

The Mount View Practice

Quality Report

Fleetwood Health and Wellbeing Centre, Dock
Street, Fleetwood. Lancashire. FY7 6HP
Tel: 01253 951999
Website: www.themountviewpractice.nhs.uk

Date of inspection visit: 10/11/2016
Date of publication: 13/04/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to The Mount View Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Mount View Practice on 10 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed.
- 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 were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice worked closely with other agencies in the local area. One GP Partner led an initiative called 'Healthier Fleetwood' a partnership of local stakeholders (including council members, police, sports clubs and residents) which focussed on

Summary of findings

improving engagement and supporting active involvement. Through this the practice were extending their range of social prescribing to include more activity based interventions such as gardening and walking football for people over 50. The practice was also involved with the local police force Early Intervention Scheme. A Police Community Support Officer was based at the practice who sought to identify adults at risk and worked closely with the care co-coordinator to develop support plans.

The areas where the provider should make improvement are:

- Risk assess decisions relating to the provision of equipment/medicines needed for treatment in emergencies

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 support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed. The range of emergency medicines held on site and decisions to share the ground floor defibrillator with another service were not risk assessed.

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.
- Past clinical audits demonstrated quality improvement. The practice had recently begun completing these again and we saw evidence of plans to conduct second cycles of these audits to ensure improvements were made and sustained.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision 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.
- 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.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients aged over 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.
- Older patients at risk of hospital admission, in residential care and aged over 75 and living alone had a care plan in place
- The practice maintained a palliative care register and held monthly meetings attended by a multidisciplinary team to enable sharing of information relating to patients to improve palliative and end of life care

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had amalgamated all vascular type conditions (conditions affecting the veins and arteries) into a single clinic appointment to reduce the number of appointments one patient would need to attend
- Performance for diabetes related indicators was generally better than the national average. For example 85% of patients had their blood sugar levels well controlled compared to 84% locally and 78% nationally. The percentage of patients with blood pressure readings within recommended levels was 81% compared to 82% locally and 78% nationally. The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 90% compared to 82% locally and 80% nationally. The percentage of patients with a record of a foot examination within the preceding six months was 92% compared to 91% locally and 89% nationally.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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. Immunisation rates were relatively high for all standard childhood immunisations
- 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.
- The practice's uptake for the cervical screening programme was 97%, which was higher than the CCG average of 85% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours surgeries were offered until 9pm every Monday, Tuesday and Wednesday for working patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice worked closely with other local practices and between them offered additional appointments at weekends.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other complex needs.
- 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.
- Carers were proactively identified and referred to the practice Carers Champion to signpost them to appropriate support services.
- Prior to being built patients had been consulted as to the design and layout of the building and what rooms would be needed and where. A group of pupils from a local school had then visited the building to assess its accessibility for children and young people, especially those with additional needs. This had led to some minor changes such as larger signage but overall the feedback was good. The pupils also provided a training session to practice staff to raise awareness of the needs of people with additional needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice, including patients in care homes. The paramedic practitioner conducted a large number of these visits using telephone and video calls for support from the on call GP. The paramedic practitioner also produced and reviewed care plans for patients at risk of acute hospitalisation.

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



- Performance for mental health related indicators was generally better than local and national averages. For example 95% of people experiencing poor mental health had a comprehensive, agree care plan documented in the record compared to 88%

