

# The Weaverham Surgery

## 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

This is the report of findings from our inspection of The Weaverham Surgery.

We undertook a comprehensive inspection on 16 June 2015.

Overall, the practice was rated as Good. A safe, caring, effective, responsive and well- led service was provided that met the needs of the population it served.

Our key findings were as follows:

- There were systems in place to protect patients from avoidable harm. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. Systems were in place to ensure medication, including vaccines were appropriately stored and in date.
- The GP lead for safeguarding had carried out an audit cycle on four occasions which led to increased numbers of children identified at risk being coded correctly. The practice gave good evidence to show improvements in patient care and safety over the four cycles.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Feedback from patients and observations throughout our inspection highlighted the staff were caring and helpful. The practice was responsive and acted on patient complaints and feedback. The practice planned its services to meet the differing needs of patients. The recent revision to the audit of phone lines and increased staff availability to answer telephones, improved access to the appointment system. The practice encouraged patients to give their views about access to the services offered.
- The premises were clean and tidy. The practice had good facilities and was well equipped to treat patients and meet their needs in a purpose built building that had been recently refurbished and extended.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. Quality and performance were monitored, risks were identified and managed. The staff worked well together as a team.
- **We saw areas of outstanding practice including:**
- The lead safeguarding GP demonstrated good liaison with partner agencies such as social services, Child and Adolescent Mental Health Services (CAMHS), Early Support and Access Team (ESAT) and the Contact and Referral Team (CART). Recent examples of good joint working with these agencies helped protect and safeguard vulnerable patients and families. The GP lead attended multi-disciplinary meetings with health visitors and local authority leads to help rewrite the safeguarding policy and standardise coding. As a result, staff were able to easily cross reference children at risk, to aid identification and had regular updates with health visitors to keep updated with children at risk.
- One GP set up a social media account which provided the surgery with a large group of patients to engage with. They had contact with over 93 patients across a wide demographic group of patients mainly under 55 years. The GP checked the account twice daily and published various practice information and health advice and sought feedback from patients using the social media tools available.

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

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There were systems in place to protect patients from avoidable harm. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Lessons were learned and communicated widely to support improvement. Information about patient safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep people safe and medicine management was well managed. However, there were no identified checks in place of each doctor's bags to ensure updated equipment/medications were made available.

Good



### Are services effective?

The practice is rated as good for providing effective services. The practice monitored its performance data and had systems in place to improve outcomes for patients. Staff routinely referred to guidance from National Institute for Health and Care Excellence. Patients' needs were assessed and care was planned and delivered in line with best practice and national guidance. Staff had received training appropriate to their roles and where further training needs had been identified, appropriate training planned to meet these needs. Staff worked well with multi-disciplinary teams and updated patient records following these meetings however the meetings were not formally minuted.

Good



### Are services caring?

The practice is rated as good for caring. Patients 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. Staff we spoke with were aware of the importance of providing patients with privacy. Patients were provided with support to enable them to cope emotionally with care and treatment. The practice had a 'Carers Champion' who helped sign post patients to various caring organisations including the weekly drop in clinic held at the practice.

Good



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

The practice is rated as good for providing responsive services. It reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice acted on suggestions for improvements and changed the way it delivered services in response to patient feedback. Access to the service was continually monitored and audited to ensure it met the needs of

Good



# Summary of findings

patients. Patient's views about accessing appointments had resulted in recent improvements. 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 that the practice responded quickly to issues raised.

## **Are services well-led?**

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a 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 were systems in place to monitor and improve quality and identify risk. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. The practice had identified all patients at risk of unplanned hospital admissions and had developed a care plan to review them on a regular basis. The practice was actively involved with the community intervention bed scheme, whereby they could access beds at a local care home for up to a three week period. This helped acutely unwell patients who did not need admission to hospital. The practice met with the district nursing team on a regular basis to provide support and access specialist help when needed.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment and screening programmes. Clinical staff had lead roles in chronic disease management and had a system in place to make sure no patient missed their regular reviews for long term conditions.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. Regular liaison took place with the health visitor to discuss any children who were identified as being at risk of abuse. The practice had a good uptake rate for child immunisations and they offered a family planning service including IUD (intrauterine device for long term birth control) fitting.

