

# Tower House Practice

## Quality Report

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

### Ratings

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

# 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	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Tower House Practice	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	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Tower House Practice on 16 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However we found instances where a HCA was acting outside the protocol for management and monitoring of warfarin patients which could compromise the safety of patients within this group.
- The practice used proactive methods to improve patient outcomes, for example, by having community practitioners such as the local Wellbeing Officer and the Social Care in Practice (SCIP) worker

at practice meetings. These community workers shared information with clinicians, for example on patients they felt were more vulnerable due to domestic circumstances.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas where the provider must make improvements. The provider must:

- Ensure that non-clinical staff checking INR testing results do not alter dosing for patients.

- Ensure a mercury spill kit is available in rooms where blood pressure monitors that use a mercury gauge are used.

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

- Ensure treatment of patients in the ground floor health care assistants room is carried out with the door closed to ensure patient privacy at all times.

**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.

Requires improvement



- Risks to patients were assessed and well managed. However, the systems and processes to address these risks were not always followed by some staff.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Review of the effectiveness of initiatives in place highlighted areas requiring improvement, and areas where results brought benefits to patients. For example, in the delivery of ward rounds at local nursing and care homes which reduced the number of requests for home visits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The ward rounds delivered by GPs to patients registered at the practice and living in a local nursing and care home was highly effective in helping patients to stay well and reduced the instance of unplanned hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

- The staff member reviewing warfarin patients was adjusting the dosage of patients' medication, as required following periodic testing. However, this is a duty that should be performed by a suitably qualified GP or nurse.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance of the practice for the effective management of diabetes in patients was above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

The practice is rated as good for the care and treatment of families, children and younger people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- 73.14% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months, which is in line with the national average
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83.18% of female patients aged 25-64 years had received a cytology screening test in the past five years, which is above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

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

Good



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

- 78.64% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months; this was below the national average of 84.01%. The practice had highlighted this as an area targeted for improvement, and clinicians had used the annual flu clinic to offer appointments for these reviews.
- 93.02% of patients with a diagnosed mental health condition had an agreed, comprehensive documented care plan in their records within the previous 12 months.
- 98.25% of patients with a diagnosed mental health condition had an alcohol consumption record which had been documented within the last 12 months.
- 97.55% of patients with a physical and/or mental health condition had their smoking status recorded in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 305 survey forms were distributed and 109 were returned. This gave a response rate of 35.7%. The views expressed in the survey represents the views of less than 1% of the practice population.

- 88.1% of survey respondents found the receptionists at this surgery helpful (CCG average 79.2%, national average 86.8%).
- 62.5% were able to get an appointment to see or speak to their preferred GP the last time they tried (CCG average 54.6%, national average 60%).
- 88.89% said they would definitely or probably recommend the surgery to someone who had just moved to the area. (national average 79.11%).
- 86.4% described their experience of this surgery as good (CCG average 81.9%, national average 84.8%).
- 98.4% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96.1%, national average 95.2%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients expressed that GPs at the practice were very committed and that they valued the high standards of service they received.

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

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that non-clinical staff checking INR testing results do not alter dosing for patients.
- Ensure a mercury spill kit is available in rooms where blood pressure monitors that use a mercury gauge are used.

### Action the service **SHOULD** take to improve

- Ensure treatment of patients in the ground floor health care assistants room is carried out with the door closed to ensure patient privacy at all times.

# Tower House Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Tower House Practice

Tower House Practice is located in Runcorn, Cheshire and falls within Halton Clinical Commissioning Group (CCG). The practice is located within an area that is rated as being at the fourth decile of socio-economic deprivation, where a rating of one is the most deprived and a rating of 10 is the least deprived. Life expectancy for men in the area is approximately 76 years and for women approximately 81 years. Almost 50% of patients at the practice have a long standing health condition. Almost 60% of patients registered with the practice are either employed or in full time education.

The practice is in a shared facility, which at the time, was designed and built for the delivery of GP services. The facility is co-owned by the practice. The building is still suited to the purpose of deliver of primary medical services. The patient list size is approximately 13, 200 patients. All treatment and consultation rooms are located on the ground floor. The first floor is made up of meeting rooms, administrative offices and staff rest areas. The practice is fully accessible to any patients with restricted mobility, wheelchair users and parents with prams and pushchairs. The practice clinical team is made up of six GP partners (five male, one female), three salaried GPs (one male and two female) and two GP registrars. The practice

also has three nurse prescribers, supported by a health care assistant. The practice administration team is led by the practice manager, supported by a deputy, who between them lead the 21 staff who work at the practice. All services are delivered under a General Medical Services (GMS) contract.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are available with GPs from 9am to 11.30am each morning and from 2.30pm to 5.50pm with the 'on call' doctor, and from 3.30pm to 5.50pm each afternoon with all other GPs. The nurse led clinics offer appointments from 8.30am to 12pm each morning and from 1.30pm to 5.50pm each afternoon.

