

# Dr Alagu Rajkumar

## 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? | Outstanding |  |
| Are services well-led?                     | Good        |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Alagu Rajkumar on 19 April 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff felt well supported in their roles and were kept up to date with appropriate training.
  - Feedback from patients about the care and treatment they received was very positive.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients told us they found it easy to get an appointment. This included urgent and routine appointments.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.
- There was a clear leadership and staffing structure and staff understood their roles and responsibilities.

# Summary of findings

- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

We saw areas of outstanding practice including:

- Nurse practitioners visited patients in a large nursing home on a daily basis to provide clinical oversight of the residents. This was supported by regular GP visits and oversight. This resulted in a decrease in unplanned hospital admissions for the residents. Nurse practitioners had also provided training to staff to enable them to support residents with some of their health related needs.
- The practice provided primary care to homeless people in central Warrington. An 'outreach nurse' and other designated leads (including a lead GP) were designated to support homeless patients. This work was set up following engagement with

homeless people and some of the local agencies supporting homeless people. The practice worked alongside other agencies to provide the service which had resulted in greater uptake of screening and treatment for these vulnerable patients and avoidance of attendance at A&E.

- A patient co-ordinator made regular contact with older or housebound patients who had not had any other form of contact with the practice. They used a screening tool as part of this to establish if there was any cause for concern for the patient's health.
- The practice had established a group of Polish and Kurdish speaking volunteers to support new patients in response to an increase in patients from Eastern Europe. They had also established a working group with the Clinical Commissioning Group (CCG) and Local Authority with an aim to address social isolation amongst this group.

**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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice could clearly demonstrate that significant events had been investigated and any learning from these had been shared across the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- Health and safety related tests were carried out on the premises and on equipment on a regular basis.
- The practice had a large staff team. Staff recruitment checks had been carried out appropriately.
- Systems were in place for managing medicines safely and the practice was equipped with a supply of medicines to support people in a medical emergency.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients were comparable to or higher than local and national averages. For example; the percentage of patients with diabetes, on the register, who had had an influenza immunisation in the preceding 12 months was 98.34% compared to a national average of 94.45%.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked with a range of professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

- A programme of regular meetings were held to review the quality of the service and the care and treatment provided to patients.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment.
- A system of staff appraisals was in place and all staff had undergone an up to date appraisal of their work.

## Are services caring?

The practice is rated as good for providing caring services.

- The practice had acted upon patients' feedback about their experiences of the care provided.
- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us very positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- A patient co-ordinator had regular contact with older or housebound patients who had not had any other form of contact with the practice. They also supported patients who had been discharged from hospital.
- Information for patients about the services available to them was readily accessible.
- The practice maintained a register of patients who were carers in order to tailor the service provided. The practice identified carers through a range of means such as new patient checks and during checks on people who required chronic disease management.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was flexible and responsive to patients' needs. Patients felt they received timely care and treatment when they needed it.

Outstanding



# Summary of findings

- The practice responded to the needs of specific groups of patients including those who were older people in care settings and homeless people who were supported by other services in the local community.
- The practice had identified a group of Polish and Kurdish speaking volunteers to support new patients in response to an increase in patients from Eastern Europe. They had also established a working group with the Clinical Commissioning Group (CCG) and Local Authority with an aim to address social isolation amongst this group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to make a complaint was available and the practice responded quickly to issues raised. Complaints were investigated and any learning from complaints was shared across the practice.

## 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.
- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and monitor and improve quality.
- The practice proactively sought feedback from staff and patients and acted upon this. The practice had an established and well engaged patient participation group (PPG) who were consulted with and the practice acted upon their feedback.
- There was a clear focus on continuous learning, development and improvement linked to outcomes for patients.
- The provider was well aware of the challenges to the service and worked to meet these. The future developments of the practice had been considered and some were in progress.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were similar to or better than local and national averages. For example, the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 91.36% compared to a national average of 89.9%.
- All patients over the age of 75 had a named GP. A care co-ordinator contacted patients over the age of 75, and those who were housebound, on a regular (quarterly) basis if they had not had contact with the practice. They used a screening tool as part of this to establish if there was any cause for concern for the patient's health.
- Nurse practitioners carried out a daily visit to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions. GPs also provided regular visits to the service and were available to support clinical decisions. The nursing team had provided training to staff at the care home to enable them to better understand and respond to aspects of peoples' healthcare needs.
- Home visits and urgent appointments were provided for patients with enhanced needs and patients told us the practice provided home visits readily if they required these.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. Feedback from patients about the quality of end of life care provided by the practice was very positive.

