

# Swanlow Medical Centre

## Quality Report

Dene Drive Primary Care Centre  
Winsford  
Cheshire  
CW7 1AT

Tel: 01606 544644

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

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	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 Swanlow Medical Centre. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing well-led, effective, caring, safe and responsive services. It was also good for providing services to meet the needs of all population groups of patients.

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

- There were systems in place to protect patients from avoidable harm and abuse. Staff were aware of procedures for safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with medicines. The staffing numbers and skill mix were reviewed to ensure that patients were safe and their care and treatment needs were met. We found improvements should be made to the records for staff recruitment and the systems for sharing information from safety incidents.

- Patients care needs were assessed and care and treatment was being considered in line with best practice national guidelines. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed. We found improvements should be made to the records of staff training.
- Feedback from patients showed they were overall happy with the care given by all staff. They felt listened to, treated with dignity and respect and involved in decision making around their care and treatment.
- The practice planned its services to meet the differing needs of patients. The practice encouraged patients to give their views about the services offered and made changes as a consequence.
- Quality and performance were monitored, risks were identified and managed. The practice ensured that staff had access to learning and improvement opportunities.

There were areas of practice where the provider needs to make improvements.

# Summary of findings

Importantly the provider should:

- Review the systems for sharing information from safety incidents to ensure learning points are clearly and effectively shared with all relevant staff.
- Demonstrate that they have obtained satisfactory information about any physical or mental health conditions which are relevant to the duties to be performed by staff. Make a record of on-going checks carried out of the professional registration of GPs.

- Ensure evidence of competence of staff to perform their duties is available at the 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 safe?

The practice is rated as good for safe. There were appropriate systems in place to protect patients from the risks associated with medicines and equipment. The staffing numbers and skill mix were reviewed to ensure that patients were safe and their care and treatment needs were met. The practice was clean and there were systems in place to promote infection control. We found that the recruitment practices should be improved by recording an assessment of the physical and mental fitness of staff and of on-going checks carried out of the professional registration of GPs and nurses. There were processes in place for reporting and investigating safety incidents. The practice should however, review the systems for managing safety incidents to ensure all appropriate action is considered and learning points are clearly and effectively shared with all relevant staff.

Good



### Are services effective?

The practice is rated as good for effective. Patients care needs were assessed and care and treatment was being considered in line with best practice national guidelines. Staff were provided with the training needed to carry out their roles and they were appropriately supported. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed. The practice monitored its performance and had systems in place to improve outcomes for patients. The practice worked with health and social care services to promote patient care. We found improvements should be made to the records of staff training.

Good



### Are services caring?

The practice is rated as good for caring. Patients spoken with were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy. Patients were provided with support to enable them to cope emotionally with care and treatment.

Good



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

The practice is rated as good for responsive. The practice planned its services to meet the differing needs of patients. They monitored the service to identify patient needs and service improvements that

Good



# Summary of findings

needed to be prioritised. Access to the service was monitored and changes made to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

## Are services well-led?

The practice is rated as good for well led. There was a clear leadership structure in place. Quality and performance were monitored, risks were identified and managed. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the practice manager. Staff told us they could raise concerns and felt they were listened to. The practice had systems to seek and act upon feedback from patients.

Good



# 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 was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care. The practice participated in a local care home scheme where GPs from the practice mentored a local care home via weekly ward rounds educating the staff regarding medication, signs and symptoms of concern and patient management. Each care home patient had a care plan and a thorough annual review of these patients was undertaken. This service promoted continuity of patient care, effective communication and assisted care home staff in identifying ill health more easily. The practice ensured each person who was over the age of 75 had a named GP. In 2014 the practice reviewed patients over 75 who had had an inpatient non-surgical admission, discharged on three or more medications for a local quality scheme. The practice offered a home visit or surgery appointment for a post-discharge review with a GP. The hospital discharge summary was checked and discussed to support the patient and family to understand their condition, their medication and future emergency plans. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice participated in Winsford Integrated Neighbourhood team meetings, a forum where services including local housing, social services, community services and Age UK holistically reviewed patients, often frail or elderly to ensure they were receiving the care and support they needed.

Good



### People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The nurse administrator co-ordinated recalls for patients with long term conditions inviting them for one combined annual review with a practice nurse, ensuring blood tests and urinalysis were done first to streamline care. Test results were reviewed by a GP and a plan of actions to consider was documented to support the practice nurse and patient during the review. Clinical staff kept up to date in specialist areas which helped them ensure

Good



# Summary of findings

best practice guidance was always being considered. The practice had achieved and implemented the Gold Standards Framework for end of life care. Gold Standards Framework meetings were held where the needs of patients with terminal illnesses were reviewed. Patients with heart failure, Chronic Obstructive Pulmonary Disease (COPD) and uncontrolled diabetes had been risk stratified to be involved in the avoiding unplanned admissions to hospital scheme and had a care plan in place to support them.

