

Helsby Health Centre

Quality Report

Lower Robin Hood Lane, Helsby
Helsby
Cheshire
WA6 0BW

Tel: 01928723676

Website: www.helsbyandeltonpractice.nhs.uk

Date of inspection visit: 31 August 2016

Date of publication: 28/10/2016

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	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires improvement 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Helsby Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Helsby Health Centre on 31 August 2016.

Overall the practice is rated as requires improvement.

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

- There were systems in place to reduce risks to patient safety, for example, medication management and the management of staffing levels. Improvements were needed to the records of recruitment to demonstrate the suitability of staff employed. Improvements were also needed to the management of health and safety at the premises.
- Staff spoken with understood their responsibilities to raise concerns and report incidents and near misses.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they felt supported. The system for identifying the training needs of staff and ensuring that all staff undertook the training they required needed improvement.
- Patients were positive about the care and treatment they received from the practice. The National GP Patient Survey January 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were overall comparable to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was in line with local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.

Summary of findings

- There were systems in place to monitor and improve quality and identify risk. However, improvements were need to the governance systems to ensure the premises were safe, staff were safely recruited and had received the training they required for their roles.

There were areas of practice where the provider must make improvements:

- The provider must ensure the premises are safely maintained.
- The provider must improve their governance systems to ensure that the required recruitment information is obtained prior to the employment of staff to confirm their suitability.
- The provider must improve their governance systems to ensure all staff undertake the training they require for their roles.

The areas where the provider should make improvements are:

- A record should be made of the action taken following receipt of patient safety alerts.
- The system for recording when children do not attend for appointments should be improved.
- A review of the most recent infection control audit should be carried out to identify that actions taken have been effective and to assess which actions remain outstanding.
- A documented risk assessment should be put in place to demonstrate why a Disclosure and Barring (DBS) check is not required for staff who act as chaperones.
- A review of the storage of emergency medication should take place to ensure accessibility.
- A system should be put in place to record the receipt and allocation of printable prescriptions.

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 requires improvement for providing safe services. Improvements were needed to the records of recruitment to demonstrate that the staff employed were suitable for their roles. Improvements were needed to the management of health and safety to ensure that the premises were safe and staff had the training they needed to promote a safe environment and working practices. A system was not in place to record the receipt and allocation of printable prescriptions. Although the staff spoken with demonstrated they understood their responsibilities in relation to safeguarding the training records showed that a number of staff had not received both vulnerable adults and children safeguarding training.

There were systems in place to protect patients from risks to their safety. For example, safety events were reported, investigated and action taken to reduce a re-occurrence and there were systems to ensure sufficient staffing levels to meet the needs of patients.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. Staff told us they felt supported. The system for identifying the training needs of staff and ensuring that all staff undertook the training they required for their roles needed improvement.

Good



Are services caring?

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and who returned comment cards 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. Results from the National GP Patient Survey showed that patient responses regarding care and treatment were comparable to local and national averages.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. Results from the National GP Patient Survey showed that patient responses regarding access to the service were comparable to local and national averages. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Good



Are services well-led?

The practice is rated requires improvement for providing well-led services. There were systems in place to monitor the operation of the service, however we found improvements were needed to the governance systems to ensure the premises were safe, staff were safely recruited and had received the training they required for their roles. We also found that improvements should be made to records and safety systems to improve the operation of the service.

Staff felt supported by management. The practice held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous improvement.

Requires improvement



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 requires improvement for the care of older people. The issues identified as requires improvement overall affected all patients including this population group. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Two GPs visited patients at four local care homes on a weekly basis and had done so for over 10 years providing continuity to patients, families and carers. Both GPs were also available for advice to senior care staff in the evenings and at the weekends. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They provided an Acute Visiting and an Early Visiting Service. Both services aim to improve patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services. Monthly meetings between the integrated care team, practice nurses and GPs took place to review the needs of older patients with complex needs and share information. The practice had worked with the Patient Participation Group (PPG) to co-ordinate Saturday flu vaccination clinics with a Keep Well in the Community event where patients were provided with information about local services and health checks.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requires improvement overall affected all patients including this population group. 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 practice had a system in place to make sure no patient missed their regular reviews for long term conditions. Long term conditions were often managed by combining appointments on the same day such as blood tests and medication reviews to reduce the need for multiple appointments. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of