Outstanding



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



# Summary of findings

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- The clinical team provided regular, structured reviews of patients' health. Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.
- Data from 2014 to 2015 showed that the practice had performed comparably to practices nationally for the care and treatment of people with chronic health conditions. For example, the percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months was 75.18% compared to a national average of 75.35%.
- A care co-ordinator contacted patients following discharge from hospital to check if they required any services from the practice.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances. A GP was the designated lead for safeguarding.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures and the information they required to raise any safeguarding concerns or alerts.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns appropriately. Immunisations could be provided without a pre-booked appointment to encourage uptake.
- The practice could offer appointments with an advanced paediatric nurse practitioner who had specialist training and experience in the diagnosis, care and treatment of ill children.

Good



# Summary of findings

This was provided as part of a locally agreed pilot with the CCG. The pilot also included the services of a family nurse practitioner whose role was to support families with health needs in the community.

- Appointments were available outside of school hours and children were given an appointment as priority.
- The premises were suitable for children and babies and baby changing facilities were available.

## **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 open from 8am to 8pm Monday to Friday and 8am to 1pm on Saturdays. Patients we spoke with told us this was very convenient for them.
- The practice provided telephone consultations for those patients who preferred or required these. This meant patients did not always have to attend the practice in person.
- The practice provided a range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided. The use of an electronic prescription service enabled patients to collect medication in the most convenient location.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- Staff were aware of their responsibilities regarding adult safeguarding. For example, information sharing,

Outstanding



# Summary of findings

documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. They provided a recent example of when they had raised a safeguarding alert.

- Staff had been provided with learning disability awareness training.
- The practice responded to the needs of specific groups of patients including those who were older people living in a care setting and homeless people who were supported by other services in the local community.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available.
- Information and advice was available about how to access a range of support groups and voluntary organisations.
- The practice hosted regular Citizens Advice Bureau sessions.

## 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).

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to national averages. For example, data showed that 79.17% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This compared to a national average of 84.01%.
- The practice provided an enhanced service to offer assessments to patients at risk of dementia and to improve the quality and effectiveness of care provided to patients with dementia.
- The practice provided primary care to patients living at a secure mental health service.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The results of the national GP patient survey published on 7 January 2016 showed the practice was performing similar to other practices for patients' experiences of making an appointment. However, the practice scored lower than local and national averages for questions about patients' experiences during consultations with GPs. The patient survey contained aggregated data collected between January - March 2015 and July - September 2015.

As part of the survey 399 survey forms were distributed and 106 were returned which equates to a 26.6% response rate. The response represents approximately 1.2% of the practice population.

The practice received scores that were lower than the Clinical Commissioning group (CCG) and national average scores from patients for matters relating to consultations with GPs such as: feeling listened, being given good explanations about tests and treatments, being involved in decisions about their treatment and being treated with care and concern.

For example:

- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care was 63.92% compared to a CCG average of 82.72% and a national average of 81.61%.
- 69.79% stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 87%, national average 85.34%).
- 81.9% of respondents said the last GP they saw or spoke to was good at listening to them (CCG average 90.6%, national average of 88.6%).
- 79.6% said the last GP they saw gave them enough time (CCG average 89.2%, national average 86.6%).

Patients' scores for nursing staff were comparable to local and national averages. For example:

- 91.9% said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 94.3% and a national average of 91.9%.
- 89.7% said the last nurse they spoke to was good at listening to them (CCG average 92.6% national average 91%).
- 89.4% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 90.8%, national average 89.6%).

The practice scored comparable to or higher than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 63.6% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 60.54 and a national average of 73.26%.
- 76.9% described their experience of making an appointment as good (CCG average of 68.1%, national average 73.3%).
- 75.25% were fairly or very satisfied with the surgery's opening hours (CCG average 73.72%, national average 78.3%).
- 84.5% found the receptionists at the surgery helpful (CCG average 84.4%, national average 86.8%).

Whilst respondents were overall more positive than average about their experience of access and appointments the practice scored lower than average for patients being able to see or speak to their preferred GP. The practice score for this was 17.08% compared to a CCG average of 30.19% and a national average of 36%.

A similar to average percentage of patients, 83.28%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 82.15% and a national average of 85.5%.

We spoke with ten patients during the course of the inspection visit and they told us the care and treatment

# Summary of findings

they received was very good. They told us they felt listened to, well informed about their health and treatment options and that they were treated with care and concern by staff in all roles.