## **Families, children and young people**

The practice is rated as good for the population group of families, children and young people. Child health surveillance and immunisation clinics were provided. Six week baby and maternal health checks were provided alongside a child immunisation clinic and contraceptive implant and coil fitting service for patient convenience. Further contraceptive services were provided by the practice nurses. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. Children were prioritised for same day appointments. Staff had received training in safeguarding children. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. Liaison took place with the health visiting service to discuss any children who were at risk of abuse. Patients were sign posted to sexual health services and the practice promoted chlamydia testing and provided self-test kits at the practice.

Good



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

The practice is rated as good for the population group of working-age people (including those recently retired and students). The Practice was open Monday to Thursday from 07.00 to 18.30 and from 08:00 to 18:30 on Fridays. The health care assistant offered blood tests from 07.00 Monday to Thursday and the practice nurses offered appointments from 07.00 Mondays and Thursdays. From 1st July 2015 the practice was planning to offer GP appointments from 07.00 Tuesday to Friday and until 19.00 Monday to Thursday as a result of securing funding from the Prime Ministers Challenge Fund. This included appointments offered via skype, face time or telephone. These additional opening times would also provide more flexibility for patients to manage prescriptions or make appointments. The practice provided pre bookable consultations up to four weeks in advance, same day appointments and a triage service to offer advice and signpost patients. On line bookable appointments and on line prescription requests were available. The practice offered "fresher" immunisations at times convenient for students.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. Staff had received training in safeguarding vulnerable adults and they had access to policies and procedures to refer to. The practice had a record of carers and used this information to discuss any support needed and to refer carers on to other services if necessary. Staff were aware of local support services to sign post patients to such as Turning Point which assists people with drug and alcohol issues and the Citizen's Advice Bureau. Staff had received training in Deaf Awareness to facilitate communication with patients. There were alerts on patient records if a patient was partially sighted to enable appropriate support to be provided. A local traveller's site was frequented by a transient population to whom same day appointments (seen as temporary residents) were provided and opportunistic immunisation provided to their children.

Good



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

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice liaised with and referred patients to appropriate services such as psychiatry as needed. The practice had increased its register of patients with dementia by undertaking computer searches on medication, referrals and opportunistically screening patients. There was a plan in place to ensure each patient diagnosed with dementia had an individual care plan. A counselling service was provided from the same premises which patients could self-refer to. The practice had information for patients in the waiting areas to inform them of other services available. For example, for patients who may experience depression or those who would benefit from counselling services for bereavement.

Good



# Summary of findings

## What people who use the service say

We looked at 13 CQC comment cards that patients had completed prior to the inspection and spoke with five patients. The majority of patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GP, treatments were explained and that they felt listened to. Two comment cards returned indicated patients felt they had not been treated with dignity and respect.

The National GP Patient Survey published in January 2015 found that 72% of patients at the practice stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. Eighty three per cent said the GP was good at listening to them. Eighty eight per cent of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern and 93% said the nurse was good at listening to them. Seventy four per cent of practice respondents said the GPs were good at involving them in decisions about their care and 84% felt the nurses were good at involving

them in decisions about their care. Eighty per cent of respondents said the GPs were good at explaining tests and treatments and 92% said the nurses were good at explaining tests and treatments. These responses were about average when compared to other practices locally and nationally.

We looked at the results of the last patient survey undertaken by the practice in 2013/2014. This showed that the patients rated the practice staff well around care and concern shown, respectfulness, reassurance given and ability to listen to the patients concerns.

The National Patient Survey and a survey undertaken by the practice 2013/2014 indicated that improvements were needed to the telephone and appointments systems. The practice had made several changes to the service since these surveys were undertaken. This included re-organising the appointment system, introducing a telephone triage system and publicising its services for patients more widely. The practice was planning on undertaking a further survey to identify if these changes had been effective.

## Areas for improvement

### Action the service SHOULD take to improve

The provider should:

- Review the systems for sharing information from safety incidents to ensure learning points are clearly and effectively shared with all relevant staff.
- Demonstrate that they have obtained satisfactory information about any physical or mental health conditions which are relevant to the duties to be performed by staff. Make a record of on-going checks carried out of the professional registration of GPs.
- Ensure evidence of competence of staff to perform their duties is available at the practice.

# Swanlow Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP and a practice manager specialist advisors.

## Background to Swanlow Medical Centre

Swanlow Medical Centre is based in Winsford, Cheshire. The practice treats patients of all ages and provides a range of medical services. At the time of our visit the staff team included five GP partners, two salaried GPs, three practice nurses, one health care assistant, a practice manager (who is also a partner) reception and administrative staff. The practice is a training practice for doctors and at the time of our visit there were two GP registrars (a registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice).

