

Fleetwood 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?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fleetwood Surgery on 13 May 2016. Overall the practice is rated as good.

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

- Throughout our inspection we noticed a strong theme of positive feedback from staff, patients and other organisations who worked with the practice. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice was committed to working collaboratively and worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services because of feedback from patients and from the patient participation group (PPG).
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The provider was aware of and complied with the requirements of the duty of candour.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority and was regularly reviewed and discussed with staff.

We saw several areas of outstanding practice including:

- The practice used social media to reach their younger patients. They shared health promotion advice (such as self care and smoking cessation) and practice specific information such as feedback and improvements made. The page had 94 followers at the time of our inspection. The practice has identified a lack of young people representation in their Patient Participation Group (PPG) and used this media to encourage younger people to join the group. The practice manager regularly reviewed the page for patient feedback in order to address issues and improve the service.
- A GP at the practice had developed a comprehensive Personal Care Plan template which had been shared with the CCG and adopted by other health care providers. This plan was then co-written with patients through discussion and completion of a questionnaire. Based on the plan a number of 'what if' scenarios were documented to assist the patient, their carers and other health care providers to provide safe and effective care in accordance with the patient's wishes.
- The practice took a proactive approach to understanding the needs of their patients who were carers. Practice data highlighted that there were 168 carers on the practices register and 3.7% of the practices list had been identified as carers. There was a dedicated carer's lead in place and carers were offered support and regularly reviewed by the practice. The practice recognised the links between carers experiencing other conditions such as depression and offered opportunistic depression screening.

- The practice used various innovative IT methods to improve patient care. One GP developed a system which automatically generated a printed paper slip when a patient was prescribed opiates. This reminded patients of the side effects of this medicine. Patients diagnosed with COPD (Chronic Obstructive Pulmonary Disease) were encouraged and educated to use a telecare system. Currently four patients monitored their own vital signs and text these to the practice. A further 72 patients had been invited to take part in this scheme. This gave patients greater autonomy over the care of their condition and helped to identify issues early. The practice had also recently begun to take part in a local pilot to provide video consultations to patients.
- A transient population of overseas students from the local Nautical College were registered with the practice. A Health Care Assistant attended registration sessions at the college to allow students to be registered in a timely manner with limited disruption to their educational timetable.

However there were areas of practice where the provider should make improvements.

- The practice website should be updated to reflect current opening hours.
- Continue to ensure all staff have annual appraisals.
- Infection Control Audits should be conducted annually.
- Systems to ensure all policies are regularly reviewed and updated should be strengthened.
- Documentation of complaints should provide a clear audit trail of the responses given.

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 was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written or face-to-face apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We observed the premises to be visibly clean and tidy, with regular room checks and cleaning schedules in place. However there had not been a full infection control audit conducted since 2014.
- The practice had arrangements in place to respond to emergencies and major incidents.
- The arrangements for managing emergency medicines, in the practice kept patients safe. Vaccines were in date, rotated and stored appropriately. However staff did not routinely lock the fridges or the room they were located in, which meant the security of the vaccines could be compromised.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- The practice had developed a service directory which included voluntary services in the local area. Staff told us they looked at patients and their needs holistically and referred them to appropriate services.

Good



Summary of findings

- The practice had begun work to provide staff with formal appraisals. This needed to continue to ensure all staff received yearly formal appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice educated patients to use a telecare system to remotely monitor patients with COPD (chronic obstructive pulmonary disease) to anticipate exacerbations and help to avoid hospital admissions. Patients informed the practice by text of their own vital signs giving them greater autonomy over their care.

Are services caring?

The practice is rated as outstanding for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than CCG and national averages for almost all aspects of care.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Feedback from patients was consistently positive.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality
- Staff proactively identified carers and recorded this on the practice computer system. At the time of our inspection the practice had identified 168 patients as carers (3.7% of the practice list). Clinicians were aware of the link between caring and diagnosis of depression and proactively screened for this. They also offered a yearly flu vaccination to all carers.
- Personal Care Plans were co-written with patients through discussion and completion of a questionnaire. Based on the plan a number of 'what if' scenarios were documented to assist