Summary of findings

locally and 89% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% compared to 90% locally and 89% nationally. 72% of patients diagnosed with dementia had their care reviewed in a face to face review compared with CCG average of 83% and national average of 84%. The practice recognised this figure was lower and had recently employed a paramedic practitioner who worked closely with care homes and visited people in their own homes to create and update care plans.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients experiencing poor mental health were told about how to access various support groups and voluntary organisations.
- The practice recognised that they served a population with a high proportion of patients with Mental Health needs and sought to tailor the services they provided. The practice employed a team of Mental Health Nurses to help patients with mild mental health difficulties such as depression and anxiety. Both individual and group care such as anxiety management, mindfulness and stress management were offered. Recovery rates were routinely monitored. Rooms used for consultations were carpeted so were less clinical and had a painting on the wall to promote calm and prompt discussion. A remembrance day display in the waiting area helped to proactively identify veterans in need of support.
- Where staff recognised signs of elderly patients becoming forgetful they contacted the mental health team who invited the patient for a memory assessment and worked closely with the Memory Service.
- The mental health team had a target to offer CBT (cognitive behavioural therapies) to those patients with a diagnosis of COPD and/or diabetes.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 273 survey forms were distributed and 121 were returned. This represented 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all very positive about the standard of care received. Many comments related to the helpful and caring nature of the practice staff team.

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

Areas for improvement

Action the service SHOULD take to improve

- Risk assess decisions relating to the provision of equipment/medicines needed for treatment in emergency situations.

Outstanding practice

- The practice worked closely with other agencies in the local area. One GP Partner led an initiative called 'Healthier Fleetwood' a partnership of local stakeholders (including council members, police, sports clubs and residents) which focussed on improving engagement and supporting active involvement. Through this the practice were extending their range of social prescribing to include more

activity based interventions such as gardening and walking football for people over 50. The practice was also involved with the local police force Early Intervention Scheme. A Police Community Support Officer was based at the practice who sought to identify adults at risk and worked closely with the care co-coordinator to develop support plans.

The Mount View Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to The Mount View Practice

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

The practice is located in a large purpose built medical centre in the town. There is easy access to the building and disabled facilities are provided. Consultation rooms are across three floors. There is a large car park serving all of the medical facilities on the site. There are three male GPs and two female GPs working at the practice. The Mount View Practice is a training practice and as such currently has a trainee GP. The practice also hosts placements for medical students and student nurses. There are six female practice nurses and one male nurse practitioner, and five health care assistants (all female). They have recently employed an advanced paramedic practitioner and practice pharmacist (both male). There is a team of six mental health nurses. There is a practice manager, one assistant practice manager and a team of administrative/reception staff.

In the last four years the practice team have suffered a number of staff losses, mainly due to unforeseen circumstances which had affected some areas of service provision. The practice had raised this matter with the CCG.

Within the building there is a same day health service and other community services.

The practice opening times are 8.00am until 6.30pm Monday to Friday. Extended hours are available on Monday, Tuesday and Wednesday evenings until 9pm. The Mount View Practice works in collaboration with two other Fleetwood practices as a Federation. Between the three practices they offer weekend appointments. We saw evidence of close joint working across the Fleetwood practices including the provision of weekend opening hours and agreed clinical protocols for long term conditions. We asked the practice to consider the effect of this federation arrangement on their CQC registration and directed them to CQC guidance on this matter.

Patients requiring a GP outside of normal working hours are advised to call NHS 111 service to access the out of hours service provided locally by Fylde Coast Medical Services.

There are 11700 patients on the practice list. The majority of patients are white British. A high number of patients have a long-standing health condition (65% as opposed to the national average of 54%). Life expectancy is less than national averages by four years for both genders.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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

Detailed findings

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 to share what they knew. We carried out an announced visit on 10 November 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Spoke with five patients who use the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the practice 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 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 incident recording form supported the recording of 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 support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 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. For example, a vulnerable patient missed an appointment and was contacted again by the practice. The practice team investigated the incident, and developed a recall system to ensure that this did not reoccur. A protocol was produced and fed back to the team.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings bimonthly 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 3 and nurses to level 2 or above.

- A notice in the waiting room and in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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 carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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. The practice did not hold penicillin with the emergency medicines and should document the risk assessment of this decision. Following the inspection we were informed that penicillin was kept in doctors' bags.
- The practice had a defibrillator available on the premises on the first floor. There was a defibrillator on the ground floor which the practice shared with another service. This arrangement should also be risk assessed to ensure the safety and availability of the equipment. Oxygen with adult and children's masks and a first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.