As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 75 comment cards. All of these

were positive about the standard of care and treatment patients received. Staff in all roles received highly positive feedback. Staff were described as 'professional', 'respectful', 'excellent', 'friendly', 'attentive', 'kind', 'empathetic' and 'caring'. Patient's comments included; 'It feels a well organised and efficient practice' and 'They go beyond expectation'.

## Outstanding practice

Areas of outstanding practice included:

- Nurse practitioners visited patients in a large nursing home on a daily basis to provide clinical oversight of the residents. This was supported by regular GP visits and oversight. This had resulted in a decrease in unplanned hospital admissions for the residents. Nurse practitioners had also provided training to staff to enable them to support residents with some of their health related needs.
- The practice provided primary care to homeless people in central Warrington. An 'outreach nurse' and other designated leads (including a lead GP) were designated to support homeless patients. This work was set up following engagement with homeless people and some of the local agencies supporting homeless people. The practice worked alongside other agencies to provide the service which had resulted in greater uptake of screening and treatment for these vulnerable patients and lower rates of attendance at A&E.
- A patient co-ordinator made regular contact with older or housebound patients who had not had any other form of contact with the practice. They used a screening tool as part of this to establish if there was any cause for concern for the patient's health.
- The practice had established a group of Polish and Kurdish speaking volunteers to support new patients in response to an increase in patients from Eastern Europe. They had also established a working group with the Clinical Commissioning Group (CCG) and Local Authority with an aim to address social isolation amongst this group.

# Dr Alagu Rajkumar

## 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, a practice manager specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

## Background to Dr Alagu Rajkumar

Dr Alagu Rajkumar is located in Orford Jubilee Park, Jubilee Way, Warrington, Cheshire WA2 8HE. The practice was providing a service to approximately 8,800 patients at the time of our inspection. The practice is situated in an area with high levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health conditions is similar to local and national averages.

The practice is run by one GP. There are an additional three salaried GPs (3 male and 1 female). There are five practice nurses, three of whom are nurse practitioners, a health care assistant, a practice manager and a team of reception/administration staff. The practice is open from 8am to 8pm Monday to Friday and 8am to 1pm on Saturdays. The practice has a branch surgery located at 74 Bewsey Street, Bewsey, Warrington, WA2 7JE. We visited the branch surgery as part of our inspection. The Bewsey Surgery is open from 9am to 5.30 Monday to Friday. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: childhood vaccination and immunisation schemes, online access to GP practice information systems for booking of appointments, booking of repeat prescriptions and for registering patients, and avoiding unplanned hospital admissions.

## 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. 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.

## 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 19 April 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager, deputy practice manager, reception and administrative staff.
- Spoke with patients who used the service and met with members of the patient participation group (PPG).
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.

# Detailed findings

- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample key policies and procedures.

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 also a form for recording these available on the practice's computer system. The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at regular practice meetings and we were assured that learning from events had been disseminated and implemented into practice to prevent a re-occurrence. The practice also shared the learning from events with partner agencies and reported events locally and through the national reporting system. The records to demonstrate the actions taken in response to events were clear and informative. If a significant event warranted immediate learning and sharing the provider arranged a meeting to discuss the details of this and ensure prompt action was taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. The registered provider was the lead member of staff for safeguarding. The GPs provided safeguarding reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding. The safeguarding lead provided a recent example of how they had recognised and raised a safeguarding alert promptly.
- Staff were available to act as chaperones if required. (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). 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. There was an infection control protocol in place and staff had received up to date training. A nurse practitioner was the infection control lead. They were responsible to liaise with the local infection prevention team and they carried out regular infection control audits. The practice had achieved high scores in the audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. Regular audits were undertaken to monitor medicines prescribing practices. Prescribing data for the practice was comparable to national prescribing data. Staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. The practice had an up to date fire risk assessment. All electrical equipment was checked to ensure the

## Are services safe?

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.

- 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 the different staffing groups to ensure that enough staff were on duty at all times.

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

The practice had 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 had received annual basic life support training. The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a robust system in place to ensure the medicines were in date and fit for use. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- Systems were in place to record accidents and incidents.
- A system was in place for responding to patient safety alerts to ensure the information was disseminated to staff who needed to know.

The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The clinicians assessed patients' 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. NICE provides evidence-based information for health professionals.

Staff had ready access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through a series of meetings, peer review and staff appraisal.

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 their clinical record.