Outstanding



Summary of findings

the patient, their carers and other health care providers to provide safe and effective care in accordance with the patient's wishes. Care plans were not restricted to patients with particular conditions.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice employed a regular female locum as some patients feedback suggested that they were not always comfortable seeing a male GP.
- Patients can access appointments and services in a way and at a time that suited them. Extended opening hours were available which were advertised in the practice. The practice website required updating to reflect current opening times.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- 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. Learning from complaints was shared with staff and other stakeholders. However, the practice did not always fully document responses to complaints and the complaints procedure did not make it clear that patients should expect a written response to their complaint.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was beginning a pilot scheme to provide video consultations to patients. The practice offered a 'zero tolerance' violent patient scheme which meant patients from across Fylde and Wyre and North Lancashire who had been removed from patient lists at other practices were guaranteed not to be turned away.
- The practice used social media to reach their younger patients. Health promotion, practice specific information such as

Good



Summary of findings

feedback and improvements were shared. This media was also used to encourage membership of the Practice PPG group. The practice manager regularly reviewed the page for patient feedback in order to address issues and improve the service.

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 it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- All staff had received inductions but most staff had not received formal appraisals.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development.

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 offered proactive, personalised care to meet the needs of the older people in its population. All patients over the age of 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice was proactive in offering those older patients who could not attend clinic for Flu vaccinations or health checks this service in their own home.
- Older patients at risk of hospital admission and in vulnerable circumstances had care plans. Patients and or their carers were asked to complete a questionnaire which was used to inform the personalised care plan. A number of what if scenarios specific to the patient were documented to aid patients, carers and other health services to respond to their needs appropriately.
- Older patients in need of additional support were identified and assisted to book hospital appointments on their behalf.
- The practice worked together with the 'Rapid Response' community team, aimed at treating people in their own homes if at risk of needing hospital admission. Social Workers were available for the prompt coordination of any social needs alongside the patients' health issues.
- The practice maintained a palliative care register. A GP chaired the monthly Gold Standards Framework Palliative Care meetings attended by a wide multidisciplinary team to enable sharing of information relating to patients to improve Palliative and End of Life care.
- Staff actively referred patients to the local Integrated Care Co-Ordinator to undertake a comprehensive and holistic assessments of needs. At the time of the inspection 25 patients were open to the service and had received a completed holistic needs assessment. The feedback from this service was extremely positive and confirmed high and appropriate referral rates from the practice.

Good



People with long term conditions

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

Good



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multi-disciplinary team meetings took place with representation from other health and social care services. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- The practice encouraged and educated patients to use IT to monitor and manage their own health. A telecare system was available for patients with Long-term conditions including heart failure and Chronic Obstructive Pulmonary Disease (COPD). At the time of our inspection 4 patients had begun to use this service with a further 72 patients identified and encouraged to partake. Patient's text the practice with details of their vital signs which allowed clinicians to anticipate exacerbations and potentially avoid hospital admissions.

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 who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice routinely offered new patient health checks to children. They used this to proactively identify any safeguarding concerns particularly in transient families. Family relationships were linked within computer records so known relationships could be documented.
- Systems were in place to identify and follow up children who were considered at risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice

Good



Summary of findings

multi-disciplinary meetings involving child care professionals such as health visitors and school nurses. We saw positive examples of joint working with midwives, health visitors and school nurses.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Vaccination rates for 12 month and 24 month old babies and five year old children were in line with CCG averages. Practice staff proactively contacted families who failed to attend immunisation appointments and followed up any concerns.

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.
- Extended hours surgeries were offered between 6pm and 8.30pm every Thursday and between 8.30am and 12pm every Saturday for working patients who could not attend during normal opening hours. Appointments were available with GPs, nurses and HCAs. Telephone consultations were also available. The practice was due to act as a pilot site for video consultation
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged online Patient Access for booking appointments, ordering prescriptions, viewing medical records. Patients could contact the practice by a secure email. The practice had developed a social media page where information about health, the practice, and organisations in the local area were shared. This medium was also used to actively recruit PPG members from this age group and to monitor patient feedback.
- A transient population of overseas students from the local Nautical College were registered with the practice. A Health Care Assistant attended registration sessions at the college to allow students to be registered in a timely manner with limited disruption to their educational timetable.