Requires improvement



Summary of findings

palliative care patients and patients with complex needs. Alerts were added to patient records to notify reception staff about the specific needs of a patient with a long term condition, such as the need for the patient to see a particular clinician to ensure continuity. All GPs provided palliative care and worked closely with district nurses so that patients could die at home if this was their wish. Three GPs gave out their personal telephone numbers so that patients or district nurses could contact them in the evenings or weekends. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice provided information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this. Patients were also referred to educational courses on how to manage their conditions. The practice worked with the local Rotary Club to provide staff and equipment to support their annual Stroke Awareness Day.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement overall affected all patients including this population group. Child health surveillance and immunisation clinics were provided. Appointments for young and unwell children were prioritised. Telephone consultations were offered if a parent was seeking advice but not requesting a face to face appointment. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns, however some staff had not received the child safeguarding training required for their roles. A plan was put in place to address this following the inspection. The GPs met with the senior health visitor for the area to discuss any concerns about children and how they could be best supported. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Family planning and sexual health services were provided and patients seeking emergency contraception were provided with a same day appointment. Reception staff had been trained to manage such requests. The practice had recently engaged with a local primary school to support their “mile a day” healthy lifestyle campaign.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requires improvement overall affected all patients including this population group. The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Appointments with a GP could be booked

Requires improvement



Summary of findings

up to 2 weeks in advance and nurse appointments up to 4 weeks. Patients could order repeat prescriptions and book appointments on-line which provided flexibility to working patients and those in full time education. A texting service was in operation to remind patients about their appointments, to contact patients about test results and inform patients about clinical campaigns in operation, such as flu vaccinations. EConsult was available and allowed patients to consult with a GP electronically for common, minor conditions. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. The practice had a high number of students who accessed services outside term-time. Contraceptive and sexual health services were provided including access to confidential screening kits for sexually transmitted diseases. Details of local sexual health services were displayed at the practice and on the website.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requires improvement overall affected all patients including this population group. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. A consistent GP visited local care homes where patients with physical and learning disabilities resided. The registered manager reported that this continuity had helped to develop trust between families and care staff, reduced unnecessary hospital admissions and led to improved care for patients. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. However some staff had not received the adult safeguarding training required for their roles. A plan was put in place to address this following the inspection. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. The practice referred patients to local health and social care services for support, such as drug and alcohol services. The practice had received the LGBT (lesbian, gay, bi-sexual and transgender) Award through the provision of staff training, practice development and resources to educate patients. A large number of patients from the travelling community were registered with the practice. Sections of this group moved out of the area for months at a time but continued

Requires improvement



Summary of findings

to return to the practice to access healthcare. The practice had 80% of the Cheshire travelling community's children registered as patients and had worked with the traveling community to improve childhood immunisation rates.

People experiencing poor mental health (including people with dementia)

The practice is rated requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement overall affected all patients including this population group. The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Alerts were placed on patient records to identify patients who had complex needs or were best treated by their own GP to ensure continuity of care. The practice visited patients in two residential care homes for people with poor mental health. The registered manager informed us that reviews of medication had resulted in the reduction of antipsychotic medication and poly-pharmacy (multiple medication) use had been minimised where appropriate. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.

Requires improvement



Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that the practice was overall performing in line with local and national averages. The practice distributed 278 forms and 112 were returned representing 1.2% of the total practice population. The results showed:-

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring.

We spoke with six patients, three of whom were Patient Participation Group (PPG) members. All were happy with the care they received. They said that a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Feedback from patients indicated they were generally satisfied with access to the service. The majority of patients said that they were able to get an appointment when one was needed and that they were generally happy with opening hours. The PPG told us that some patients would like the branch practice to be open longer hours and that this had been discussed with the practice manager.

The practice sought patient feedback by utilising the Friends and Family test. 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. Results up to May 2016 showed that 253 responses had been received and 245 were either extremely likely or likely to recommend the practice to family or friends.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure the premises are safely maintained.
- The provider must improve their governance systems to ensure that the required recruitment information is obtained prior to the employment of staff to confirm their suitability.
- The provider must improve their governance systems to ensure all staff undertake the training they require for their roles.

Action the service SHOULD take to improve

- A record should be made of the action taken following receipt of patient safety alerts.

