

Drs Jones and Robinson (Also known as Withnell Health Centre)

Quality Report

Withnell Health Centre
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Date of inspection visit: 15 November 2016
Date of publication: 22/12/2016

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 Drs Jones and Robinson practice (also known as Withnell Health Centre) on 15 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 although there was a lack of documentation of discussions and no routine review of mitigating actions taken.
- Risks to patients were assessed and generally well managed. The building landlord's representative had carried out premises risk assessments although the practice did not have sight of actions taken to address identified risks.
- 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.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, the practice did not always check that patients who were taking medications that required monitoring, were being monitored appropriately when they were under the care of the hospital.
- 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.

Summary of findings

- 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.
- Patient feedback on the practice service overall was consistently positive.
- 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 one area of outstanding practice:

- The practice was proactive in developing new ways to provide care and treatment. This was demonstrated in its award-winning nursing service to visit vulnerable patients in their own homes to assess their health and social care needs. We saw evidence of a reduction in patient unplanned admissions to hospital following the start of this service.

The areas where the provider should make improvement are:

- Review the practice significant event analysis procedure and recording form to allow for all actions taken as a result of analysis to be recorded and reviewed.
- Establish a dialogue to ensure that actions taken to address risks identified by the building risk assessment conducted by the landlord's representative are carried out.
- Put systems in place to check that the appropriate monitoring is taking place for those patients under the care of the hospital when a repeat prescription is requested.
- Arrange for Patient Group Directions (PGDs) to be signed and authorised by all relevant staff.

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.

Good



- 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 although there was not always documentation of this or documentation of any review of actions taken.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice reviewed children who did not attend for hospital appointments although this was not always documented.
- Risks to patients were assessed and generally well managed. The building landlord's representative had carried out risk assessments although the practice did not have sight of actions taken to address identified risks.
- The arrangements for managing medicines generally kept people safe, however, the practice did not always check that patients, who were taking medications that required monitoring, were being monitored appropriately when they were under the care of the hospital. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation, however these PGDs were not always signed by all the nurses and had not been signed by a GP as the authorising manager. The practice said that they would do this immediately following our visit.
- The practice carried out appropriate recruitment checks prior to employment of staff and maintained comprehensive personnel files.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- 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. Two of the practice nurses visited newly-identified patients in their homes to assess their health and social needs. They referred to the GPs when necessary and to any other services that were indicated. Care plans were produced for all these patients that were shared with other services.

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.
- 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.
- Staff at the practice engaged with local and national charitable services and supported local health organisations including the local hospice in raising funds for them.

Good



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 an appointment with a named GP and 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



Summary of findings

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.
- The practice had arrangements to monitor and improve quality and identify risk although discussions of risks were not always documented. There was no routine review of any mitigating actions taken as a result of identified risks.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was a training practice and provided support and mentorship to medical students. They had won a Silver award from Manchester University for training medical students in the year 2014 to 2015 and a Gold award for the year 2015 to 2016.
- The practice was proactive in developing new ways to provide care and treatment. This was demonstrated in its award-winning nursing service to visit vulnerable patients in their own homes to assess their health and social care needs.

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 practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice encouraged patients to attend national cancer screening programmes. Figures showed that 73% of patients invited to attend breast screening had attended, compared to the local average of 71%, and that 64% had attended bowel screening compared to 59% locally.
- There was a treatment room service at the practice twice a week that included a patient dressings service.

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.
- Blood measurements for diabetic patients showed that 76% of patients had well controlled blood sugar levels compared to the national average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels was 78%, the same as the national average.
- 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.
- A podiatrist visited the practice weekly.
- A phlebotomist visited the practice twice a week and also provided a blood-testing service for those patients who were taking blood-thinning medications for heart conditions.

Good



Families, children and young people

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

Good



Summary of findings

- 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 86%, which was higher than the local average of 84% 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.

Working age people (including those recently retired and students)

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

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- 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 86%, which was higher than the local average of 84% 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



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 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.

Good



Summary of findings

- 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.
- A counsellor for patients suffering from post-traumatic stress disorder visited the practice when needed.
- 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.
- Practice nurses visited the practice's most vulnerable patients in their homes to assess their health and social needs. They referred to the GPs when necessary and to any other services that were indicated. Care plans were produced for all these patients that were shared with other services. This nursing service had been awarded the "Delivering Quality" award by the CCG in September 2015 and had again been a finalist in the CCG award "Making an Impact" in September 2016.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 81% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is slightly lower than the national average of 84%.
- 87% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 89%.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages. There were 218 survey forms distributed and 113 were returned (52%). This represented 5.9% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, 43 of which were very positive about the standard of care received. Patients said that staff were kind, helpful and professional and said that they received an excellent service from the practice. Patients also praised the caring nature of all staff. One patient made a negative comment regarding one member of staff and one commented that appointments could sometimes be hard to get.