Good



Summary of findings

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 including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other complex needs. Patients with serious social phobias were given the first appointment of the session to avoid busy waiting rooms.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Arrangements were in place to identify and support carers
- The practice had effective working relationships with multidisciplinary teams in the case management of vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice took part in a 'zero tolerance' violent patient scheme. This meant that patients from across Fylde and Wyre and North Lancashire who had been removed from patient lists at other practices were guaranteed not to be turned away. 21 people from across the Fylde Coast and Lancashire had registered as patients at the practice and had access to the service. The practice risk assessed and put measures in place to ensure the safety of patients and staff.
- Patients at risk of developing medication addiction or abuse were referred to the Practice Pharmacist for management. These patients were placed on weekly prescriptions and/or a mutually agreed reducing management plan

Outstanding



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).

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Self-directed care plans had been sent to all patients on the practice mental health register in order to create personalised care plans.
- The practice had in-house mental health staff available via referral for counselling and Cognitive Behavioural Therapy.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had recently undertaken online dementia training and received face-to-face training to become 'dementia friends'.
- The practice promoted and referred patients to 'The Big White Wall' a 24/7 online confidential mental health website providing support, counselling and information.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line and above local and national averages. 396 survey forms were distributed and 101 were returned.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 40 comment cards, 39 of which were extremely positive about the standard of care received. Patients commented that the staff were friendly and kind and that GPs and nurses listened and provided excellent care.

We spoke with seven patients during the inspection. All seven patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2016, seven patients had responded. This indicated that 86% of those patients were extremely likely or likely to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Continue to ensure all staff have annual appraisals.
- Infection Control Audits should be conducted annually.
- Systems to ensure all policies are regularly reviewed and updated should be strengthened.

- Documentation of complaints should provide a clear audit trail of the responses given.
- The practice website should be updated to reflect current opening hours.

Outstanding practice

- The practice used social media to reach their younger patients. They shared health promotion advice (such as self care and smoking cessation) and practice specific information such as feedback and improvements made. The page had 94 followers at the time of our inspection. The practice has identified a lack of young people representation in their Patient Participation Group (PPG) and used this

media to encourage younger people to join the group. The practice manager regularly reviewed the page for patient feedback in order to address issues and improve the service.

- A GP at the practice had developed a comprehensive Personal Care Plan template which had been shared with the CCG and adopted by other health care providers. This plan was then co-written with patients through discussion and completion of a

Summary of findings

questionnaire. Based on the plan a number of 'what if' scenarios were documented to assist the patient, their carers and other health care providers to provide safe and effective care in accordance with the patient's wishes.

- The practice took a proactive approach to understanding the needs of their patients who were carers. Practice data highlighted that there were 168 carers on the practices register and 3.7% of the practices list had been identified as carers. There was a dedicated carer's lead in place and carers were offered support and regularly reviewed by the practice. The practice recognised the links between carers experiencing other conditions such as depression and offered opportunistic depression screening.
- The practice used various innovative IT methods to improve patient care. One GP developed a system which automatically generated a printed paper slip

when a patient was prescribed opiates. This reminded patients of the side effects of this medicine. Patients diagnosed with COPD (Chronic Obstructive Pulmonary Disease) were encouraged and educated to use a telecare system. Currently four patients monitored their own vital signs and text these to the practice. A further 72 patients had been invited to take part in this scheme. This gave patients greater autonomy over the care of their condition and helped to identify issues early. The practice had also recently begun to take part in a local pilot to provide video consultations to patients.

- A transient population of overseas students from the local Nautical College were registered with the practice. A Health Care Assistant attended registration sessions at the college to allow students to be registered in a timely manner with limited disruption to their educational timetable.

Fleetwood Surgery

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 adviser and a practice manager specialist adviser.

Background to Fleetwood Surgery

Fleetwood Surgery is based in Fleetwood, Lancashire. The practice is part of Fylde and Wyre Clinical Commissioning Group (CCG) and delivers services under a General Medical Services contract with NHS England

The practice is located in a large medical centre on the outskirts of the town. There is easy access to the building and disabled facilities are provided. All consultations rooms are on the ground floor. There is a large car park serving all of the medical facilities on the site. There are three male GP partners working at the practice. There is a further regular female locum. Fleetwood Surgery is a training practice and as such currently has a male GP registrar and a female trainee doctor. Fleetwood surgery also hosts placements for a medical student and student nurse. There are two female part time practice nurses, and two part time health care assistants (both female). There is a practice manager, one assistant practice manager and a team of administrative/reception staff.

Within the building there are two other practices and community services. The building is owned by a private company.