When the practice is closed, a telephone voicemail service directs patients to dial NHS 111 for advice and if necessary, onward referral to the out of hours service.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on December 16 2015. During our visit we:

- Spoke with a range of staff including the lead partner, salaried GPs and the GP registrar on placement at the time of the inspection. We also spoke with the nurses and practice manager, deputy manager and administrative support staff. We spoke with four patients who used the service and spent time with two members of the Patient Participation Group (PPG).
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw a number of recorded significant events. We also saw that where appropriate, the practice lead partner had organised the sharing of a new protocol when dealing with incidents that had occurred for the first time within the practice. This was of particular benefit to GP registrars at the practice. Where there was a requirement to report an incident to CQC, we saw that this had been done, and instructions on how it should be done were included in the protocol.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff, giving guidance on steps staff must take to record and report any safeguarding concerns. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received

training relevant to their role. GPs were trained to Safeguarding level 3. We saw several particularly good examples of when GPs had made safeguarding referrals that had been picked up and investigated by social services.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, the system for review of patients prescribed warfarin and managing the dosing of this medicine, was not being consistently followed. We found instances where the staff member reviewing patients on warfarin, a health care assistant, was adjusting the dosing of warfarin for patients, in line with INR readings. Even though the changes made were in the prescribed range for that patient, any change made to dosing must be done by a GP or suitably qualified advanced nurse prescriber.
- We found an old style mercury blood pressure gauge was used by one of the GPs at the practice but that there was no mercury spill kit available for use if this was damaged.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

## Are services safe?

The practice nurses had qualified as Independent Prescribers and could prescribe medicines for specific clinical conditions. Nurses received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were appropriate systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough clinical staff were on duty, and that any GP registrars on placement at the practice had access to a mentor.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

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

# 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014-15) showed 96% of the total number of points available were achieved. The exception reporting rate in relation to QOF for 2014-15 was 16.5%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice partner who led on QOF performance had arranged a meeting for January 2016, when this would be discussed with all staff and a plan formulated to reduce this. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

Performance for diabetes related indicators was above the national average for the five indicators used in QOF which are:

- Patients in whom the last IFCC HbA1c was 64mmol/mol or less in the preceding 12 months was 91.94% (national average 77.54%).
- The percentage of diabetes patients in whom the last blood pressure reading was 140/80 or less was 82.92% (national average 78.03%)

- The percentage of patients with diabetes who had an influenza immunisation in the preceding 1 August to 31 March 98.94% (national average 94.45%).
- The percentage of diabetes patients whose last measured total cholesterol (within the preceding 12 months) was 5mmol/l or less was 87.15% (national average 80.53%).
- And finally, the percentage of patients with diabetes with a record of a foot examination and risk classification (within the preceding 12 months) was 91.68% (national average 88.3%).
- Performance for mental health related indicators was better than the national average in three of the four performance indicators for QOF:
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 93.02% - national average 88.47%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of their alcohol consumption recorded in the preceding 12 months was 98.25% - national average 89.55%
- The percentage of patients with physical and or mental health conditions whose notes record a smoking status in the preceding 12 months was 97.55% - national average 94.1%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following the results of audit on a pilot of ward rounds in a nursing home, this has been adopted as a regular service. Results showed that the ward round carried out by GPs at the practice helped reduce telephone consultations in respect of these patients by

# Are services effective?

## (for example, treatment is effective)

16%, a 50% reduction requests for visits to the home and a 10% reduction in calls to out of hours services. The ward round also helped reduce unplanned admissions of patients over 75 years by 16%.

### Effective staffing

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

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

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

The process for seeking consent was monitored through records audits.

### Supporting people to live healthier lives

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.18%, which was higher than the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

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

immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97.5% and five year olds from 84.9% to 95.9%. Flu vaccination rates for the over 65s were 96.85%, and at risk groups 51.93%. These were comparable to national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- 93.4% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 90.7% said the GP gave them enough time (CCG average 88.7%, national average 86.6%).
- 98.4% said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%)
- 89.88% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.18%, national average 85.18%).
- 94.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.7, national average 90.04%).
- 88.1% said they found the receptionists at the practice helpful (CCG average 79.2%, national average 86.8%)

Feedback we received from patient we spoke with on the day of our inspection, and in comment cards completed by patients before our inspection, supported the survey findings.