We spoke with four patients during the inspection. All four 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

- Review the practice significant event analysis procedure and recording form to allow for all actions taken as a result of analysis to be recorded and reviewed.
- Establish a dialogue to ensure that actions taken to address risks identified by the building risk assessment conducted by the landlord's representative are carried out.
- Put systems in place to check that the appropriate monitoring is taking place for those patients under the care of the hospital when a repeat prescription is requested.
- Arrange for Patient Group Directions (PGDs) to be signed and authorised by all relevant staff.

Outstanding practice

We saw one area of outstanding practice:

- The practice was proactive in developing new ways to provide care and treatment. This was demonstrated in its award-winning nursing service to visit vulnerable patients in their own homes to

assess their health and social care needs. We saw evidence of a reduction in patient unplanned admissions to hospital following the start of this service.

Drs Jones and Robinson (Also known as Withnell Health Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Jones and Robinson (Also known as Withnell Health Centre)

Drs Jones and Robinson practice, also known as Withnell Health Centre, is situated on Railway Road in the Withnell area of Chorley at PR6 8UA, serving a mainly rural patient population. The building is a purpose-built health centre which has been constructed as a single-storey building. The practice provides level access for patients to the building with disabled facilities available.

There is parking provided for patients in the practice car park and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services (GMS) Contract with NHS England.

There are two female GP partners assisted by three practice nurses. A practice manager and six additional administrative and reception staff also support the practice

along with a medicines co-ordinator who is employed by the practice and funded by the CCG. The practice is a teaching practice for medical students although this has been suspended for the current semester.

The practice is open from Monday to Friday from 8am to 6.30pm (doors closing at 6pm) and extended hours are offered on Saturday from 9am to 3pm. Appointments are offered from 9am to 12.20pm and from 3.50pm to 5.50pm on weekdays and from 9am to 2.50pm on Saturdays. When the practice is closed, patients are able to access out of hours services offered locally by the provider Chorley Medics by telephoning 111.

The practice provides services to 5,261 patients. There are higher numbers of patients aged over 40 years of age (59%) than the national average (49%) and although figures for patients aged between five and 10 years of age are similar to national averages, there are fewer patients aged under five (5%) compared to the national average (6%).

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is lower than the national average, 81 years for females compared to 83 years nationally and 78 years for males compared to 79 nationally.

The practice has a slightly higher proportion of patients experiencing a long-standing health condition than average practices (55% compared to the national average of 54%). The proportion of patients who are in paid work or

Detailed findings

full time education is higher (67%) than the local and national average of 62% and the proportion of patients with an employment status of unemployed is -1% which is lower than the local average of 3% and the national average of 5%.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses and four members of the practice administration team.
- Spoke with four patients who used the service.

- Observed how staff interacted with patients and talked with family members.
- 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.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice had a policy for managing significant events and the policy 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 verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice discussed significant events as they occurred and at practice meetings although there was not always documentation of these discussions in the meeting minutes. Although the practice incident policy supported the timely review of actions taken as a result of significant events, there was no evidence that this was happening and the event-reporting form lacked the sections needed to record review dates and outcomes. The practice told us that they would put this in place following our inspection.

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. The practice had a policy to retain all safety alerts and notification of guideline changes on the practice computer system. Staff told us about shared learning from these events and we saw evidence of changes effected, however discussions and actions taken were not always documented. We saw searches on the computer system that indicated that the practice carried out audits as a result of patient safety medication alerts but these too were not written up. Changes made as a result of significant incidents included, for example, the practice made an emergency respiratory box available to staff that was clearly labelled and signposted so that it could be

accessed quickly and efficiently after an incident with a child in respiratory distress presenting at the surgery late on a Friday evening. The practice also purchased a paediatric oxygen saturation probe to test oxygen levels in children's blood.

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 were also contact numbers available to staff on the wall in the reception area. There was a lead member of staff for safeguarding. The practice reviewed children who did not attend for hospital appointments; however, they did not formally record their assessment of these patients to show that safeguarding concerns had been considered in line with best practice guidance. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- Notices in the waiting room and in the GP consulting rooms advised patients that chaperones were available if required. Only clinical staff in the practice acted as chaperones. They 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 renewed these checks every three years.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead, assisted by a practice nurse who liaised with the local infection prevention teams to keep up to date with best practice. We were told that this had recently been changed so that a

Are services safe?