- The system for recording when children do not attend for appointments should be improved.
- A review of the most recent infection control audit should be carried out to identify that actions taken have been effective and to assess which actions remain outstanding.
- A documented risk assessment should be put in place to demonstrate why a Disclosure and Barring (DBS) check is not required for staff who act as chaperones.
- A review of the storage of emergency medication should take place to ensure accessibility.
- A system should be put in place to record the receipt and allocation of printable prescriptions.

Helsby Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Helsby Health Centre

Helsby Health Centre is responsible for providing primary care services to approximately 9050 patients. The practice is situated in Lower Robin Hood Lane, Helsby, Cheshire. There is a branch practice which is situated in School Lane in the village of Elton, Cheshire approximately three miles from the main health centre. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is about average when compared to local and national averages.

The staff team includes seven partner GPs, one salaried GP, four practice nurses, two health care assistants, practice manager and administration and reception staff. The practice hosts medical students from the University of Liverpool.

Helsby Health Centre is open 8am to 6.30pm Monday to Friday. The branch practice is open from 8.30am to 12.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The extended hour's service operates from Helsby Health Centre on Monday and Tuesday evenings.

The practice has a General Medical Services (GMS) contract. The practice offers a range of enhanced services such, minor surgery, near patient testing anti-coagulation and spirometry.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

Detailed findings

- 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 31 August 2016. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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 the time of inspection.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The GPs held meetings where significant events were discussed and there was a system to cascade any learning points to other clinical and non-clinical staff via meetings and email. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. There was a system in place for the management of any patient safety alerts received although we noted that a record was not made of the actions taken.

Overview of safety systems and processes

- The practice had policies and procedures for staff to refer to concerning safeguarding children and vulnerable adults from abuse. Staff spoken with were aware of who to report safeguarding concerns to and the procedure to follow, however, two reception staff were not aware that there were written procedures available to provide guidance. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary. Meetings took place on a three monthly basis with the health visitor to review services provided to children where there were concerns about their welfare. Although the staff spoken with demonstrated they understood their responsibilities in relation to safeguarding the training records showed that 12 staff had not completed adult safeguarding training and two administrative staff, four nurses and one GP had not undertaken children safeguarding training appropriate for their role. Following our visit we received a training plan indicating the dates that this training would be undertaken. There was no record made of why children did not attend for arranged appointments which would assist with the monitoring of their well-being.
- A notice was displayed in the waiting room and treatment rooms advising patients that a chaperone was available if required. The nursing staff and some reception staff acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for the nursing staff but not for all the reception staff who acted as chaperones. These 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. A risk assessment was not in place to demonstrate why a Disclosure and Barring (DBS) check was not required for staff who acted as chaperones.
- The practice had systems in place to promote infection control. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. There were infection prevention and control policies and guidelines available for staff to refer to. An infection control audit had been undertaken by the Infection Prevention and Control Team in June 2015 and the practice scored 83% for Helsby Health Centre and 84% for the branch practice. The lead for infection control told us that action had been taken to address a number of issues identified as needing improvement but some remained outstanding. An action plan had not been completed and a re-audit had not been carried out to assess the progress made against the shortfalls identified. Records of training indicated that not all clinical and administrative staff had received infection control training.
- The arrangements for managing emergency drugs and vaccinations in the practice kept patients safe. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Emergency medicines were all in date, regularly checked and held securely. We spoke to staff who knew how and where to access emergency medicines and equipment. We noted that emergency medicines were not all kept together and discussed with the registered manager that a review should take place to ensure that these arrangements are suitable. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. A system was in place to record the receipt and allocation of handwritten prescriptions but not in place for printable prescriptions.

Are services safe?

- We reviewed the recruitment records of three staff employed by the practice and found improvements were needed. We found a number of pre-employment checks had been carried out. However, evidence of qualifications was not available for one GP and records did not demonstrate that a health assessment had taken place to ensure that staff were suitable for their roles. Following our visit we were sent a revised recruitment checklist to be used for future staff recruitment that included a health assessment and evidence of qualifications. We saw that a recent check of the Performers List and General Medical Council (GMC) had been undertaken for all GPs partner and salaried GPs at the practice.
- We looked at the recruitment records for four self-employed locum GPs who had worked at the practice in the last five months. We found that improvements were needed to the records of recruitment. No information to indicate suitability for employment had been obtained for three GP locums apart from a check that they were registered with the General Medical Council. Following our inspection the practice manager confirmed that no locum GPs would be deployed in future unless the required recruitment information had been obtained. Following the inspection we were sent details of the recruitment checks undertaken for five locum GPs. We found that evidence of most of the required checks such as DBS, performers list registration, curriculum vitae, references and identity had been obtained. Some further information was needed (two were awaiting references and one awaiting identity information) to complete the necessary checks and the practice manager confirmed this would be obtained prior to the locum GPs working at the practice. Following the inspection an amended recruitment procedure was made available that detailed the recruitment information required before the employment of locum GPs. This was also included in the written agreement between locum GPs and the provider.

