

Pemberton Surgery

Quality Report

Pemberton Surgery
 Sherwood Drive
 Pemberton
 Wigan
 Lancashire
 WN5 9QX
 Tel: 01942 482370
 Website: www.pembertonsurgery.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pemberton Surgery on 22 August 2016. Overall the practice is rated as good.

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

- The practice looked after multiple vulnerable children over 100 in total. We saw good examples of the team maintaining and updating regular record checks and performing regular audits to maintain the registers.
- There were an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were 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 a named GP and there was continuity of care, with urgent appointments available the same day.
- One member of staff was nominated and won a Kindness and Dignity Award.
- 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 did see one area of outstanding practice:

Summary of findings

The GP partner had developed an in-house alternative to replace patients INR yellow card. INR is a test used for people using the medicines called Warfarin.

Warfarin is a medicine taken to prevent the blood from clotting and to treat blood clots. Warfarin is also used to reduce the risk of clots causing strokes or heart attacks.

The Warfarin treatment summary template was a computerised record for every patient on the medicine called Warfarin. This detailed records of past and current INR results and also included a dosing schedules, next testing dates and comment section within the template. Making the process of monitoring and prescribing Warfarin safer.

This system had been shared with the wider community where five other practices have implemented the template.

The areas where the provider should make improvements are:

- Consider having one person taking overall responsible for the infection control of the practice, whilst making sure all staff receive training.
- Develop a schedule to have full practice meetings.
- Keep reviewing, maintaining and improving the appointment system.

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.

- The practice had strong systems and processes to keep patients safe and safeguarded from abuse.
- There was a 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 apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.

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.
- 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.
- The practice had an active patient participation group (PPG) who support the community and patients.
- 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.

Good



Summary of findings

- 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.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff so that appropriate action was taken.
- The patient participation group was extremely active in supporting the practice with 11 active members regularly meeting and reviewing the patient journey.
- The practice proactively sought feedback from staff and patients, which it acted on.

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.
- The GP made regular visits to the nursing and residential homes in the area, making sure care plans were in place.
- A weekly link worker attended the practice to offer support to patients by providing advice about benefits, housing, bereavement and counselling.

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 percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% compared to CCG average of 83% and national average of 78%.
- A new call and recall system had been implemented to ensure patients with long term conditions are recalled for regular reviews and blood monitoring.
- Longer appointments and home visits were available when needed .
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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.

Good



Summary of findings

- In the last five years 86.5% of patients had received cervical screening compared to the clinical commissioning group (CCG) average of 84% and national average of 82%.
- Evening appointments and early morning appointments were available.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a late evening nurse led clinic for patients.
- The practice had a text reminder service for all patients, which helped to reduce missed appointments.
- The practice offered NHS health check to all patients 40 years and above.

Good



People whose circumstances may make them vulnerable

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

- The practice looked after multiple vulnerable children over 100 in total. We saw good examples of the team maintaining and updating regular record checks and performing regular audits to maintain the registers.
- 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 with all patients in the group having a health action plan in place.
- 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.

Good



Summary of findings

- 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.

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).

- 73% of patients diagnosed with dementia had received a face to face review in the last 12 months, which is lower than the CCG of 84% and national 84%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 335 survey forms were distributed and 109 were returned. This represented 1.2% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% 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%.
- 69% of patients described the overall experience of this GP practice as good compared to the national average of 82%.
- 62% 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%.

The practice acknowledged they had been struggling with the telephone system and as a result introduced a new telephone line and triage system which processes the priority of patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. Patients said staff were polite and friendly. Another commented the standard of care received is always to a high standard.

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

The practice participated in patient surveys such as the Friends and Family Test.

Areas for improvement

Action the service **MUST** take to improve

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Consider having one person taking overall responsible for the infection control of the practice, whilst making sure all staff receive training.
- Develop a schedule to have full practice meetings.
- Keep reviewing, maintaining and improving the appointment system.

Outstanding practice

We did see one area of outstanding practice:

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This system had been shared with the wider community where five other practices have implemented the template.

Pemberton 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 Pemberton Surgery

Pemberton Surgery is located in Pemberton, Wigan. The practice is situated in purpose built premises, also situated within the building are local community services which include: district nurses, midwives and health visitors. In addition there are counsellors, health trainers and community matron also providing services

The ground floor has full disabled entrance access with a large seated reception area. Access to disabled toilets and baby changing facilities are available. The GP consulting rooms are all located on the ground floor. All staffing areas are closed off to the public with a security card entry system. The practice is fully accessible to those with mobility difficulties. There is a car park with disabled parking spaces.

The male life expectancy for the area is 76 years compared with the CCG averages of 77 years and the National average of 79 years. The female life expectancy for the area is 79 years compared with the CCG averages of 81 years and the national average of 83 years.

The practice has two GP partners (male and female) and four salaried GPs (two male and two female) with one

advanced nurse practitioner and two practice nurses and a healthcare assistant. Members of clinical staff are supported by one practice manager, an assistant practice manager and administrative staff.