practice nurse would be the lead for this in future. 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 generally 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. However, the practice did not always check that patients who were taking medications that required monitoring, were being monitored appropriately when they were under the care of the hospital. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that the practice had achieved a very high level of savings against its budget for patient prescribing. This had been done without compromising patient care. Antibiotic prescribing for patients was good and in line with current guidelines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses were booked to attend training in January 2017 to be Independent Prescribers. Mentorship and support from the medical staff was planned for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, these PGDs were not always signed by all of the nurses and were not signed by the GP as the authorising manager for this. The practice said that they would do this immediately following our visit.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five 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 generally 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 practice kitchen 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). The building landlord's representative had carried out a risk assessment for the building in December 2015 that had identified areas of risk that needed to be addressed by the landlord. However, there was no record of some of these risks being addressed, or starting to be addressed. For example, the risk assessment recorded that a building electrical safety check had been carried out in May 2015 but that the report was not available to the practice. Also for example, that a survey of trees outside the practice was needed to assess that they were safe. The practice was unaware whether this had taken place.
- 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. Staff told us that they managed to cover for each other during staff absence. One of the practice GP partners had recently retired and the practice had been unsuccessful in recruiting another GP. They had used locum GPs to provide appointments and wherever possible used the same locums. The GP partners also increased the number of appointments offered to patients, in particular on Saturdays. Staff told us that they had not struggled to give patients appointments when they needed them and the patients we spoke to confirmed this.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. These medicines were very comprehensive and they told us that they ensured a good supply of these because of their distance from the local hospital or other services.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Following a significant event, the practice had put

together an emergency respiratory box that contained equipment to dealing with patients experiencing respiratory distress. 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 and copies were held securely away from the practice.

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 and audits.

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 93.2% of the total number of points available. Exception reporting was 8% which was lower than the local clinical commissioning group (CCG) level of 10.7% and national average of 9.8%. (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 lower than or comparable to local and national averages. For example, blood measurements for diabetic patients showed that 76% of patients had well controlled blood sugar levels compared with the CCG average of 82% and national average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels (140/80 mmHG or less) was 78% compared to the CCG average of 79% and national average of 78%.
- Performance for mental health related indicators was lower than the local and national averages. For example, 87% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average

of 92% and national average of 89%. Also, 81% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%. For both indicators, exception reporting was less than half of the local rate of exception reporting.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, the majority of these were completed audits where the improvements made were implemented and then re-audited. There was also evidence of a large number of audits of patient medications.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included better management of prescribing antidepressants to patients. As a result of actions taken following the audit, 280 patients who were prescribed antidepressant medications in September 2015 were reduced to 124 patients in September 2016, only 24 requiring them as a repeat prescription.

Information about patients' outcomes was used to make improvements such as the appropriate identification of vulnerable patients. The practice had purchased computer software to help to identify these patients and used it with other local software to update the register of vulnerable patients who were most suitable for care planning.

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 had received training in the Mental Capacity Act and in equality, diversity and human rights.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

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. All clinical staff had had annual update 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house and external 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. They also shared information with the out of hours service.

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. The practice had invested in extra nursing time to manage care planning for its most vulnerable patients. Two of the practice nurses visited newly-identified patients in their homes to assess their health and social needs. They referred to the GPs when necessary and to any other services that were indicated. Care plans were produced for all these patients that were shared with other services. This nursing service had been awarded the "Delivering Quality"

award by the CCG in September 2015 and had again been a finalist in the CCG award "Making an Impact" in September 2016. We saw evidence that between 2014 and 2015, emergency admissions for patients aged over 75 years of age had reduced from the "rate per thousand patient population" of 176 to 138. 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing memory loss. Patients were signposted to the relevant service.
- The practice referred newly diagnosed diabetic patients to the DESMOND service, a patient self-management education programme. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 84% and the national average of 81%. There was a policy to send written reminders to patients who did not attend for their cervical screening test. As part of an initiative to improve the uptake of the test, they had reviewed the letter that was sent out. They made changes including changing the background colour from white to pink, something that was recommended in the cervical screening update training course. They did not see an increase in uptake but

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

told us that they continued to encourage patients to attend whenever possible. 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. They displayed posters for these programmes in the patient waiting area. Figures for attendance at this screening showed that 73% of patients invited to attend breast screening had attended, compared to the CCG average of 71% and the national average of 72% and for those attending for bowel screening, figures indicated that 64% had attended compared to 59% for the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were generally higher than the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% compared to the CCG averages of 95% to 98% and for five year olds from 91% to 100% compared to the CCG averages of 90% to 99%.

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. A radio played in the patient waiting area to help maintain patient privacy.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs or take them to a side window in reception away from the waiting area.

All but one of the 44 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 made a negative comment regarding one member of staff and one commented that appointments could sometimes be hard to get.