Monitoring risks to patients

- Improvements were needed to the management of health and safety at the premises. There was a health and safety policy available with a poster displayed for staff to refer to. The health and safety policy referred to a health and safety risk assessment being completed for

the premises however this had not been addressed. It also referred to staff being provided with health and safety training however a number of staff had not completed this. Fire safety equipment was serviced annually. In-house checks of the fire alarm were not always taking place weekly. A fire drill had not taken place in the last 12 months and staff training records showed a number of staff had not completed fire safety training. An action plan following a fire assessment completed in 2012 was seen and did not include dates that actions had been implemented. Following our visit we were sent a review of the fire risk assessment which had been completed on 19th August 2016 and identified that all required actions had been completed. We were provided with confirmation that a further fire risk assessment had been arranged for October 2016 and that the fire safety company undertaking this would also be providing fire safety training to staff. The practice manager also confirmed that a fire drill had been organised for a date in the next two weeks when the majority of staff were available and that six monthly fire drills had been planned thereafter. A system to ensure weekly fire alarm checks had also been created.

- An electrical wiring certificate was not available for the premises. Following our visit the practice manager advised that they were arranging a date for this to take place. An asbestos report had been completed in 2007 which recommended actions to be taken and a review of the assessment in 2008. The recommendations had not been completed and the assessment had not been reviewed. Following our visit we received confirmation that a re-assessment would be undertaken in September 2016 to obtain an up to date assessment of action required.
- Portable electrical equipment and clinical equipment were checked to ensure they were safe to use. The practice had carried out a legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had one vacancy for a GP and was advertising for this post.

Are services safe?

- The training records showed that staff had not all undertaken the mandatory training required for their roles. The records showed a number of staff had not completed adult safeguarding, child safeguarding, infection control, fire safety, health and safety and information governance. Following our visit the practice manager provided a training plan that showed when adult and child safeguarding and fire safety training would be provided. The practice had access to an on-line learning resource and the practice manager advised that the training shortfalls would be addressed through this system.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice manager and registered manager confirmed that all staff had received basic life support training. We spoke to a sample of staff who confirmed they had up to date training in this area. The training records also reflected this. training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had 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. GPs, the practice nurses and health care assistant attended training and educational events provided by the Clinical Commissioning Group (CCG). Clinical meetings were held where clinical staff could discuss new protocols and review any patients with complex needs. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital to ensure an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 99.8% of the total number of points available.

The practice had an 8% exception reporting rate (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) which was comparable to CCG and national averages. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 90% compared to the national average of 80%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 97% compared to the national average of 90%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 74% compared to the national average of 75%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79% compared to the national average of 78%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 86% compared to the national average of 82%.

The practice carried out audits to monitor the quality of service provided. We saw an audit of the reduction of Simvastatin related medication interactions which had resulted in changes to prescribing practices. We also saw an audit of the effectiveness of changing medication prescribed for patients with cardio pulmonary disease (COPD) in reducing respiratory infections. The GPs told us that they shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes.

The practice had undertaken a number of quality improvement projects to monitor and improve the service provided to patients. For example, to encourage stroke prevention the practice had worked with the cardiology team and changed patient medication. To improve care for patients at risk of developing type 2 diabetes, 40 patient records had been reviewed to ensure they had access to the information they required. To ensure the appropriateness of surgical interventions the lead for dermatology compared histological results with clinical diagnosis and results were analysed at appraisals and with the GP partners.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, safeguarding and promoting the health care needs of patients with a learning disability and those with poor

Are services effective?