Swanlow Medical Centre is open Monday to Thursday from 07.00 to 19.00 and from 7:00 to 18:30 on Fridays. The health care assistant offers blood tests from 07.00 Monday to Thursday and the practice nurses offer appointments from 07.00 Mondays and Thursdays. Patients can book appointments in person, on-line or via the telephone. From 1st July 2015 the practice is planning to offer GP appointments from 07.00 Tuesday to Friday and until 19.00 Monday to Thursday as a result of securing funding from the Prime Ministers Challenge Fund. The practice provides pre bookable consultations up to four weeks in advance, same day appointments, a triage service to offer advice

and signpost patients and home visits to patients who are housebound or too ill to attend the practice. When the practice is closed patients access NHS East Cheshire Trust for primary medical services.

The practice is part of NHS Vale Royal Clinical Commissioning Group. It is responsible for providing primary care services to approximately 9,756 patients. The practice is situated in an area with average levels of deprivation when compared to other practices nationally. Information from Public Health England (2013/2014) showed 67% of patients have a long standing health condition, 29% of patients have caring responsibilities and 72% (data from 2011/2012) of patients are disability living allowance claimants which are above average levels when compared to other practices nationally. The practice has a General Medical Services (GMS) contract.

Health and community services such as health visiting, district nursing, community matrons, diabetes and respiratory nurse specialists operate from the premises.

## 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. This 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.

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.

# Detailed findings

## How we carried out this inspection

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

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

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
- Mothers, babies, children and young people
- The working-age population and those recently retired (including students)

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 30th June 2015.

We reviewed the operation of the practice, both clinical and non-clinical. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We discussed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We sought views from patients, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with the practice manager, registered manager, GPs, practice nurses, administrative staff and reception staff on duty.

# Are services safe?

## Our findings

### Safe Track Record

NHS Vale Royal Clinical Commissioning Group and NHS England reported no concerns to us about the safety of the service. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

Alerts and safety notifications from national safety bodies were dealt with by the clinical staff and the practice manager. Staff confirmed that they were informed about and involved in any required changes to practice or any actions that needed to be implemented.

### Learning and improvement from safety incidents

The practice had a system in place for reporting and recording safety incidents. A central log/summary of significant events was maintained that would allow patterns and trends to be easily identified and enable a record to be made of actions undertaken and reviewed. Staff we spoke with told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally.

We looked at a sample of records of significant events that had occurred in the last 12 months. Records showed that in general appropriate action had been taken to ensure patient safety was promoted. One event had involved the over administration of medication due to a computer error. Records and a discussion with staff indicated this had not been discussed with the medicines management team which may have enabled advice to be obtained. The incident had been reported to the Clinical Commissioning Group (CCG) to enable learning from the safety incident to be shared.

We looked at how learning from safety events around clinical issues was disseminated to clinical staff. Clinical staff told us that these events were discussed at meetings in order to cascade any learning points and that if any staff were unable to attend these meetings they were sent an email advising them to check the minutes of the meeting and the significant event log on the intranet. We saw that these minutes did not describe the safety incident and any

action to avoid a re-occurrence in sufficient detail. The systems for managing safety incidents should be reviewed to ensure learning points are clearly and effectively shared with all relevant staff.

### Reliable safety systems and processes including safeguarding

Staff had access to safeguarding policies and procedures for both children and adults who may be vulnerable due to their circumstances. These provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had access to contact details for both child and adult safeguarding teams.

Staff we spoke with and a sample of records seen confirmed staff had undertaken training in safeguarding children and adults. Staff we spoke with demonstrated a satisfactory knowledge and understanding of safeguarding and its application.

A GP took the lead for safeguarding children and vulnerable adults. They had undertaken training in safeguarding children relevant to their role and had undertaken around safeguarding adults from abuse. They had an appropriate understanding of safeguarding both children and adults and they attended meetings with and received regular updates from the safeguarding leads from the commissioning organisation. This established link meant that advice and guidance could be easily sought when needed.

The practice had introduced a system to monitor and respond to requests for attendance/reports at safeguarding meetings. This had been introduced as a result of three requests for reports not being completed. The administrator described how this system worked and demonstrated how any requests were monitored to ensure a report was sent. Codes and alerts were applied to the electronic case management system to ensure identified risks to children, young people and vulnerable adults were clearly flagged and reviewed.

Any concerns about the welfare of children were referred to the health visiting service for the area. We were told that meetings with the health visiting service had been recently set up in order to provide a more formal basis for sharing concerns and reviewing if any further actions were necessary.

# Are services safe?

## Medicines Management

The GPs told us they re-authorised medicines in accordance with the needs of patients and a system was in place to highlight patients requiring medicine reviews. Patient medicine reviews were undertaken during consultations and chronic condition reviews.