The practice is open between 8.30am and 6 pm Monday, Tuesday, Thursday and Friday. Each Thursday the practice is open 8.30am till 8.15pm. Every Wednesday afternoon from 1pm the practice is closed. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available for patients that need them.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they are directed to the local out of hour's service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection in total 9700 patients were registered and is overseen by Wigan Borough Clinical Commissioning Group (CCG).

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.

Detailed findings

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 22 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, one practice nurse, advanced nurse practitioner and a practice manager, four administrative staff and spoke with six patients and one member of the patient participation group (PPG) who used the service.
- Observed how patients were being cared for
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a sample of policies, procedures and protocols.

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).

Are services safe?

Our findings

Safe track record and learning

There was a 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 reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had discussed and carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed and circulated to all staff on the shared computer system and in email format.

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 one lead GP supported by one nurse. The GPs attended all 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 and nursing staff were trained to child

protection or child safeguarding level three. The practice looked after over 100 vulnerable children. We observed clinical staff maintained regular record checks of the registers and performed regular audits.

- A notice in the waiting room and in treatment 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 nursing team took responsibility for the clinical aspect of infection control. The practice manager attended and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place which reflected the practice's process and staff roles. However not all staff had completed 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. All blank prescriptions 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.
- We reviewed two 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.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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. There was an internal alert system in each consultation room.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.
- 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 98.6 % of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 94.7%. This was better than local average of 91.9% and the national average of 89.2%.
- Performance for mental health related indicators was 100%. This was better than the local average of 94.4% and the national average of 92.8%.

There was evidence of quality improvement including clinical audit.

- There had been two full clinical audit cycle completed in the last two years. One audit reviewed all minor surgery which included discussion points and improvements which had been acted on.
- The practice participated in local audits for example, there were multiple audits performed by the Medicine Management team and safeguarding team.

Effective staffing

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

- Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, there was evidence of sourced resources and clinical discussion at practice meetings and between clinical staff with a strong personal development, support and reflection process in place.
- The practice had an induction programme for all newly appointed staff, we spoke with one new staff member who said they felt supported and had received e-learning training.
- 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, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff had received an appraisal within the last 12 months.
- Staff received online and face to face 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

Are services effective?

(for example, treatment is effective)

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.

Consent to care and treatment

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

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

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. Patients were signposted to the relevant service.

- A link worker was available on the premises weekly to offer advice to patients about benefits, housing and sign post services to local support group.

The practice's uptake for the cervical screening programme was 71%, which was below the CCG average of 76% and the national average of 74%. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.7% to 100% and five year olds from 84.8% to 97.8%.

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 10 patient Care Quality Commission comment cards we received were 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. One patient had said accessing the surgery with the telephone system was difficult and seeing a named GP could take several weeks.

We spoke with one member of the patient participation group (PPG). They also told us they were active in the community representing the practice at a local level. They were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards backed this up which 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82.2% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 77.8 % of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 94.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 81.6% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 79.8% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 87.7% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Two staff had been recently nominated at the 2016 CCG Award Ceremony. With one member of staff making the shortlist and another winning the Kindness and Dignity Award.

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.

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

- 80.9% 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%.
- 81.6% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 83% and the national average of 82%.
- 86.1% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

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

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

The practice had a very proactive patient participation group (PPG) that had been established for many years. The group had 11 members who attend bi-monthly meetings. We saw the group to be actively involved within the practice and passionate about making the group a success, whilst supporting patients. The group undertook an annual patient survey with detailed action plans to improve any outstanding areas identified. We were told of the PPG helping the practice to inform patients when a new telephone system was introduced.

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 200 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice was actively looking to increase this number.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

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.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to submit queries to a GP or nurse with a response provided on the same day.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- On-line services were available to patients.

Access to the service

The practice was open between 8.30am and 6 pm Monday, Tuesday and Friday. Each Thursday the practice was open 8.30am till 8.15pm. Every Wednesday afternoon from 1pm the practice was closed. Extended hours appointments are offered between 6 pm and 8.15pm on Thursday.

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.

Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hour's service which was provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients could access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

The practice were aware of the problems with the previous telephone system and had introduced a new telephone and triage system for urgent appointments which had improved patient access. The practice were aware that new changes to the telephone system had been disruptive and caused multiple problems for their patients. There was a plan in place to resolve the issues, which included the recruitment of two new reception staff and a reception manager.

Not all people told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a triage system in place to assess:

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

In cases where there was an urgency of need a same day appointment was made and if it 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.
- 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 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints were discussed at team meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a supporting business plan 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 all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had champions throughout the practice, who were responsible for key pieces of work such as safeguarding.

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 reasonable 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 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, particularly by the partners in 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 PPG met regularly and submitted annual proposals for improvements to the practice management team.
- 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

The practice had developed a computerised Warfarin treatment template for patient on the medicine called Warfarin, (Warfarin is a medicine taken to prevent the blood from clotting and to treat blood clots. Warfarin is also used to reduce the risk of clots causing strokes or heart attacks.) The template records in the patient's records all test results, dosage and follow ups that may be required.