(for example, treatment is effective)

mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

- The practice had an induction programme for all newly appointed staff. Locum GPs were provided with information they needed for their role and a locum pack was in place providing written information and sign posting to support this.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal. Some administrative staff were overdue an annual appraisal and a plan was in place to address this.
- Role specific training was provided to clinical and non-clinical staff dependent on their roles. Clinical staff told us they had received training to update their skills and we saw a sample of training certificates to support this.
- The training records showed that staff had not all undertaken the mandatory training required for their roles. The records showed a number of staff had not completed adult safeguarding, child safeguarding, infection control, fire safety, health and safety and information governance. Following our visit the practice manager provided a training plan that showed when adult and child safeguarding and fire safety training

would be provided. The practice had access to an on-line learning resource and the practice manager advised that the training shortfalls would be addressed through this system.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had read guidance about the Mental Capacity Act 2005, however not all clinical staff had undertaken formal training. A date for staff to undertake this training had been identified. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

The practice had worked with the Patient Participation Group (PPG) to provide influenza vaccinations on the same day as the PPG ran the Keep Well in the Community event where patients were provided with information about local services and health checks.

Are services effective? (for example, treatment is effective)

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally.

Childhood immunisation rates for vaccinations given to under two year olds ranged from 92% to 97% which was comparable to the CCG average which ranged from 94% to 96%. Vaccinations for five year olds ranged from 83% to 92%. Information was not available to compare this outcome with the CCG average. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the care and treatment provided. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages:-

- 95% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 94% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice manager and partners reviewed the outcome of the National GP Patient Survey and discussed it with the wider staff team and the PPG.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them. They felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to local and national averages.

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 154

patients as carers (1.7% of the practice list). This information was used to support carers and direct them to appropriate resources. Written information was available to direct carers to the various avenues of support available to them.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as minor surgery, near patient testing anti-coagulation and spirometry. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They provided an Acute Visiting and an Early Visiting Service. Both services aim to improve patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice. A system was in place to prioritise home visits.
- The practice visited patients in two residential care homes for people with poor mental health. The registered manager informed us that reviews of medication had resulted in the reduction of antipsychotic medication and polypharmacy (multiple medication use) had been minimised where appropriate.
- Two GPs visited patients at four local care homes on a weekly basis and had done so for over 10 years providing continuity to patients, families and carers. Both GPs were also available for advice to senior care staff in the evenings and at the weekends.
- A daily minor injury clinic was provided by the practice nurse.

- The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability. Longer appointments were also available for 8 week baby checks and post-natal reviews, joint injections, minor surgery and for some contraceptive services.
- Translation services were available if needed.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice had a high number of students who accessed services outside term-time. Contraceptive and sexual health services were provided including access to confidential screening kits for sexually transmitted diseases.
- The practice had received the LGBT Award (lesbian, gay, bi-sexual and transgender) through the provision of staff training, practice development and resources to educate patients.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- A large number of patients from the travelling community were registered with the practice. Sections of this group moved out of the area for months at a time but continued to return to the practice to access healthcare. The practice had 80% of the Cheshire travelling community's children registered as patients and had worked with the traveling community to improve childhood immunisation rates.
- The practice had worked with the Patient Participation Group (PPG) to co-ordinate Saturday flu vaccination clinics with a Keep Well in the Community event where patients were provided with information about local services and health checks.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice produced a newsletter for patients informing them about any changes at the practice, new developments, healthcare information and services offered.

Access to the service

Appointments could be booked in advance and booked on the day. Appointments with a GP could be booked up to 2 weeks in advance and nurse appointments up to 4 weeks. Telephone consultations were also offered. Patients could book appointments in person, via the telephone or on-line. Repeat prescriptions could be ordered on-line or by attending the practice. A texting service was in operation to remind patients about their appointments, to contact patients about test results and inform patients about clinical campaigns in operation, such as flu vaccinations. EConsult was available and allowed patients to consult with a GP electronically for common, minor conditions. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment were comparable to local and national averages. For example:

- 80% describe their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 84% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the CCG average of 71% and national average of 73%.

- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls. The results were also discussed with the Patient Participation Group (PPG). The practice monitored access to ensure it was sufficient to meet patients' needs. A development plan was in place to further improve access which included promoting the use of on-line services, EConsult and reviewing inappropriate patient appointments to ensure staff were signposting patients to other services where this was appropriate.