We spoke with a member 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Staff at the practice engaged with local and national charitable services and supported local health organisations including the local hospice in raising funds for them.

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 consistently higher than local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that although the practice had very few patients that would need them, translation services were available for patients who did not have English as a first language.
- The practice had access to a signing service for any patients with hearing difficulties.
- Patients who were vulnerable or had communication difficulties had alerts on their records to indicate to staff that they may need additional help or longer appointments.
- Information leaflets were available in easy read format.

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 140 patients as carers (2.7% of the practice list). All these patients were invited for 'flu injections. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a telephone or face-to-face consultation at a flexible time and location to meet the family's needs. The surgery offered them advice on how to find support services. The GPs also sent a letter of support to any patient experiencing a stillbirth.

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 GPs met with other local practices and the CCG bi-monthly to discuss service developments including the treatment room service, phlebotomy service and any new services available.

- The practice offered a 'Commuter's Clinic' on a Saturday from 9am to 3pm for working patients who could not attend during normal opening hours. This clinic was comprised of 28 GP appointments.
- There were longer appointments available for patients with a learning disability or for those with complex needs and this was advertised to patients on the practice front door.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation and signing services available.
- Practice nurses visited the practice's most vulnerable patients in their homes to assess their health and social needs. They referred to the GPs when necessary and to any other services that were indicated. Care plans were produced for all these patients that were shared with other services.
- A podiatrist visited the practice weekly.
- A midwife team provided clinics every week and clinics for baby vaccinations and immunisations were held weekly.
- A phlebotomist visited the practice twice a week and also provided a blood-testing service for those patients who were taking blood-thinning medications for heart conditions.
- There was a treatment room service at the practice twice a week that included a patient dressings service.

- The community district nursing team and parenting team were based at the practice.
- A counsellor for patients suffering from post-traumatic stress disorder visited the practice when needed.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday (doors closing at 6pm). Appointments were from 9am to 12.20pm every morning and from 3.50pm to 5.50pm in the afternoon. Extended hours appointments were offered on Saturday from 9am to 2.50pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. The practice also offered telephone appointments and online access to appointment booking.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Patient requests for home visits before 12 noon were listed in the practice home visit diary and the GPs assessed the urgency of need, contacting the patient first if necessary before a visit was arranged. After 12 noon, all patient requests were passed straight to the duty doctor. 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.

Are services responsive to people's needs?

(for example, to feedback?)

- 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 and a patient complaints leaflet was available in the patient waiting area.

The practice told us that they would record all verbal and written complaints and that they received very few

complaints in a year. We looked at two complaints received in the last 12 months and found that they had been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of a complaint regarding the lack of a face-to-face visit for an elderly patient who had been telephoned instead, the practice resolved to visit all elderly patients at home whatever their perceived need.

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 and staff knew and understood the values. Its mission statement was “To improve the health, well-being and lives of those we care for.”
- The practice did not have a formal business plan but was aware of the challenges that it faced. They were currently trying to recruit a new GP to the practice. Two of the practice nurses were booked to attend the nurse prescribers’ course in January 2017 and one was booked to undertake the nurse practitioner training in September 2017 following this.

Governance arrangements

The practice generally 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 on the practice computer system.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, discussion of these risks, issues and actions was not always documented and there was no routine review of actions taken.

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 and 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 the practice held regular team meetings and all staff were involved in these. In addition to formal, monthly meetings, the managers met informally on a weekly basis.
- 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. The practice paid for a staff event every year and was planning an extra team event for January 2017. Staff turnover was low and one staff member had been with the practice for more than 18 years.
- 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. As a result of staff suggestions, an emergency respiratory box was available to deal with patients with respiratory distress and it had been a nursing suggestion that the practice award-winning service was started to visit vulnerable patients in their own homes for assessment.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group of 21 members who were asked to comment on proposed patient surveys and submit proposals for improvements to the practice management team. For example, as a result of a survey in 2014, the practice had agreed their online appointment booking system and in 2015, they started offering telephone appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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. We were told that the staff had suggested implementing the practice clinical meetings to formalise and structure clinical discussions.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in discussion to shape services to improve outcomes for patients in the area.

The practice was a training practice and provided support and mentorship to medical students. They had won a Silver award from Manchester University for training medical students in the year 2014 to 2015 and a Gold award for the year 2015 to 2016. Unfortunately, at the time of our inspection, the student training was suspended because of constraints on GP time but the practice hoped to continue it in the following semester.

The practice was proactive in developing new ways to provide care and treatment. This was demonstrated in its nursing service to visit vulnerable patients in their own homes to assess their health and social care needs. This service had been awarded the “Delivering Quality” award by the CCG in September 2015 and had again been a finalist in the CCG award “Making an Impact” in September 2016.