hare and Dr Sharon Chapelhow on 30 March 2017. The practice was contacted and a request was made to submit

# Detailed findings

updated evidence to show that the practice had completed the improvements identified during their comprehensive inspection. A range of information was discussed with the practice staff, submitted by the practice and reviewed by the CQC Inspector. This involved reviewing evidence that:

- They had carried out checks on the drainage system from the Practice premises to ensure no remedial work was required.

- They had ensured sufficient numbers of suitably qualified staff were deployed to meet the needs of patients.

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 responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on the 10 December 2015, we rated the practice as requires improvement for providing responsive services. Following the inspection, the practice submitted a detailed action plan to provide details of what they had done to show improvements.

These arrangements had been implemented when we undertook a follow up inspection on 30 March 2017. The practice was now rated as good for providing safe services.

### Access to the service

Following our previous inspection the Practice had recruited a further two full time Advanced Nurse Practitioners and a further Healthcare Assistant. The three Advanced Nurse Practitioners worked in partnership and under the guidance and support of the three GP Partners. This had increased their clinical capacity to meet the on-going demands of the patients at the practice. They also employed a Clinical Pharmacist who was supporting the clinical team and seeing patients face to face in order to complete medication reviews. They helped with discharge medication and other prescribing tasks as directed and supported by the GP Partners and the Senior Clinical Pharmacist.

The practice had recently responded to feedback regarding time to answer the telephones by purchasing a further

telephone line which enhanced their telephone access and they increased the number of telephone consultations available. They also increased training for reception staff, their capacity and supervision. The Reception Team had recently attended local 'signposting' training which had been arranged through Halton CCG. They were more confident when directing patients and offering support. The practice continued to monitor and review the improvements to the phone answering services.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice studied the feedback left by patients over the last 12 months on NHS Choices. They responded to these individuals and invited patients to contact the Practice Manager to discuss matters further. The practice discussed all general issues at weekly meetings. They reviewed general comments, compliments, significant events, incidents and near misses at these meetings amongst the whole staff team. They captured patient feedback regarding the service. They noted that the feedback evidenced to them showed they had adequate consultations to offer patients on a daily basis and patient complaints and adverse responses had reduced significantly. They continued to collate all patient feedback including compliments regarding responses to the treatment they have received.