The practice opening times are 8.30am until 6pm Monday to Friday. Extended hours are available on Thursday evenings until 8pm and on Saturday mornings from 8.30am until 12pm.

Patients requiring a GP outside of normal working hours are advised to call NHS 111 service.

There are 4493 patients on the practice list. The majority of patients are white British. A high number of patients have a long-standing health condition (78% as opposed to the national average of 54%).

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 we hold about the practice and asked other organisations such as Fylde and Wyre Clinical Commissioning Group to share what they knew. We carried out an announced visit on 13 May 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, practice nurses, a health care assistant and admin and reception staff.

Detailed findings

- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Carried out face-to-face interviews with seven patients.

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice recorded, and dealt appropriately with, notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. On some occasions patients attended the practice to discuss the incident with the clinicians involved and received a face-to-face apology.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Opportunities to engage with colleagues and learn from external safety events were identified. Following the analysis and review of a significant event involving the practice and secondary care providers, a new protocol was developed whereby all cancer follow-ups were robustly tracked to ensure all investigations were conducted promptly. The practice pharmacist reviewed every discharge summary to ensure the risk of errors was greatly reduced.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

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. One GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two.

- All children registering with the practice had a new patient health check. This allowed staff to proactively screen for concerning information which may indicate if a child was at risk of harm. Family details were taken and recorded on the computer system.
- Patients told us that they were routinely offered a chaperone. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. For example, the storage of sharps boxes had recently been reviewed to reflect current guidance. The nurse had recently conducted a handwashing technique audit and identified and implemented areas for improvement. There was an infection control protocol in place and staff had received up to date training. Room checks were recorded daily to ensure cleaning schedules were adhered to. However a full annual infection control audit had not been conducted since 2014. We saw that issues identified in this audit had been resolved.
- The arrangements for managing emergency medicines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Vaccines were stored in purpose-built fridges.

Are services safe?

We found the stock to be in date, rotated and stored appropriately. However the fridges and the room they were located were not routinely locked which meant the security of the vaccines was compromised.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had developed a computer system whereby when a GP prescribed opiates an advice slip was produced which reminded patients that such medicines could impair driving. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- Patients at risk of developing medication addiction or abuse were referred to the Practice Pharmacist for management. These patients were placed on weekly prescriptions and/or a mutually agreed reducing management plan.
- We reviewed a sample of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and staff told us they were aware of what

to do in an emergency. The practice had recently contacted the local acute trust fire officer for advice about conducting fire drills in coordination with the two other practices within the same building. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available off-site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.5% of the total number of points available.

This practice was not an outlier for any QOF clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 93% compared to 88% nationally
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented was 89% compared to 88% nationally.

Clinical audits demonstrated quality improvement.

- We looked at two clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, an audit of hypertension (high blood pressure) identified that no patient met all the criteria for pre-treatment investigations, particularly fundoscopy. Fundoscopy is a procedure in which the back of the eye is examined. As a result the practice created a form for patients to take to an optician exam to record the findings of the fundoscopy as part of a routine eye examination in order to fully inform their treatment plan.
- The practice participated in local audits and peer reviews via CCG meetings.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff were provided with role-specific training and updating, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had been included in an assessment of competence. Staff who administered vaccinations demonstrated how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and meetings outside the practice with clinical peers.
- The practice was a training practice, one of the GPs was an accredited trainer. At the time of the inspection there was a GP registrar, a trainee GP and a medical student at the practice. Feedback from the trainees was very positive, they told us the practice provided them with strong support.
- Staff told us that they were encouraged and supported to access training. They told us that in this supervision and support had been conducted informally. The management team acknowledged that this was an area which required improvement and had begun to address this. We looked at five files for administrative/nursing staff and found that two staff had received an 'interim appraisal' in March 2016. The staff files we reviewed showed that despite the lack of formal appraisals and supervision that staff had access to appropriate training

Are services effective?

(for example, treatment is effective)

to meet their learning needs and to cover the scope of their work. Following the inspection the practice supplied an appraisal schedule for all staff to be completed within the next two months.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- One of the GPs attended the local neighbourhood meeting. This included benchmarking referrals against other practices and reviewing all local data for trends and actions required.