### Management, monitoring and improving outcomes for people

The practice used 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 showed that the practice had achieved 100% of the total number of points available with an overall exception reporting rate of 16.9% which is higher than the national average of 5.5%. 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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators were comparable to or in some cases higher than the Clinical

Commissioning Group (CCG) and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.92% compared to a CCG average of 82.26% and a national average of 88.3%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 91.36% compared to a CCG average of 91.3% and a national average of 89.9%.
- The performance for mental health related indicators was comparable to or in some cases higher than the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 91.36% compared to a CCG average of 91.36% a national average of 89.9%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 91.78% compared to a CCG average of 92.58% and a national average of 88.47%. We noted that exception reporting for mental health indicators was higher than the national average.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We found there had been a number of clinical audits completed in the last two years. One of these was a completed two cycle audit with regards to the prescribing of opiates for chronic pain relief. This had improved prescribing practices and ensured a greater number of patients had access to alternative medicines for pain management.

A range of meetings were held to share information and review outcomes for patients. A rolling programme of weekly meetings included; a review of mortality, a review of referrals, a review of medicines and prescribing practises, a

# Are services effective?

## (for example, treatment is effective)

review of significant events and the learning from these. Some of the meetings included multi-disciplinary professionals such as community matrons, health visitors, midwives and McMillan nurses from across the locality.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff. The head of nursing had developed a comprehensive induction programme for the induction of practice nurses.
- Staff told us they felt well trained and sufficiently experienced to meet the roles and responsibilities of their work. Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness.
- Staff had been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff and this included a range of review meetings. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development. The practice had a system in place for peer review and used a range of meetings as a means to assess the clinical care and treatment provided by the clinical team.
- Clinical staff held lead roles in a range of areas including: respiratory, diabetes, immunisations, child health, mental health, prescribing, safeguarding and clinical governance.
- The practice had a designated head of nursing. They led nursing led services such as the daily visits to a large nursing home and this include supporting and training staff at the facility. Two of the nurses were trained to an advanced practice level of training for diabetes and respiratory. The practice was working alongside a local

education provider to start receiving pre-registered nurses on a primary care placement. They were also working to become a placement for post registration specialist nurse practitioner students in the near future.

- Staff attended a range of internal and external meetings. GPs attended meetings with the CCG and worked across a federation of practices and a cluster of practices. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

### 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 intranet system. This included care plans, medical records, investigations 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 people to other services.

The practice reviewed hospital admissions data on a regular basis. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis for information sharing and service planning purposes.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. Gold Standard Framework meetings were held with multidisciplinary professionals on a regular basis.

Nurse practitioners visited a local care home on a daily basis to provide clinical oversight of the residents. This was

# Are services effective?

(for example, treatment is effective)

supported by regular GP visits and oversight. This had resulted in a decrease in unplanned hospital admissions for the residents. Nurse clinicians had also provided training to staff to enable them to support residents with their health related needs and further training was planned.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions.

## 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 were aware of their responsibility to carry 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, where appropriate, recorded the outcome of the assessment.

## Health promotion and prevention

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients with these conditions or at risk of developing them were referred to or signposted for lifestyle advice such as dietary advice or smoking cessation.

Information and advice was available about how patients could access a range of support groups and voluntary organisations.

The practice encouraged patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 81.26%, which was comparable with the national average of 81.83%. However, bowel cancer screening and breast cancer screening uptake rates were lower than the national average.

Childhood immunisation rates for the vaccinations given were comparable to local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.8% to 94.1%. This was comparable to CCG 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

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. We received 75 comment cards all of which were positive and complimentary about the caring nature of the service provided by the practice.

Patients told us in the comment cards that they felt the practice offered an 'excellent' service and staff were helpful and treated them with dignity and respect. Patients' feedback described staff as; 'professional', 'respectful', 'friendly', 'attentive', 'kind', 'empathetic' and 'caring'. Patient's comments included; 'They go beyond expectation', 'I would give staff a ten' and 'they take time to speak with patients'.

During our discussions with staff that they consistently demonstrated a caring and patient centred approach to their work.

Results from the national GP patient survey showed the practice received scores that were comparable to the Clinical Commissioning group (CCG) and national average for matters relating to the care and concern shown to them during consultations with nurses. The practice scored lower than local and national averages for the same matters for consultations with GPs.

For example:

- 79.6% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89.2% and a national average 86.6%.
- 91.9% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94.3%, national average of 91.9%).