We looked at how the practice stored and monitored emergency medicines and vaccines. Emergency medicines were in date and regularly checked to ensure sufficient supply. Vaccines were in date and organised with stock rotation evident. We saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of the vaccines. We spoke to staff who managed the vaccines and they had a clear understanding of the actions they needed to take to keep vaccines safe.

Prescription pads were held securely. An inventory of prescription pad numbers was maintained to minimise the risk of misappropriation. We looked at one of the GP's bags that was taken on home visits. This contained appropriate medication that was in date. We were told that each GP was responsible for checking their own bags and that one of the practice nurses had responsibility for issuing reminders to carry this out.

## Cleanliness & Infection Control

Staff had access to an infection control policy with supporting processes and guidance. There was a lead member of staff for infection control who had completed training relevant to this role and who attended regular infection control meetings with the Clinical Commissioning Group. Staff told us and a sample of training records seen showed they had received training in infection control. This included hand hygiene and an audit of hand hygiene had taken place.

The patients we spoke with commented that the practice was clean and appeared hygienic. We looked around the premises and found them to be clean. The treatment rooms, waiting areas and toilets were in good condition and supported infection control practices. Surfaces were intact, easy to clean and the premises were uncluttered. The consultation rooms were carpeted and there was a cleaning plan in place. Curtains in consultation and treatment rooms were disposable and replacement curtains were available if needed. Staff had access to gloves and aprons and there were appropriate segregated waste disposal systems for clinical and non-clinical waste. We

observed good hand washing facilities to promote good standards of hygiene. Instructions about hand hygiene were available throughout the practice and we observed hand gels in clinical rooms and in the reception area.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only. Checks were carried out to ensure items such as instruments, gloves and hand gels were available and in date.

Cheshire and Wirral Partnership NHS Foundation Trust had carried out an infection control audit in February 2015. This indicated that overall the practice was meeting effective infection control standards. An action plan had been completed to address the shortfalls identified. A cleaning schedule was in place and regular checks were undertaken by a designated member of staff at the practice to ensure cleaning was carried out to a satisfactory standard. Legionella checks were carried out to ensure the safety of the water systems.

## Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. We were shown a certificate to demonstrate that equipment such as the weighing scales, vaccine fridge, thermometers and blood pressure machines had been tested and calibrated. All portable electrical equipment was routinely tested. We noted that a list of all equipment held at the practice was not maintained which may further assist with ensuring all equipment is tested at suitable intervals.

## Staffing & Recruitment

Staffing levels were reviewed to ensure patients were kept safe and their needs were met. In the event of unplanned absences staff covered from within the service. Duty rotas took into account planned absence such as holidays. Locum GPs provided cover for holidays and the same locums were used where possible to promote continuity for patients. The registered manager and the practice manager told us that patient demand was monitored through the appointment system and staff and patient feedback to ensure that sufficient staffing levels were in place.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at the recruitment records of

## Are services safe?

two clinical and a non-clinical members of staff. We found that the recruitment procedure had in general been followed and the required checks had been undertaken to show the applicants were suitable for their posts. We noted that records did not show that information about any physical or mental health conditions which were relevant to the duties to be performed by staff had been obtained and considered.

We were told that all clinical staff received a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check prior to employment and we looked at a sample of records to confirm this (these checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post). A risk assessment was available to indicate why non-clinical staff did not need a DBS check. The professional registration of clinical staff was checked prior to appointment. We were told that a recent check of the Performers List had been undertaken for all GPs at the practice and that a recent check of the registration of all GPs with the General Medical Council (GMC) had been carried out, however, we noted that this had not been recorded. The registered manager told us that a system for recording regular checks of continuing GMC registration would be put in place.

### Monitoring Safety & Responding to Risk

The practice had other systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included medicines management, dealing with emergencies and monitoring the safety of equipment. Health and safety information was displayed for staff to see around the premises. The practice manager was the lead for health and safety and these issues were discussed at staff meetings. The health and

safety manager for the premises ensured that checks were undertaken of the fire safety systems. A sample of records confirming this were seen. Staff told us that they had received training in health and safety and fire safety.

### Arrangements to deal with emergencies and major incidents

Emergency medicines were available and staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The practice had oxygen, a nebuliser (a device for producing a fine spray of liquid, used for example for inhaling medicines) and an automated external defibrillator (used to attempt to restart a person's heart in an emergency) for use in the event of an emergency. This equipment was appropriately stored and monitored to ensure suitability for use.

Staff told us they had up to date training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Samples of training certificates confirmed that this training was up to date. We noted that drills to test out the accessibility of emergency equipment and staff response times were not undertaken.

A disaster recovery and business continuity plan was in place. The plan included the actions to be taken following loss of building, loss of telephone system, loss of computer and electrical equipment, loss of utilities and staff incapacity. Key contact numbers were included for staff to refer to.