Good



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

The practice is rated as good for the population group of working-age people (including those recently retired and students). The practice telephone line was open at 8am and the practice was open Monday to Friday 8.30am-6.30pm. They were trialling opening times for Tuesdays and Fridays from 7am. The practice offered

Good



# Summary of findings

pre-bookable appointments, on the day appointments for urgent medical conditions, home visits and telephone consultations. The practice was proactive in offering online services such as bookable appointments, on line prescription requests and access to patients' own details for those patients who had registered with the practice. This ensured the notes were accessible to patients but remained secure and confidential.

## **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 was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. All staff were trained and knowledgeable about safeguarding vulnerable patients and had access to the practice's policy and procedures and had received guidance in this. Auditing of safeguarding procedures had resulted in improvements in recognising vulnerable patients within the practices computer systems.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

We looked at 19 CQC comment cards that patients had completed prior to the inspection and spoke with eight patients across a wide age range. Patients were very positive about the care they received from the practice. They commented that they were treated with respect, that staff were caring, supportive and helpful. Patients told us that doctors were good and they felt safe in their care. They also told us they had enough time to fully discuss issues with the GPs and treatments were explained.

Generally patients felt there had been improvements with the phone system and in accessing appointments. Meeting minutes, records and discussions with representatives from the Patient Participation Group (PPG) indicated that an action plan had been put in place to address this issue.

Information from the national patient survey published in January 2015 contained data collected from January-March 2014 and July-September 2014. It found that 56% of patients described the overall experience of their GP surgery as fairly good or very good. They had 70.9% per cent of practice respondents stating the last time they saw or spoke to a GP, the GP was good or very

good at treating them with care or concern and 65.4% said the last time they saw or spoke to a nurse the nurse was good or very good at treating them with care or concern. This data demonstrated the practice was below average when compared to other practices nationally.

The practice manager and staff had already acknowledged patient responses and had developed a detailed action plan and work to help improve patient experiences. They had continually reviewed patient's feedback via their Patient Participation Group (PPG), NHS Choices website and through regular 'Friends and family tests' (FFT) to ascertain any identified improvements. The 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. The FFT for April and May 2015 showed consistently improved scores for patients likely to recommend the practice to family and friends. In April 2015, over 80% of patients who provided feedback were either extremely likely or likely to recommend the practice to family and friends. In May 2015 over 82% of patient feedback said they were either extremely likely of likely to recommend the practice to family and friends.

## Outstanding practice

- One GP set up a social media account which provided the surgery with a large group of patients to engage with. They had contact with over 93 patients across a wide demographic group of patients mainly under 55 years. The GP checked the account twice daily and published various practice information and health advice and sought feedback from patients using the social media tools available.
- The lead safeguarding GP demonstrated good liaison with partner agencies such as social services, Child and Adolescent Mental Health Services (CAMHS), Early

Support and Access Team (ESAT) and the Contact and Referral Team (CART). Recent examples of good joint working with these agencies helped protect and safeguard vulnerable patients and families. The GP lead attended multi-disciplinary meetings with health visitors and local authority leads to help rewrite the safeguarding policy and standardise coding. As a result, staff were able to easily cross reference children at risk, to aid identification and had regular updates with health visitors to

# The Weaverham Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP and a practice manager, specialist advisors and an Expert by Experience. Experts work for voluntary organisations and have direct experiences of the services we regulate. They talked to patients to gain their opinions of what the service was like.

## Background to The Weaverham Surgery

Weaverham Surgery is based in Vale Royal. It has a catchment area covering Weaverham; Hartford; Cuddington; Crowton; Acton Bridge; Norley and Sandiway with a wide demography

ranging from patients living in rented properties to semi-rural affluent areas. The staff team includes three partners, one male GP and two female GPs; two advanced nurse practitioners; three nurses; one healthcare assistant; a practice manager; secretaries, reception staff and administration staff. The practice is in the process of recruiting a salaried GP.