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.

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 98.3% of the total number of points available.

Overall exception report rating was 14% which was 4% higher than local and national averages. The practice were aware of this and could provide explanations as to why this was the case. (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 2015/16 showed:

Performance for diabetes related indicators was generally better than the national average. For example, 85% of patients had their blood sugar levels well controlled compared to 84% locally and 78% nationally. The percentage of patients with blood pressure readings within recommended levels was 81%, compared to 82% locally and 78% nationally. The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 90% compared to 82% locally and 80% nationally. The percentage of patients with a record of a foot examination within the preceding six months was 92% compared to 91% locally and 89% nationally.

Performance for mental health related indicators was variable. For example, 95% of people experiencing poor

mental health had a comprehensive, agree care plan documented in the record compared to 88% locally and 89% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded was 96% compared to 90% locally and 89% nationally. 72% of patients diagnosed with dementia had their care reviewed in a face to face review compared with CCG average of 83% and national average of 84%. The practice recognised this figure to be lower and had employed a paramedic practitioner who conducted care plan reviews in patients homes where necessary.

The practice team told us they had been subject to work force challenges in the last two years. Audits had not been completed during this period. However we saw evidence that these had recently recommenced and there were plans to reaudit in 2017 to ensure identified changes were implemented and sustained.

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

Are services effective?

(for example, treatment is effective)

- 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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 bimonthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

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. Patients were signposted to the relevant service.
- Smoking cessation clinics were available every Wednesday and Friday.

The practice's uptake for the cervical screening programme was 97%, which was significantly better than the CCG average of 85% and the national average of 81%. 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 by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice engaged with the staff from the Bowel Cancer Screening Program to identify those people who had not responded to the bowel screening testing kit. A 'call for a kit' clinic was held in July 2016. Thirty nine patients were invited to the clinic of which 33 attended. Advice and support was given to these patients which led to 27 kits being completed, with 100% negative results.

Childhood immunisation rates for the vaccinations given were comparable or better than national averages. Childhood immunisation rates for the vaccinations given to under two year olds were above the 90% national expected coverage of vaccines.

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.

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 of the 14 patient Care Quality Commission comment cards we received were very 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.

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%

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 also saw that care plans were personalised. The practice had recently recruited a paramedic practitioner who conducted 30-60 minute home appointments to review care plans and liaise with other agencies as appropriate.

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 either in line with or higher than 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 88% 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%.
- 87% 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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- A patient was currently accessing support from a deaf healthcare charity for a number of sessions within the practice. The practice leaflet was also available in braille and audio and could be sent by email in large font for people with visual impairments.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 183 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice was recognised as a "carer friendly organisation trained to LCC (Lancashire County Council) standards" and had been awarded a carers champion certificate by a local charitable organisation in July 2016.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. The practice had also produced a bereavement leaflet which included contact numbers for support services and information about the stages of grieving.

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 opened until 9pm on a Monday, Tuesday and Wednesday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The paramedic practitioner conducted a large number of these visits using telephone and video calls for support from the on call GP. The paramedic practitioner also produced and reviewed care plans for patients at risk of acute hospitalisation.
- 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.
- The practice used one appointment to see patients with vascular conditions to reduce the number of appointments the patient would need to attend.
- There were disabled facilities, a hearing loop and translation services available.
- The practice worked closely with other agencies in the local area. One GP Partner lead an initiative called 'Healthier Fleetwood' a partnership of local stakeholders (including council members, police, sports clubs and residents) which focussed on improving engagement and supporting active involvement. Through this the practice were extending their range of social prescribing to include more activity based interventions such as gardening and walking football for people over 50. The group was keen to implement 'health creation' to focus on what makes people well rather than what makes them ill. The practice was also involved with the local police force Early Intervention

Scheme. A Police Community Support Officer was based at the practice who sought to identify adults at risk and worked closely with the care co-coordinator to develop support plans.