Panic buttons were available for staff on their computers and in treatment rooms and in the reception area for staff to call for assistance.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us how they accessed best practice guidelines to inform their practice. Clinical staff attended regular training and educational events provided by the Clinical Commissioning Group and they had access to recognised good practice clinical guidelines, such as National Institute for Health and Care Excellence (NICE) guidelines on their computers. The clinical staff met regularly to support each other and to discuss new clinical protocols, review complex patient needs and keep up to date with best practice guidelines, clinical research and relevant legislation

The GPs specialised in clinical areas such as palliative care, cardiology, minor surgery and medicines management. The practice nurses managed specialist clinical areas such as diabetes, chronic obstructive pulmonary disease (COPD), childhood immunisations and cervical screening. This meant that the clinicians were able to focus on specific conditions and provide patients with regular support based on up to date information.

The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital promptly to ensure an appointment was provided within two weeks. We noted that not all GPs we spoke with kept a log of referrals made, however audits of referrals had taken place to ensure they were appropriate, for example, cardiology. There was appropriate communication with administrative staff to ensure that referrals were sent in a timely manner.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients with learning disabilities and those who were on the palliative care register.

### Management, monitoring and improving outcomes for people

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as diabetes, asthma and COPD, which were used to arrange annual health reviews.

There were systems in place to evaluate the operation of the service and the care and treatment given. The practice used the information it collected for the Quality Outcomes Framework (QOF) to monitor the quality of services provided. The report from 2013-2014 showed the practice was meeting national targets for example, in relation to checks for patients with diabetes, blood pressure readings for hypertensive patients, cervical screening and maintaining a register for adult patients with a learning disability and patients in need of palliative care.

We saw that audits of clinical practice were undertaken. Examples of audits included an audit of hypertension and sore throat prescribing. We discussed the audit cycle of hypertension with the clinical staff involved. The audit demonstrated an improvement in all areas of patient care. The audit had been discussed with relevant staff and written guidance given to ensure that all staff were aware of the findings and the action they needed to take to ensure continuing improvements in patient care. A weight/height and blood pressure monitoring machines were available at the practice for patients to use. To improve patient care and in line with this audit these machines had been moved to a private room to encourage greater use. Reception and nursing staff had received necessary training in managing readings from the machines following patient use and where concerns were identified an appointment was made with a GP.

The GPs told us clinical audits were often linked to medicines management information, safety alerts, clinical interest or as a result of Quality and Outcomes Framework (QOF) performance. All the clinicians participated in clinical audits.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included managing long term conditions, quality and safety, palliative care and medicines management. The practice had achieved and implemented the Gold Standards Framework for end of life care. They kept a record of patients needing palliative care. Gold Standards Framework meetings were held every six weeks where the needs of patients were discussed with other supporting health care professionals such as Macmillan and district nurses.

### Effective staffing

An appraisal policy was in place. Staff were offered annual appraisals to review performance and identify

# Are services effective?

(for example, treatment is effective)

development needs for the coming year. We spoke to non-clinical staff and a practice nurse who told us the practice was supportive of their learning and development needs. They said they had received an appraisal in the last 12 months and that a personal development plan had been drawn up as a result which identified any training needed. GPs told us they had protected learning time and met with their external appraisers to reflect on their practice, review training needs and identify areas for development.

The staff we spoke with told us they felt well supported in their roles. Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. There were support systems in place for GPs in training. Developmental and governance meetings took place to share information, look at what was working well and where any improvements needed to be made. For example, the practice closed one afternoon per month for in-house meetings, developmental events, to enable staff to attend external training events or complete in-house training. The GPs met weekly to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The GPs met informally each day to provide support around clinical issues. The nursing staff met regularly and they attended training events with other nurses in the area. The reception and administrative staff met to discuss their roles and responsibilities and share information. The practice manager attended regular meetings for practice managers organised by the CCG to keep up to date with new developments.

A record of training was in place on the staff files we looked at. We looked at a sample of administrative/reception staff records and found they had completed training relevant to their role as well as mandatory training such as basic life support and safeguarding children. A training matrix was not available which would provide an easy to view summary of the training staff had received and what training was needed. The GPs held their own training records. We spoke to GPs and a practice nurse who told us they had completed training to keep their skills and knowledge up to date. Evidence of the competence of one member of staff to perform their duties was not available in their personnel file. This information should be maintained at the practice to demonstrate that they were adequately trained and assessed to undertake their duties.

## Working with colleagues and other services

The practice worked with other agencies and professionals to support continuity of care for patients. The practice provided the 'out of hours' service with information, to support, for example 'end of life care.' Information received from other agencies, such as A&E or hospital outpatient departments were read and actioned by the GPs in a timely manner. GPs described how blood result information would be sent through to them and the system in place to respond to any concerns identified. There was a system in place to identify patients at risk of unplanned hospital admissions and to follow up the healthcare needs of these patients.