- 69.79% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 87%, national average 85.34%).
- 90.15% said that the last time they saw or spoke to a nurse, they were good or very good at treating them with care and concern (CCG average 90.76%, national average 90.58%).
- 91.1% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%).
- 97.6% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98.1%, national average 97.1%).

The practice scored comparable to local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 84.5% found the receptionists at the surgery helpful (CCG average 84.4%, national average 86.8%).
- 83.28% described their overall experience of the surgery as good or fairly good (CCG average 82.15%, national average of 85.5%).

We met with ten patients who were attending the practice at the time of our inspection including some members of the patient participation group (PPG). All of the patients we spoke with gave us very positive feedback about the caring nature of the GPs, clinical staff and the reception team.

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

Patients told us they in face to face discussions and in comments cards that they felt listened to and well informed about their health conditions. They told us the clinical staff provided them with information to enable them to make informed decisions about their treatment.

Results from the national patient survey showed that the practice received scores that were comparable to the Clinical Commissioning group (CCG) and national average from patients for matters relating to their involvement in decisions during consultations with nurses. The practice scored lower than local and national averages for the same matters for consultations with GPs. For example;

## Are services caring?

- The percentage of respondents who said the last GP they saw was good at listening to them was 81.9% compared to a CCG average of 90.6% and a national average of 88.6%.
- 89.7% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92.6%, national average of 91.0%).
- 69.2% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 89.4% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90.8%, national average of 89%).
- 63.92% stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (CCG average 82.72%, national average 81.61%).
- 80.97% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 85.26%, national average of 85.09%).

The provider had taken a number of actions to improve patients' experiences of their consultations with GPs in response to the patient survey results. These included; a series of 'effective communications skills' and 'triage skills' workshops and staff had completed two out of six planned half day workshops. GPs were bringing forward their patient satisfaction questionnaire for their next appraisal. The provider felt the use of a number of different locum GPs may have contributed to the patient survey findings. This had since reduced with the use of long term sessional GPs.

Translation services were available for patients who did not have English as their first language. Polish and Kurdish speaking volunteers had been identified to support Eastern European patients experiencing cultural and language barriers. The practice's website provided information about the services provided in a wide range of languages.

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

Patient information leaflets and notices were available in the patient waiting area which informed patients of how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers. The practice wrote to carers advising them of their services and a carers' leaflet was available. Written information was available to direct carers to the various avenues of support available to them. Carers were offered flu immunisations and health checks and could be given longer appointments if they required this.

Patients receiving end of life care were signposted to support services and a number of patients told us that the end of life care provided to members of their family had been very good.

Staff told us they contacted families who had suffered bereavement and signposted them to bereavement support services. A number of patients we spoke with told us the support provided by the practice team following bereavement was very good and supportive.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

The practice was providing a number of innovative practice led services in response to the needs of the patient population. For example:

- The practice provided primary care to homeless people in central Warrington. The service was initiated by the provider and was not part of a contracted service. An 'outreach nurse' and other leads (including a lead GP) were designated to support homeless patients. Clinical staff provided primary care on an outreach basis once or twice per week. Patients were also signposted to seek support from other agencies and support networks. This work was set up following engagement with homeless people and some of the local agencies supporting homeless people. One of the local agencies the practice worked alongside told us the impact of the support the practice provided had resulted in an increase in the uptake of treatment for homeless patients and that this in turn contributed to patients avoiding attendance at A&E.
- The practice provided primary care to a secure mental health service. Designated leads within the practice supported this and weekly visits were provided in addition to requests for individual appointments. The practice had supported patients to establish secure internet access to their records. The service had been running for four years and was progressing to support patients with further enhancements to include full annual medicals for all patients, genetic screening, assessments for cardio myopathies and assessments for metabolic disorders as some of the patients were prescribed toxic anti-psychotic medication.
- Nurse clinicians visited a large local nursing home on a daily basis to provide clinical oversight of the residents. This was supported by regular GP visits and oversight.

This had resulted in a decrease in unplanned hospital admissions for the residents. Nurse clinicians had also provided training to staff to enable them to better support residents and further training was planned.

- A patient co-ordinator made regular contact with older or housebound patients who had not had any other form of contact with the practice. They used a screening tool as part of this to establish if there was any cause for concern for the patient's health.
- The practice had established a group of Polish and Kurdish speaking volunteers to support new patients in response to an increase in patients from Eastern Europe. They had also established a working group with the Clinical Commissioning Group (CCG) and Local Authority with an aim to address social isolation amongst this group.