The practice telephone lines are open from 8am and the practice is open Monday to Friday from 8.30 am to 6.30 pm. They were also trialling opening times for Tuesdays and Fridays from 7am. Patients can book appointments in person, online or via the telephone. The practice provides telephone consultations, pre-bookable consultations, same day (advanced access) appointments and home visits to patients who are housebound or too ill to attend the practice. The practice closes one afternoon per month for staff training and development. Patients requiring a GP

outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hour's service. The out of hours provider is NEW Cheshire Service. Its main bases are Victoria Infirmary at Northwich before 10pm then at Leighton Hospital Crewe after 10pm.

The practice is part of Vale Royal Clinical Commissioning Group (CCG). The practice has a General Medical Contract (GMS.) The practice is responsible for providing primary care services to approximately 7560 patients.

## Why we carried out this inspection

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

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

## 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?

# Detailed findings

- 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to

share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 16th June 2015.

We reviewed the operation of the practice, both clinical and non-clinical. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We discussed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We sought views from patients; held a meeting with members of the patient participation group (PPG); looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with the practice manager; registered manager; GPs; senior nurse's; health care staff; administrative and reception staff on duty.

# Are services safe?

## Our findings

### Safe track record

NHS Vale Royal Clinical Commissioning Group (CCG) and NHS England reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. For example, they reviewed incidents and complaints received from patients at regular staff meetings. We reviewed safety records and minutes of meetings where these were discussed over the last 12 months. A plan of action had been formulated following analysis of the incidents and information was disseminated to staff. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred. There was evidence that the practice had learned from these and that the findings were shared with all staff.

We saw evidence of measures taken following a medication error where the practice created a comprehensive action plan with a new protocol implemented, to stop the error happening again which showed positive results. Where patients had complained, the practice apologised where appropriate and kept patients informed of any actions they had taken.

### Reliable safety systems and processes including safeguarding

Staff had access to safeguarding procedures for both children and vulnerable adults. These policies provided staff with information about identifying, reporting and dealing with suspected abuse. Training records and staff we spoke to confirmed they had received training in safeguarding at a level appropriate to their role. Staff demonstrated good knowledge and understanding of safeguarding and their responsibilities in reporting any concerns in helping to keep patients safe.

The GP lead for safeguarding had carried out an audit that highlighted previous problems with identification on their computer system of children at risk. The GP lead attended multi-disciplinary meetings with health visitors and local authority leads to help rewrite the safeguarding policy and

standardise coding. As a result, staff were able to easily cross reference children at risk, to aid identification and had regular updates with health visitors to keep updated with children at risk. The GP had carried out an audit cycle on four occasions which had led to increased numbers of children coded correctly and gave good evidence to show improvements in patient care and safety over the four cycles.

The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as social services, Child and Adolescent Mental Health Services (CAMHS), Early Support and Access Team (ESAT) and the Contact and Referral Team (CART). They discussed three recent examples of good joint working with these agencies to help protect and safeguard vulnerable patients and families. Staff updated patient's computer records at these meetings.

The practice had a chaperone policy which was displayed in each clinic room. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones had received criminal records checks through the Disclosure and Barring Service (DBS) check.

The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

### Medicines management

We checked medicines stored in the treatment rooms, medicine refrigerators and emergency medicines such as adrenalin for anaphylaxis (a severe, potentially life-threatening allergic reaction) and found they were stored securely; they were within their expiry dates and were only accessible to authorised staff. Staff carried out regular audits to ensure they had safe storage and that medicines and vaccines were suitable for use including daily checks to fridge temperatures and stock checks. The staff described the process by which they checked that medicine in the GP's bags were kept up to date. However, there were no records in place recording this process.

Prescriptions were managed electronically with any paper prescriptions being securely held. Patients could order repeat prescriptions on line and almost 31% of patients had registered for this service. All prescriptions were

## Are services safe?

reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice recording of serial numbers.

One GP was a lead for medicines management and attended monthly meetings. The practice had lots of examples of medicine management audits to demonstrate on-going improvements to

quality, safety and cost effectiveness. The GP lead took responsibility in cascading updates to all of the GPs. This helped to ensure that everyone was aware of the audits and the outcomes and changes to prescribing and reviews for patient's medicine, including stoma supplies and continence products.