The practice liaised with health and social care professionals such as the community nursing teams, health visiting service and mental health services to promote patient care. Palliative care meetings were held on a regular basis. Clinical staff met with district nurses, community matrons and Macmillan nurses to discuss any concerns about patient welfare and identify where further support may be required. The practice participated in a local care home scheme where GPs from the practice mentored a local care home via weekly ward rounds educating the staff regarding medication, signs and symptoms of concern and patient management. Each care home patient had a care plan and a thorough annual review of these patients was undertaken. This service promoted continuity of patient care, effective communication and assisted care home staff in identifying ill health more easily. We were told that this service had led to a decrease in hospital admissions. The practice took part in Winsford Integrated Neighbourhood team meetings, a forum where services including local housing, social services, community services and Age UK holistically reviewed patients often frail or elderly to ensure they were receiving the care and support they needed.

## Information Sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the computer system for future reference. All members of staff were trained on the system.

The practice had systems in place to communicate with other providers. For example, there was a system for

# Are services effective?

(for example, treatment is effective)

communicating with the local out of hour's provider to enable patient data to be shared in a secure and timely manner and systems in place for making referrals to other health services.

The practice was implementing the electronic Summary Care Record and information was available for patients to refer to (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

## Consent to care and treatment

We spoke with clinical staff about their understanding of the Mental Capacity Act 2005. They provided us with examples of their understanding around consent and mental capacity issues. They were aware of the circumstances in which best interest decisions may need to be made in line with the Mental Capacity Act when someone may lack capacity to make their own decisions. The clinical staff had received a training update in the Mental Capacity Act around 12 – 18 months ago. They had received guidance around the Deprivation of Liberty Safeguards but we noted they had received no formal training in this. A procedure was in place for gaining verbal and written consent from patients, for example, when providing joint injections and minor surgical procedures.

## Health Promotion & Prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to

patients via their website and in leaflets in the waiting area about the services available. This included smoking cessation, various cancers screening, health checks and travel advice. A weight/height and blood pressure monitoring machines were available at the practice for patients to use. Reception and nursing staff had received necessary training in managing readings from the machines following patient use and were concerns were identified an appointment was made with a GP.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) (Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. QOF is a

voluntary process for all practices in England and was introduced as part of the GP contract in 2004) and other sources to identify where improvements were needed and to take action. Quality and Outcomes Framework (QOF) information 2013/2014 showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives. For example, in providing diabetes checks, flu vaccinations to high risk patients and providing other preventative health checks/screening of patients with physical and/or mental health conditions.

New patients registering with the practice completed a health questionnaire. This provided the practice with important information about their medical history, current health concerns and lifestyle choices.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

We looked at 13 CQC comment cards that patients had completed prior to the inspection and spoke with five patients. The majority of patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GP, treatments were explained and that they felt listened to. Two comment cards returned indicated patients felt they had not been treated with dignity and respect.

We observed that patients were treated with respect and their dignity was promoted. Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was an area available if patients wished to discuss something with them away from the reception area.

The National GP Patient Survey published in January 2015 found that 72% of patients at the practice stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. Eighty three per cent said the GP was good at listening to them. Eighty eight per cent of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern and 93% said the nurse was good at listening to them. These responses were about average when compared to other practices locally and nationally.

Staff and patients told us that all consultations and treatments were carried out in private. Curtains were provided in consulting rooms and treatment rooms so that

patients' privacy and dignity were maintained during examinations, investigations and treatments. We observed that consultation / treatment room doors were closed during consultations.

Information was provided to patients about the practice's zero tolerance for abusive behaviour.

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

Data from the National GP Patient Survey published in January 2015 showed 74% of practice respondents said the GPs were good at involving them in decisions about their care and 84% felt the nurses were good at involving them in decisions about their care. Eighty per cent of respondents said the GPs were good at explaining tests and treatments and 92% said the nurses were good at explaining tests and treatments. These responses were about average when compared to other practices locally and nationally.

Patients we spoke with told us that health issues were discussed with them, treatments were explained, they felt listened to and they felt involved in decision making about the care and treatment they received.

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

Information was on display in the waiting area about the support available to patients to help them to cope emotionally with care and treatment. Information available included information about advocacy services, bereavement services and services for carers. There were counselling services and mental health support services which the GPs and nursing staff were able to refer patients on to. A register of carers was maintained and once a month a representative from the Cheshire Carers Association came to the practice to raise awareness and offer help and signposting for carers. Patients spoken with told us that staff had sign posted them to organisations which they had found helpful.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with NHS Vale Royal Clinical Commissioning Group (CCG) to address local needs and service improvements that needed to be prioritised.