The provider may wish to note that no arrival at the practice on the morning of the inspection, we saw that the door of the health care assistant's treatment room was open, whilst patients were being treated. This should be closed to ensure the dignity and privacy of patients is upheld.

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

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

- 91.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and national average of 86.0%.
- 81.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice was part of a CCG wide initiative to give patients access to a well-being officer and a Social Care in Practice (SCIP) worker. These initiatives supported patients, often in innovative ways, to overcome social issues that could impact on health, for example, loneliness and isolation, or support to live a more active lifestyle. The work and support provided through these initiatives had been recognised nationally, with Halton CCG winning an award from the Health Services Journal (HSJ) for this scheme.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified all patients that were carers and regularly updated this list to ensure these patients were given good access to services. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We noted particularly that the practice had continued to deliver a number of services that linked to a previous PMS contract, such as delivering health checks to particular population groups and providing a ward round to registered patients in local care and nursing homes.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- Access doors to the front of the practice were automatic sliding doors giving easy access to wheelchair users and those with reduced mobility.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments with nurses were from 8.30am to 12pm every morning and from 1.30pm to 5.50pm each afternoon. GP appointments were available from 9am to 11.30am each morning and from 2.30pm to 5.50pm each afternoon. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice did not offer an extended hours surgery. Typically, the practice had 1,218 GP appointments available each week, with GPs seeing emergency patients when required. Each week there were 401 practice nurse appointments available and 194 health care assistant appointments available. From review of appointments booked we could see that this was sufficient to meet demand. The practice did not offer any extended hours appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and

treatment was comparable to and sometimes above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 77.4% of patients were satisfied with the practice's opening hours compared to CCG average 73.8% national average of 74.9%.
- 50.4% patients said they could get through easily to the surgery by phone (CCG average 52.3% national average 73.32%).
- 68.1% patients described their experience of making an appointment as good (CCG average 62.4%, national average 73.3%).
- 64.2% patients said they usually waited 15 minutes or less after their appointment time (CCG average 58%, national average 64.8%).

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. In the absence of this staff member an appointed deputy would pick up this work.
- We saw that information was available to help patients understand the complaints system. This was available in patient leaflets and in information posters in the reception and waiting area.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and that there was openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of services. For example, we saw that complaints about how long it took to get through to the practice had been investigated and changes made to increase accessibility to staff by phone. For example, patients were directed by a telephone answer message to call at a certain time for test results, removing non-urgent traffic from the telephone queue.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Although the practice did not have a defined mission statement, staff we spoke to demonstrated a commitment to continuity of patient care which enhanced the quality of service received by patients. The practice leaders were committed to building a strong and resilient team at the practice, and valued the areas of specialism and interests of each clinician, recognising the knowledge this brought to the practice.

The practice had a robust strategy and supporting business plans which reflected the ethics and values of the practice, and this was regularly monitored.

### Governance arrangements

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

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

### Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. One member of the PPG had led health walks, originally supported by the local authority and highlighted on the local authority website. These walks had recently been dropped due to funding pressures, although the PPG member told us they had continued to lead these with members of the group that had become engaged by the initiative and

# Are services well-led?

Good 

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

had become friends. This PPG member told us that they were seeking to 're-launch' this initiative at practice level, advertising the walks on the practice website with a view to linking this to well being of people registered with the practice.

- Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. The practice was an early participant in the Well-being scheme run by the CCG, and in the hosting and liaison with SCIP workers, who acted as a link between GPs and patients, providing support with social issues that impacted on health. The local CCG had won a Health Service Journal (HSJ) award for its Well-being scheme.

The practice utilised the specialist areas of interest of GPs at the practice well. For example, the practice delivered a dermatology service to its patients, meaning less referrals to secondary care for the treatment of minor skin lesions. The practice had also been involved in the bid for a pharmacy pilot, where pharmacists would be based at practice doing work such as medicines reviews.

The practice piloted ward rounds at local nursing and care homes, for the patients registered with the practice and who were living in these homes. The practice looked at whether the scheme would work for them, when it was not signed up via a contract to deliver ward rounds at nursing and care homes. Audit of the pilot results showed there had been a 16% reduction in telephone consultations with patients and staff at the homes it supported, a 50% reduction in the requests for home visits, a 10% reduction in the number of calls to out of hours services and a 16% reduction in admission of patients from nursing and care homes.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Maternity and midwifery services	Regulation 12 Safe care and treatment.
Surgical procedures	The provider was failing to comply with regulation 12(2)(b) and (c).
Treatment of disease, disorder or injury	There was no mercury spill kit available for use in the room where old style mercury gauge blood pressure monitors were in use; and The HCA reviewing warfarin patients was altering the dosing of warfarin on review on INR readings.