### Cleanliness and infection control

Areas seen within the practice were found to be clean, tidy and well managed. Comments we received from patients indicated that they found the practice to be very clean. Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) were available. The practice did not use any instruments which required decontamination between patients as they were disposable for single use only. Clinical waste disposal contracts and sharps boxes were in place. Staff knew what to do in the event of a sharps injury and appropriate guidance was available.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. The practice had a lead for infection control. The practice took part in external audits from the local community infection control team and acted on any issues identified. In the last audit (April 2015), the practice scored over 91%.

The practice had recently completed a major refurbishment and extension to the building with some minor (snagging) outstanding jobs needing to be completed. The practice had completed all of the recommendations made on completion of the building work. This helped produce a purpose built building with safe facilities to promote infection control.

The practice manager had taken appropriate actions in regard to protection against the risk of Legionella (a

bacterium that can grow in contaminated water and is potentially fatal). We saw records that confirmed the practice was carrying out regular checks to reduce the risk of infection to staff and patients.

### Equipment

Staff we spoke with told us they had appropriate equipment to enable them to carry out diagnostic examinations, assessments and treatments. Staff were confident they would always receive support to purchase any equipment they felt necessary for the practice. Equipment was tested and safely maintained. We saw equipment maintenance logs and updated portable electrical equipment tests and a gas safety certificate. Staff carried out regular checks on emergency equipment such as the defibrillator and oxygen to ensure they were always ready in the event of an emergency.

### Staffing and recruitment

We looked at the recruitment files for three clinical staff and one newly recruited administrator. We found that appropriate checks had been carried out to show the applicants were suitable for their posts. Records contained safe checks for example proof of identification; references; qualifications; registration with the appropriate professional body; professional indemnity insurance and appropriate DBS checks for necessary roles. The practice had a recruitment policy that set out the standards it followed when recruiting staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were well managed and in line with planned staffing requirements needed for the practice.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included in house and contractual checks of the building, the environment, medicines management, staffing, dealing with emergencies and

## Are services safe?

equipment. The practice also had a health and safety policy. Health and safety information was accessible for staff and there were identified health and safety representatives within the staff team.

Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. There were emergency processes in place for patients with long term conditions and clinical staff had access to emergency drugs suitable to their specific medical emergencies.

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

Staff were knowledgeable of the practice's arrangements that were in place to manage major incidents and emergencies. Records showed that all staff had received training in basic life support. Emergency equipment and oxygen were available including access to an automated

external defibrillator (used to attempt to restart a person's heart in an emergency). Emergency medicines included those for the treatment of cardiac arrest and anaphylaxis. Staff knew the location of this equipment and emergency medicines and records confirmed that they were regularly checked, were in date and fit for use.

An up to date business continuity plan was in place to deal with a range of emergencies that may have impacted on the daily operation of the practice. Records showed they had updated checks on the fire alarm, emergency lighting and fire fighting equipment to ensure they were operating safely. The practice manager had developed a detailed risk assessment for the practice covering all areas they had identified in regard to further development and work to manage and reduce risks. This assessment covered various details regarding the practice population size; patient appointments and staff development.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. Clinical staff told us how they accessed best practice guidelines to inform their practice. GPs and nursing staff attended regular training and educational events and they had access to National Institute for Health and Care Excellence (NICE) guidelines.

The practice took part in the enhanced service for avoiding unplanned admissions scheme. The clinicians ensured care plans were in place and regularly reviewed. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register and palliative care register. The practice was actively involved with the community intervention bed scheme and could access beds at a local care home for up to a three week period. This helped acutely unwell patients who did not need admission to hospital. They also accessed 'rapid response' (a support system set up to provide a swift response to patients health and social needs) to help avoid hospital admissions which allowed them to set up carers where needed for their patients. The doctors and staff felt this scheme was working well, but they didn't show us any data showing impact from the scheme.

The GPs and clinical staff had lead responsibilities and had specialist clinical roles in areas such as diabetes and infection control. The nursing staff supported this work, which allowed the

practice to focus on specific conditions.

We saw data from Vale Royal Clinical Commissioning Group (CCG) of the practice's performance dashboard. This showed the practice was meeting targets for enhancing quality of life for patients with long term conditions. Data from the local CCG of the practice's performance for antibiotic prescribing was comparable to similar practices it was benchmarked against.

### Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical cycles. The practice showed us four clinical audits that had

been undertaken in the last 12 months. Following each clinical audit, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved. Some examples of audits we saw were aiming to improve care for patients who had received minor surgery at the practice. Audits had been revisited over four cycles and had resulted in lower levels of complications from minor surgery. The GP had compared his complication rates with peers by reviewing literature and found his complication rates to be at a level expected with improved outcomes for patients.

The practice participated in the Quality and Outcomes Framework system (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The latest QOF points for 2014/2015 showed the practice to have attained a high score of 558.58 points out of a potential maximum of 559 points. The practice met all the minimum standards for QOF in coronary heart disease and chronic obstructive pulmonary disease (COPD).

### Effective staffing

All GPs were up to date with their yearly continuing professional development requirements and they had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS

England). There were annual appraisal systems in place for all other members of staff which included personal development plans.

The nurse practitioners attended local practice nurse forums and a variety of external training events. We reviewed staff training records and saw that staff were up to date with training such as: basic life support; safeguarding; fire training; health and safety; customer care; information governance and induction for newly appointed members of staff. Our interviews with staff confirmed that the practice was proactive in providing further training and funding for relevant courses such as: Asthma; COPD management;

# Are services effective?

## (for example, treatment is effective)

contraception; immunisation; wound care; family planning; domestic violence; ionising radiation course; yearly training on the use of a dermatoscope and consent and confidentiality.

Regular developmental and governance meetings took place to share information, look at what was working well and where any improvements needed to be made. For example, the practice closed one afternoon per month for in-house developmental meetings.

### Working with colleagues and other services

Incoming letters from hospitals were scanned onto patient notes and passed onto GPs for action and dealt with on a daily basis. The practice used the patient choose and book system for referrals to hospitals. More urgent referrals were faxed and followed by letter. The practice had monitoring systems in place to check on the progress of any referrals.

The practice worked with other service providers to meet patients' needs and manage patients with complex needs including healthcare professionals such as the district nurses and health care

visitors. The practice also liaised with multi-disciplinary health care teams to discuss patients on their palliative care register.

### Information sharing

Systems were in place to share patient information between the appropriate members of staff and ensure good communications between them. Staff used electronic patient records to coordinate, document and manage patients' care and they operated a system of alerts on patients' records to make sure staff were aware of any issues. District nurses and palliative care nurses added consultations onto shared computer records; therefore it was clear what support each professional was providing. The practice liaised with out of hours providers to plan any special needs for patients such as end of life care.

### Consent to care and treatment

We spoke with clinical staff about their understanding of the Mental Capacity Act 2005. They provided us with examples of their understanding around consent and mental capacity issues. They were aware of the circumstances in which best interest decisions may need to be made in line with the Mental Capacity Act 2005 and included capacity checks in their assessment records and

care plans. Clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). The practice had a consent policy and staff were clear about obtaining signed consent forms for various procedures. They also had a standard consent form for dermatology patients including consent and permissions to take photographs of skin/treatments which they found useful to discuss at multi-disciplinary meetings regarding patient care.

### Health promotion and prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, children's immunisations, long term condition reviews and provided health promotion information to patients. They provided information to patients and leaflets in the waiting area about the services available. The use of social media sites had helped the practice offer health advice and promotion to a wide variety of patients with recent information provided on dementia.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. QOF information showed the practice was meeting its targets for health promotion and ill health prevention initiatives. Examples included providing flu vaccinations to high risk patients and other preventative health checks/screening of patients with physical and/or mental health conditions. Immunisation rates were above average for the area. For example, the percentage of infants receiving their first vaccinations was 100% which was above the local CCG average of 98.1%.

New patients registering with the practice completed a health questionnaire and were given an assessment by the health care assistant. Any concerns raised were referred to the GP. This provided the practice with important information about their medical history and ensured the patients' individual needs were assessed and access to support and treatment was available as soon as possible. Patients were given information on smoking cessation and

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

GPs had the facility to signpost patients to healthy living projects such as Growzone (gardening for mental health) and turning point (drug and alcohol) counselling and support.