The practice participated in a local care home scheme where GPs from the practice mentored a local care home via weekly ward rounds educating the staff regarding medication, signs and symptoms of concern and patient management. Each care home patient had a care plan and a thorough annual review of these patients was undertaken. This service promoted continuity of patient care, effective communication and assisted care home staff in identifying ill health more easily. We were told that this service had led to a decrease in hospital admissions.

The practice took part in Winsford Integrated Neighbourhood team meetings, a forum where services including local housing, social services, community services and Age UK holistically reviewed patients often frail or elderly to ensure they were receiving the care and support they needed.

The practice participated in a project over the winter with other neighbourhood practices, running a paediatric clinic from 17.30 to 19.30. This was established to help parents with appointments after work or school and was well utilised by parents from the practice.

A local traveller's site was frequented by a transient population to whom same day appointments (seen as temporary residents) were provided and opportunistic immunisation provided to their children.

We looked at the systems for making referrals on for investigations or treatment. The systems were efficient and referrals were managed in a timely manner which avoided unnecessary delays in patient care.

The practice worked to the National Gold Standard Framework in end of life care (The National Gold Standards Framework (GSF) Centre in End of Life Care provides training to enable generalist frontline staff to provide a gold standard of care for people nearing the end of life).

The practice had a palliative care register and had six weekly multidisciplinary meetings to discuss patient's and their families' care and support needs.

The practice had a mix of male and female GPs so that patients were able to choose to see a GP of the gender of their choice. The practice offered patients a chaperone prior to any examination or procedure. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The nursing staff and health care assistant acted as chaperones and they had received training around carrying out this role.

The practice had a Patient Reference Group (PRG). The purpose of the PRG was to meet with practice staff to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. We met with representatives from the PRG who told us that the group had been in operation since 2007 and it currently had eight members. They said they were working with the practice manager to encourage other patients to join the group to increase the numbers and representation from different population groups. The PRG representatives told us that surveys sent by the practice were agreed with them and when the results were received an action plan was devised with them. Records showed the action taken by the practice as a result of patient surveys and meetings with the PRG. For example, improving information available to patients about telephone consultations and making improvements to the telephone system. The PRG representatives told us that improvements had been made to the practice as a result of their involvement, they said they felt they were listened to and that their opinions mattered.

### Tackling inequity and promoting equality

The practice was on the first floor of Dene Drive Primary Care Centre. Two lifts were available (including one large enough to take a stretcher if required). Patients with a physical disability were able to access all areas of the practice. Disabled parking facilities were available. A baby changing facility and a breast feeding room were available.

Staff were knowledgeable about interpreter services for patients where English was not their first language. An audit of access for patients had been recently undertaken by Life or Deaf Matters which identified what the practice was doing well and where any improvements needed to be made. Staff had received training in Deaf Awareness to facilitate communication with patients.

# Are services responsive to people's needs?

(for example, to feedback?)

Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient was partially sighted to enable appropriate support to be provided. Alerts were also available to ensure the length of the appointment was appropriate. For example, if a patient had a learning disability then a double appointment was offered to the patient to ensure there was sufficient time for the consultation.

Staff spoken with and a sample of training records seen indicated they had received training around equality, diversity and human rights.

## Access to the service

The practice was open Monday to Thursday from 07.00 to 19.00 and from 07:00 to 18:30 on Fridays. The health care assistant offered blood tests from 07.00 Monday to Thursday and the practice nurses offered appointments from 07.00 Mondays and Thursdays. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could also be managed in person or on-line. The practice provided pre bookable consultations up to four weeks in advance, same day appointments, a triage service to offer advice and signpost patients and home visits to patients who were housebound or too ill to attend the practice. When the practice was closed patients accessed NHS East Cheshire Trust for primary medical services.

The National GP Patient Survey published in January 2015 (based on data collected January-March 2014 and July-September 2014) found that 68% were satisfied with the opening hours and 79% were able to get an appointment to see or speak to someone the last time they tried. These responses were about average when compared to other practices locally and slightly below average when compared to other practices nationally. Forty per cent of respondents said they found it easy to get through to the practice by phone. Forty three per cent of patients with a preferred GP said they usually got to see or speak to that GP. Fifty per cent described their experience of making an appointment as good. These responses were below average when compared to other practices locally and significantly below average when compared to other practices nationally. The last survey undertaken by the practice 2013/2014 had identified that patients would like to see improvements around telephone access and the appointment system.