### Access to the service

The practice was open from 8am to 8pm Monday to Friday and 8am to 1pm on Saturdays. The practice had a branch surgery located at 74 Bewsey Street, Bewsey, Warrington, WA2 7JE. The Bewsey Surgery was open from 9am to 5.30 Monday to Friday. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. The number of clinical appointments provided and the provision of extended opening hours, which was practice initiated and not contracted, meant that patients had access to a range of appointments that suited their needs. Urgent appointments were available for patients who required these and routine appointments could be made on the day or they could be pre-booked. Longer appointments and home visits were available for older patients and patients with enhanced needs. Same day appointments were provided for patients who required an urgent appointment and for young children and patients with serious medical conditions.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.



# Are services responsive to people's needs?

## (for example, to feedback?)

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 63.62% compared to a CCG average of 60.54% and a national average of 73.26%.
- 75.25% were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours (CCG average 73.71%, national average of 78.3%).
- 67.9% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG 70.5%, national average of 76%).
- 76.9% described their experience of making an appointment as good (CCG average 68.1%, national average 73.3%).
- 91.4% said the last appointment they got was convenient (CCG average of 91.7%, national average of 91.8%).

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Other reasonable adjustments had been made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

The Bewsey Surgery branch surgery provided ground floor facilities. This was located directly opposite a new site

which was in the process of being built at the time of the inspection. The new site will provide purpose built and fully accessible facilities and the provider told us they intended that this would become the new main location for the practice. The provider had consulted with patients about the design and the provision of services and facilities for the future premises.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. A complaints policy and procedure was in place. This required review to ensure patients were provided with the most up to date information about making a complaint. Information was available to inform patients how to make a complaint and a leaflet was available to inform patients of how to make a complaint about an NHS service.

There was a designated member of staff responsible for handling complaints. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate.

We found the practice had learnt from complaints and action had been taken improve the quality of care and patients' experience of the service.

# 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 statement of purpose which outlined their aims to deliver high quality care and promote good outcomes for patients. Staff knew and understood the values within this.

The GP provider had knowledge of and incorporated local and national objectives. They were the chair for a federation of practices within the Clinical Commissioning Group (CCG) and worked to provide services as part of a cluster of practices. The GP provider held a position within the Health and Social Care Information Centre (HSCIC) as a senior clinical advisor. They had won a national award in 2013 in recognition of their work supporting NHS clinicians. The provider was keen to pilot new and innovative practises at the practice. For example the practice had previously been involved in a community diagnostic imaging pilot and the practice had received accolade for the innovative use of information technology.

### Governance arrangements

The provider had an overarching framework for governing the practice. This supported the delivery of the strategy and good quality care.

- Clinical staff used evidence based guidance in their work and systems were in place to ensure there was oversight of clinical decisions and treatment.
- The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to or higher than other practices locally and nationally for the indicators measured.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.
- There were clear methods of communication across the staff team. Records showed that a range of regular meetings were carried out as part of the quality review and improvement process.

- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

### Leadership, openness and transparency

The GP provider had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The provider was visible in the practice and staff told us that they were approachable and took the time to listen them.

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 processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

Significant events had been fully investigated and when there were unexpected or unintended safety incidents affected people had been given reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of training linked to their roles and responsibilities.

Staff in all roles said they felt respected, valued and supported in their role. Staff were involved in discussions about how to run and develop the practice, and the provider encouraged staff to identify opportunities to improve the service delivered.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

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

Feedback from patients about staff in all roles was very positive. Patients told us they felt the practice provided a good quality service.

# Are services well-led?

Good 

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

The practice used feedback from patients to make improvements to the service. For example they made improvements in response to the learning from complaints, they had introduced training for staff in response to the results of the national patient survey and they regularly reviewed the results of the NHS Friends and family test to identify where they could make improvements.

The practice actively encouraged and valued feedback from patients. The practice had a well-established and engaged patient participation group (PPG). Members of the PPG told us they attended regular meetings with the GP provider and practice manager and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback. For example, the extended opening hours had been introduced in response to feedback from the PPG. The PPG had also been consulted with regarding the building and design of the new premises which were in the process of being built.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The provider was forward thinking and had initiated local pilot schemes to improve outcomes for patients in the area. The provider was keen to promote nurse led clinical work alongside GP governance and this was having a positive impact on outcomes for patients in a number of areas. The provider was clearly aware of the impact of the demographics of the patient population and impact of the prevalence of health and social care issues. They were keen for completion of the building of the new practice and the potential for the future development of the service as a result of this.