The practice identified patients who needed on-going support with their health. The practice kept up to date disease registers for patients with long term conditions

such as asthma, diabetes and chronic heart disease which were used to arrange regular health reviews. Patients told us they received regular updates and felt supported and monitored with their health conditions. The practice also kept registers of vulnerable patients such as those with learning disabilities and used these to plan their annual health checks.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. CQC comment cards we received and patients we spoke with indicated that they found staff to be helpful, caring, and polite and that they were treated with dignity. Two comments were less positive but there were no common themes to these. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity were maintained during examinations and treatments.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in January 2015. This contained data collected from January-March 2014 and July-September 2014. There were 279 survey forms distributed for The Weaverham surgery and 131 forms were returned. This was a response rate of 47%. It found that 56% of patients described the overall experience of their GP surgery as fairly good or very good. They had 70.9% per cent of practice respondents saying the last time they saw or spoke to a GP, the GP was good or very good at treating them with care or concern and 65.4% said the last time they saw or spoke to a nurse the nurse was good or very good at treating them with care or concern. This data demonstrated the practice was below average when compared to other practices nationally.

In order to improve patient satisfaction the practice manager and staff had already acknowledged patient responses and had developed a detailed action plan and work to help improve patient experiences. They continually reviewed patient's feedback via their Patient Participation Group (PPG), NHS Choices website and through regular 'Friends and family tests' (FFT) to ascertain any identified improvements. The 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. The FFT for April and May 2015 showed consistently improved scores for patients likely to recommend the practice to family and friends. In April 2015, over 80% of patients who provided feedback were either

extremely likely or likely to recommend the practice to family and friends. In May 2015 over 82% of patient feedback said they were either extremely likely or likely to recommend the practice to family and friends.

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

The national patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, confidence in their GP and generally rated the practice well in these areas. For example, it found that that 92% of practice respondents said they had confidence and trust in the last GP they saw or spoke to and 65.4% said the last nurse they saw or spoke to was good at involving them in decisions about their care. The survey showed 75.8% of practice respondents said the last nurse they saw or spoke to was good at explaining tests and treatments. This data demonstrated the practice was about average when compared to other practices nationally.

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

consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and several patients recognised improvements in the practice over recent months.

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

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed, to offer them a private room to discuss their concerns. Bereaved patients were contacted to see if they required any additional support. One patient told us how much they appreciated the support given by practice staff following bereavement. The practice routinely sent out bereavement cards with death certificate, along with providing details of support organisations.

Patients and CQC comment cards told us they had received help to access support services to help them manage their treatment and care when it had been needed. They told us that all staff responded compassionately when they

## Are services caring?

needed help and provided support when required. The practice had a Carers register which had identified active carers. Patients who were carers were coded on the system and alerts were on these patients' records to help identify patients who may require extra support. The local carers'

centre attended the surgery each month and offered a drop in facility. The practice had a named staff member as their nominated 'Carers' champion' and had a detailed notice board in reception with a lot of information with regard to carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to address them. The practice engaged regularly with NHS Vale Royal Clinical Commissioning Group (CCG) and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had a virtual Patient Participation Group (PPG) that also met up every six months. The purpose of the PPG was to meet with practice staff to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. Records and a discussion with representatives from the PPG indicated how they had worked with the practice to review complaints and how to make improvements to access the service. They were also looking at further developments of this group to encourage more members.

One initiative managed by one of the lead GP's was a social media account that had managed to attract regular engagement with over 93 patients across a wide demographic group mainly under 55 years. The GP checked the account twice daily and published various information, health advice and sought feedback from patients using the social media tools available including recent guidance on dementia. These methods of communication had provided the surgery with a larger group of patients to regularly engage with.

### Tackling inequity and promoting equality

The purpose built, single level building was accessible to patients with wheelchairs and prams, offered breast feeding facilities and allowed easy access to the treatment and consultation rooms. The main entrance had automated doors.

The surgery had access to translation services and staff were knowledgeable about interpreter services for patients. The practice had an equal opportunities policy which was available to all staff via their computer system.