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, practice meetings and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff assisted patients with the Choose and Book system when needed.
- We saw that referrals were made to a variety of voluntary organisations, multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

We spoke with the integrated care co-ordinator for the area who spoke highly of the practice team as a whole. They told

us the practice proactively identified and referred patients to the service and that the practice team were very open, accessible and keen to work with other agencies to holistically improve health outcomes for their patients.

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 (MCA) 2005. All staff had recently received MCA and Deprivation of Liberty Safeguards training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health problems. Patients were signposted to the relevant service or referred to clinicians with the relevant area of expertise within the practice.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. They ensured a female sample taker was available and late night and weekend appointments were available. Systems were in place to follow up and recall patients who failed to attend these appointments.

The practice also encouraged patients to attend national programmes for bowel and breast cancer screening. The practice was aware of the low uptake of bowel screening. Patients aged 60-69 screened for bowel cancer in the last 30 months was 43% as opposed to the national average of 58.3%. The practice recently arranged a clinic attended by

Are services effective?

(for example, treatment is effective)

the bowel cancer screening team and recalled all relevant patients. The clinic was used to educate patients about the need for bowel screening and provided assistance with the kits. The monitor in the waiting area provided health promotion information on the importance of bowel cancer screening. As a result, out of 17 kits provided on the day, 12 were returned.

Systems were in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results. The practice had recently implemented a protocol for the review of all laboratory results to make this process more robust.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 91% (93% to 97% CCG) and five year olds from 90% to 98% (87% to 97% CCG).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice was committed to reducing unnecessary use of antibiotics. We saw literature relating to this around the practice

The practice encouraged and educated patients to use a telecare system to remotely monitor patients with COPD (chronic obstructive pulmonary disease) to anticipate exacerbations and help to avoid hospital admissions. Four patients had begun to use this service and informed the practice by text of their own vital signs giving them greater autonomy over their care.

The practice had developed an online service directory which included voluntary services in the local area. Staff told us they looked at patients and their needs holistically. For example, a patient with depression who had previously enjoyed gardening was signposted to a local volunteer gardening service to help improve their wellbeing.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All but one of the 40 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The service was repeatedly described as excellent and very good.

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

- 95% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 95% of patients said the GP gave them enough time (CCG average 89% national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 96% national average 95%).
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90%).

- 98% of patients said they found the receptionists at the practice helpful (CCG average 85% national average 87%).

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

Care planning and involvement in decisions about care and treatment

Patients told us 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 available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

- We saw that care plans were highly personalised and not restricted to those patients with certain conditions. 190 patients had a current care plan in place. The practice described care planning as an 'open book', which was open to anyone who felt it would benefit them. GPs involved patients in the care-plan process resulting in a co-written personal care plan. Self-care planning questionnaires resulted in individual action plans which had been devised to help patients stay active and out of hospital. Based on the information and conditions a list of "what if" guidelines were produced. These detailed likely medical problems and the preferred management and treatment of the problem. The plan was kept in the patient's own home/residence (in addition to an electronic version shared with other care providers e.g. Ambulance or Out Of Hours and local Trust). This enabled access to important health information so patients could be best cared for by making informed decisions and taking into account their wishes. This comprehensive planning tool had been designed by a GP at the practice and had been shared and subsequently adopted by the CCG and North West Ambulance Service (NWAS).



Are services caring?

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Four patients registered at the practice were deaf. The practice had access to a sign language interpreter.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices on information boards and on the screen were available in the patient

waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website and Facebook page. These told patients how to access a number of community support groups and organisations such as those supporting good mental health and physical health care needs such as cancer.

The practice's computer system alerted GPs if a patient was also a carer. Staff proactively identified carers when patients were diagnosed with a long-term health condition or multiple conditions and when they attended for reviews. At the time of our inspection the practice had identified 168 patients as carers (3.7% of the practice list). Clinicians were aware of the link between caring and diagnosis of depression and proactively screened for this. They also offered a yearly flu vaccination to all carers. Written information was available to direct carers to the various avenues of support available to them.

The practice had developed a bereavement support procedure. GPs contacted the patients next of kin both before (if appropriate) and after death to offer support and referral to appropriate services. We spoke to a patient who had recently lost a loved one who praised the practice staff highly at this difficult time and told us the ongoing contact and support provided them with great comfort.

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. The practice was currently involved in a pilot to offer video consultations to its patients. The practice was named practice of the year 2015 by Fylde and Wyre CCG.