We received 34 comment cards and spoke to six patients, including three members of the Patient Participation Group (PPG). The majority of patients said that they were able to get an appointment when one was needed and that they were generally happy with opening hours. The PPG told us that some patients would like the branch practice to be open longer hours and this has been discussed with the practice manager.

Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice and referred to in the patient information leaflet and on the practice website. This provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of complaints. We reviewed a sample of six received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and records and a discussion with the practice manager showed action had been taken to improve practice where appropriate. The records showed openness and transparency with dealing with the complaints.

Are services well-led?

Requires improvement 

(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 statement of purpose which outlined its aims and objectives. These included enabling patients to receive appropriate medical consultation, examination and diagnosis, providing a holistic approach to patient care and ensuring clinicians had the skills to provide the services required. We noted that the statement of purpose and aims and objectives of the practice were not publicised for patients. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service.

Governance arrangements

There were systems in place to monitor the operation of the service, however we found improvements were needed to the governance systems to ensure the premises were safe, staff were safely recruited and had received the training they required for their roles.

Records showed that checks and assessments of the premises had not occurred to ensure the safe maintenance of the building for patients and staff. Following the inspection the practice manager confirmed that they had made arrangements to ensure in-house checks of the fire alarm, regular fire drills, to have the fire risk assessment reviewed, an electrical wiring inspection carried out and a re-assessment of the risks presented by asbestos. A health and safety risk assessment of the premises had not been carried out. A system was required to ensure all health and safety checks were carried out at the recommended frequencies.

Records of recruitment showed that the necessary recruitment checks had not been carried out to ensure that staff were suitable for their role. Following our inspection the provider demonstrated that appropriate action was being taken in relation to the recruitment of locum GPs. A system needed to be put in place to ensure that all staff were only employed after the required recruitment checks were carried out.

The training records showed that staff had not all undertaken the mandatory training required for their roles. The records showed a number of staff had not completed adult safeguarding, child safeguarding, infection control,

fire safety, health and safety and information governance. Following our visit the practice manager provided a training plan that showed when adult and child safeguarding and fire safety training would be provided. The practice had access to an on-line learning resource and the practice manager advised that the training shortfalls would be addressed through this system. The provider must ensure that there is an effective system for identifying the training needs of staff and ensuring that all staff undertook the training they required for their roles.

We also found that improvements should be made to records and safety systems to improve the operation of the service. A system was not in place to record the receipt and allocation of printable prescriptions. A record was not made of the action taken following receipt of patient safety alerts or when children did not attend for appointments. A review of the most recent infection control audit had not been carried out to identify that actions taken had been effective and to assess which actions remained outstanding. A documented risk assessment had not been put in place to demonstrate why a Disclosure and Barring (DBS) check is not required for staff who act as chaperones.

The practice had a number of policies and procedures in place to govern activity, identify and manage risks. We did not review these, however, the number of shortfalls identified in the operation of the service may indicate that these were either not sufficiently robust or being followed.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.

Leadership and culture

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. All staff

Are services well-led?

Requires improvement 

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

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.

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 and non-clinical staff had meetings to review their roles and keep up to date with any changes. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The latest National GP Survey results had been analysed and discussed at staff meetings and with the PPG. The practice also monitored feedback it received from the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment.
- The PPG met every 8 weeks and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the telephone system and the appointment system. The practice had worked with the PPG to make

the changes identified. The three PPG members spoken with felt they were listened to and kept informed and consulted about changes and developments at the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to 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 within the practice. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They provided an Acute Visiting and an Early Visiting Service. Both services aim to improve patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services. The practice was also working with other practices to set up more community led services. For example, a D-dimer testing (these tests are used to help rule out the presence of an inappropriate blood clot) service had been trialled. The practice was working on the development of an acute care hub to improve patient access. This would separate acute and long term health conditions and allow patients with long term conditions to be seen promptly, closer to home and have longer appointments with a GP of their choice. The practice had undertaken a number of quality improvement projects to monitor and improve the service provided to patients. For example, to encourage stroke prevention the practice had worked with the cardiology team and changed patient medication.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular to – (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. <ul style="list-style-type: none">• There was not an effective system for ensuring that the required recruitment checks were carried out prior to staff employment.• There was not an effective system for identifying the training needs of staff and ensuring that all staff undertook the training they required for their roles.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment (1) All premises and equipment used by the service provider must be – (e) properly maintained