### Access to the service

The practice telephone lines were open from 8am and the practice was open between 8.30 to 6.30pm Monday to

Friday. They had also started a trial to open at 7am and Tuesdays and Fridays. Patients could book appointments in person, on-line or via the telephone. The practice provided a mixture of appointments, such as telephone consultations, pre bookable consultations, same day/emergency appointments and home visits to patients who were housebound or too ill to attend the practice.

The National GP Patient Survey found that 49.7% of patients were very satisfied or fairly satisfied with opening hours. These results were below average when compared to other practices nationally. However, following these results the practice regularly audited their phone lines and identified peak times and arranged for extra staff at times of high demand to help them improve access for patients when trying to contact them. The practice manager had started to publish this information on their website in response to complaints about accessing the surgery by phone. Appointments were continually monitored by staff in an attempt to improve access and types of appointments offered. The duty doctor sometimes offered the patient an appointment with the advanced nurse practitioner who was also a prescriber and was able to deal with many patients' needs. The practice manager felt there was reluctance initially from some patients who wanted to see a GP, although recent patient feedback indicated the availability of an advanced nurse practitioner was becoming popular with patients.

During our inspection, positive comments were made by patients about improvements in accessing appointments and in getting through to the practice staff, although there was still some dissatisfaction from a smaller number of patients.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We reviewed a sample of the complaints and the practice's response to them. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available in the waiting room, in the patients leaflet and on the practices website. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. Apologies were given where appropriate and the policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

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

The practice kept a complaints log and recorded verbal as well as written complaints. The practice reviewed the complaints received on a regular basis to identify any trends in issues which would require any improvements. The practice manager had reviewed and analysed all

negative comments from NHS choices in 2015 which helped him to review on-going developments and improvements to patient experiences and views of the practice. Learning points from complaints were discussed at staff meetings.

# 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

Staff we spoke with were aware of the culture and values of the practice and told us patients were

at the centre of everything they did. They felt that patients should be involved in all decisions about their care and that patient safety was also paramount.

The practice had recently joined the Winsford Alliance and had signed up to the Local Quality Scheme (NHS Vale Royal CCG had run this quality scheme to help progress the transformation of primary care by encouraging practices to get together to help develop potential commissioning plans for their locality.) This had allowed the practice manager and partners to look towards the future and plan and assess for the future needs of the practice and the patient population.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. Staff we spoke with were aware of the contents. We looked at a sample of policies and procedures and found that they were up to date and regularly reviewed. The policies included: Health and safety; Consent; and Infection control.

The practice used QOF to measure their performance. The GPs we spoke with told us that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. A discussion with the GPs showed improvements had been made to the operational delivery and to patient care as a result of the audits undertaken. The practice had a lead GP for clinical governance. Regular governance meetings took place to share information; look at what was working well and where any improvements needed to be made.

The practice had systems in place for identifying, recording and managing risks.

### Leadership, openness and transparency

Staff described the leadership structure in place with their lines of accountability. Staff had specific roles within the practice, for example; safeguarding, medicine management and clinical staff took the lead for different clinical areas, for example; diabetes and sexual health. They all told us that they felt valued and well supported. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or with the practice manager or one of the GPs. Staff told us they felt the practice was well managed.

We reviewed a number of human resource policies and procedures that were available for staff to refer to, for example: whistleblowing. Staff we spoke with were aware of what to do if they needed to raise any concerns.

### Practice seeks and acts on feedback from its patients, the public and staff

Patient feedback was obtained through carrying out surveys, reviewing the results of national surveys and through the complaint procedure. The practice staff and information available on the practice website encouraged patients to complete the FFT as a method of gaining patients feedback. Results up to May 2015 showed consistently high patient satisfaction rates and willingness to recommend the practice.

The practice had a Patient Participation Group (PPG). The purpose of the PPG was to meet with practice staff to review the services provided and help determine the commissioning of future services in the neighbourhood. We met with representatives of the PPG who told us they met twice a year and also communicated via email. They told us that a number of improvements had been made to the practice as a result of their involvement, such as accessing the phones system at peak times. Practice staff advised they were still trying to attract additional members to the group and look at other ways to engage with their wider demographic group of patients, including the use of social media sites.