- The practice offered extended opening hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours. Routine Appointments were also available on Saturday mornings between 8.30am and 12pm. This service was advertised in the practice. However the practice website needed to be updated to reflect these extended opening hours.
- There were longer appointments available for patients with a learning disability, multiple conditions or those patient who staff had identified required additional support.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a notice board in the waiting area which promoted dementia awareness and memory services. All staff had completed online dementia training and most had recently become 'dementia friends'.
- In house mental health support was available including urgent assessments, Cognitive Behavioural Therapy and counselling.

- There were monthly multidisciplinary team meetings to discuss patients with complex needs. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice used social media to reach their younger patients. Health promotion, practice specific information such as feedback and improvement was shared. This media was used to encourage membership of the practice PPG group. The practice manager regularly reviewed the page for patient feedback in order to address issues and improve the service.
- The practice used various innovative IT methods to improve patient care. One GP had developed a system when a patient was prescribed opiates the computer system automatically generated a printed paper slip which reminded patients of the side effects of this medicine. Patients who were diagnosed with COPD (Chronic Obstructive Pulmonary Disease) were encouraged and educated to use a telecare system. They monitored their own vital signs and text these to the practice. Giving them greater autonomy over the care of their condition and helping to identify issues early. The practice had also recently begun to take part in a local pilot to provide video consultations to patients.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available throughout this time. Extended hours appointments were offered until 8pm on Thursday evening and from 8.30am until 12pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was well above local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 100% of patients say the last appointment they got was convenient (national 85%)
- 90% describe their experience of making an appointment as good (national 73%)

People told us on the day of the inspection that if they needed to see a doctor the same day it was not a problem. We viewed the practice appointments at 2pm on the day of our inspection and saw there were appointments left for that afternoon. Requests could be made at any time of the day, and the practice had late night and weekend opening so patients not available during working hours could access appointments easily.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice was taking part in a 'Zero Tolerance' violent patient scheme and was the only one across Fylde and Wyre and North Lancashire. Twenty-one patients who had been removed from patient lists of other practices were welcomed to register at the practice. The practice conducted risk assessments and put measures in place to protect staff, other patients and the patient themselves. Staff had received conflict resolution training and patients commented on the professional, calm, yet assertive manner of the receptionists when dealing with aggressive patients.

Listening and learning from concerns and complaints

- There was a designated responsible person who handled all complaints in the practice.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint
- Staff told us that complaints were discussed at staff meetings. We saw that lessons were learnt from complaints.
- Patients were given a copy of the practice complaints procedure when they wanted to make a complaint. This was in line with recognised guidance and contractual obligations for GPs in England. It was unclear from this that complainants should expect to receive a written response.
- Twelve complaints had been made to the practice in the previous 12 months. We saw evidence the practice followed their procedure and acknowledged complaints in a timely manner. However a fully documented response was not always recorded. During our inspection the practice manager told us they would develop a cover sheet for complaints to ensure a consistent approach was maintained.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement. Staff knew, understood and displayed the values. “Working with our patients, families and carers to improve their own and others health and wellbeing for now and the future.”
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to staff via the shared drive. However we found that the system to ensure these were up to date was in need of review. We saw that two policies were incorrectly restricted to practice management. This was corrected on the day of our inspection to allow all staff access.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings. We saw there were plans in place to formalise whole practice meetings and to ensure important areas such as complaints and significant events were routinely visited and discussed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of patient feedback that it had sometimes been difficult to get

Are services well-led?

Good 

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

through to the practice to request prescriptions a separate dedicated prescription line was opened. Based on PPG feedback the practice ensured a regular female locum doctor was available for consultations.

- In order to improve access to appointments the practice aimed to improve patient uptake of online services. We saw evidence that eight months into the financial year 2015/2016 the number of appointments booked online (as opposed to 2014/15) had increased from 56 to 131 appointments. Patients we spoke to told us they used the online system and confirmed they could access timely appointments, and very often on the same day.
- The Practice, in conjunction with the PPG produced a monthly newsletter, informing patients of important news and updates and also feeding back improvements made as a result of patient feedback. A local support group featured every month and encouraged patients to

join the PPG and contact them or the practice directly with any issues or suggestions. This leaflet was available in large print, at the reception and on the practice website.

- The practice encouraged feedback from staff through meetings and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of a local pilot schemes to improve outcomes for patients in the area.