The practice manager told us that the phone system was provided through the former Primary Care Trust and that the practice was working with the information technology department of the Clinical Commissioning Group to enable the system to function as efficiently as possible. As a result of patient feedback the practice had made changes to improve access for patients. An analysis had been undertaken of the number and type of telephone calls received and the GP partners had spent time in reception observing the level of and nature of telephone calls. As a consequence further information had been provided to patients about the services provided, such as on line booking of appointments, prescription management, telephone consultations and on line consultations via Skype. A telephone message had been made available to patients advising them of the services provided and directing them to the website for further information. The website had been updated with information about the range of appointments available. A triage system established and changes made to the numbers of urgent and routine appointments. The practice had a high rate of patients not attending for booked appointments and had put some measures in place to address this and were now considering further strategies. From 1st July 2015 the practice was planning to offer GP appointments from 07.00 Tuesday to Friday and until 19.00 Monday to Thursday as a result of securing funding from the Prime Ministers Challenge Fund. The practice was planning to carry out a further survey to establish the effectiveness of the changes made.

We looked at 13 CQC comment cards that patients had completed prior to the inspection. The comments indicated that patients were generally happy with the standard of care provided. One patient said it was hard to get an appointment with the same GP and two said there could be delays when waiting for appointments with a GP. We spoke with five patients. They said they were able to get an appointment when one was needed, there had been recent improvements to getting through on the phone, appointments for children were prioritised and referrals for investigations and treatments were carried out promptly.

The practice had a newsletter. We saw the current newsletter was available at the reception desk. The newsletter provided information about any changes to the practice and useful information about services offered at the practice and in the community.

# Are services responsive to people's needs? (for example, to feedback?)

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

The practice had a system in place for handling complaints and concerns. The complaint policy and procedure detailed how to make a complaint, who to contact and the timescales for the practice to respond. The policy included contact details for NHS England, the Health Service Ombudsman and details of advocacy services to support patients making a complaint. Reference was made to the

complaint process in the patient information booklet given to all new patients and on the practice's website. We noted that the complaint procedure was not available for patients in the reception area. This was addressed during our visit.

We looked at the record of complaints and found documentation to record the details of the concerns raised and the action taken. Staff we spoke with were knowledgeable about the policy and the procedures for patients to make a complaint. A complaints log was maintained to enable patterns and trends to be identified.

# 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 the following mission statement:-

“To strive for excellence and work in partnership with our patients to ensure they are supported in their healthcare in a setting that meets their expectations.”

The practice also had goals to ensure it achieved its mission statement such as ensuring staff had the training they needed and kept their skills and knowledge up to date, empowering patients to take control of their own health care and maintaining a clean and hygienic environment. The mission statement was on display in the waiting area and was available on the practice website for patients to refer to.

### Governance Arrangements

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and managers meetings took place to look at the overall operation of the service.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically or in a paper format. We looked at a sample of policies and procedures and found that the policies and procedures required were available and up to date.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The GPs spoken with told us that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. A discussion with the clinical staff involved in an audit of hypertension showed improvements had been made to the operation of the service and to patient care as a result.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant

incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made to the practice as a result of reviewing significant events. We found that improvements should be made to information sharing around significant events.

### Leadership, openness and transparency

There was a leadership structure in place and clear lines of accountability. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at staff meetings or as they occurred with the practice manager or registered manager. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the practice manager.

Human resource policies and procedures, for example, the induction, sickness and absence and disciplinary procedures were available for staff to refer to. A whistle blowing policy and procedure was available and staff spoken with were aware of the process to follow.

### Practice seeks and acts on feedback from users, public and staff

Patient feedback was obtained through carrying out surveys, reviewing the results of national surveys and a national website for patient feedback, comments and suggestions forms and through the complaint procedure.

The practice had a Patient Reference Group (PRG). The purpose of the PRG was to meet with practice staff to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. We met with representatives from the PRG who told us that the group had been in operation since 2007 and it currently had eight members. They said they were working with the practice manager to encourage other patients to join the group to increase the numbers and representation from different population groups. The PRG representatives told us that surveys sent by the practice were agreed with them and when the results were received an action plan was devised with them. Records showed the action taken by the practice as a result of patient surveys and meetings with the PRG. For example, improving information available to patients about telephone consultations and making improvements to the telephone system. The PRG representatives told us that improvements had been made to the practice as a result of their involvement, they said they felt they were listened to and that their opinions mattered.

# Are services well-led?

Good 

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

Leaflet were in the reception and waiting area encouraging patients to access and participate in the NHS friends and family test. This could also be completed on-line. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.

A suggestion box was available in the waiting area. The practice manager periodically reviewed the comments made and displayed a response detailing any action planned or taken.

Staff told us they felt able to give their views at practice meetings. Staff told us they could raise concerns and felt they were listened to.

## **Management lead through learning & improvement**

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff were offered annual appraisals to review performance and identify development needs for the coming year. Staff told us the practice was supportive of their learning and development needs and that they felt well supported in their roles. Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other.

There were processes in place for reporting and investigating safety incidents. We found that the practice should review the systems for managing safety incidents to ensure learning points were clearly and effectively shared with all relevant staff.