- in 2013 the practice formed Fleetwood Health Forum with town councillors, patients and representatives from the district hospital and CCG to discuss the needs of the local population.

Prior to being built patients had been consulted as to the design and layout of the building and what rooms would be needed and where. A group of pupils from a local school had then visited the building to assess its accessibility for children and young people, especially those with additional needs. This had resulted in positive feedback being received which the practice took on board and acted upon constructive comments which had led to some minor changes such as larger signage. The pupils also provided a training session to practice staff to raise awareness of the needs of people with additional needs

The practice proactively sought training in response to the needs of the patients they saw. For example a young carers representative recently attended a GP education meeting.

The practice recognised that they served a population with a high proportion of Mental Health needs and sought to tailor the services they provided. The practice employed a team of Mental Health Nurses who help patients with mild mental health difficulties such as depression and anxiety including the provision of Cognitive Behavioural therapy. This service was introduced in 2004; at that time an audit showed 42% of all GP consultations had a mental health component. This was reaudited in 2014 which showed a reduction to 8%. The team won national awards including Runner up Nursing Times award for Best Community Nursing Team in 2011, and Winner of NHS Alliance Award; Innovation in Primary Care: dementia service in 2012, and Long Term Conditions team of the year (General Practice awards 2012).

The team prioritise veterans and perinatal patients. A remembrance day display in the waiting area helped to proactively identify patients in need of support. The practice had produced a leaflet for post-traumatic stress disorder in military service. One mental health nurse was due to present at a Public Health England (PHE) meeting their work around reducing suicide rates.

Are services responsive to people's needs?

(for example, to feedback?)

Care had been taken to provide a calming atmosphere in the rooms used for patients attending with Mental Health needs. Floors were carpeted so were less clinical. Each room had a painting on the wall to promote calm and prompt discussion.

The practice had lost a number of staff members, including GP partners in recent years, mainly through unforeseen circumstances. GP recruitment had been problematic and the practice were aware of the need to produce additional appointments in response to patient demand. The practice had recently employed a paramedic practitioner to conduct a morning minor ailments surgery and home visits thus freeing GP time to conduct appointments.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered until 9pm Monday, Tuesday and Wednesday evenings. 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.

The practice worked closely with other local practices. In February 2015 they were successful in a bid to the Prime Ministers Challenge Fund to improve access to primary care. This meant weekend appointments to GPs and nurses were made available as well as access to digital technology for isolated elderly patients using a telecare system to monitor vital signs.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 81% of patients felt they don't have to wait too long to be seen compared to 58% nationally

- 70% of patients said the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to 76% nationally.

People told us on the day of the inspection that they were able to get appointments when they needed them. One patient commented that they were not always able to see a particular GP within a reasonable time scale but were happy they could see another clinician and would be seen on the day if the need was urgent. The next routine GP appointment at the time of our inspection was two and a half weeks in advance.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice should ensure the practice complaints leaflet and the information given on the practice website are consistent.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 did not have a documented mission statement however we were told that they took pride in being a patient centred practice providing a holistic approach to care and responsive service to the patients they served. This ethos was demonstrated throughout the staff groups we spoke to and it was clear the staff team were passionate about patient care.
- The practice explained their strategy which reflected the vision and values but had no written business plans.
- GP partners met at 11am each day to ensure issues arising or ongoing were discussed.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements. There were plans in place to ensure this was a continuing task and embedded moving forwards.
- There were 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, following feedback from patients the practice had obtained a number of higher seats for the waiting area

- The practice mental health team conducted a questionnaire in 2016 which patients responded positively to about the service provided.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals discussion and staff surveys. 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 local pilot schemes to improve outcomes for patients in the area.

The practice was a training practice and provided support and mentorship to medical students and GP trainees at different stages of their learning.