

Croston Village Surgery

Quality Report

Outlane
Croston
Leyland
Lancashire
PR26 9HJ
Tel: 01772214680
Website: www.crostonvillagesurgery.co.uk

Date of inspection visit: 1 December 2016
Date of publication: 16/02/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Croston Village Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Croston Village Surgery on 1 December 2016.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, equipment was checked to ensure it was safe to use and there were sufficient numbers of staff to meet the needs of patients.
- Staff understood their responsibilities to raise concerns and report incidents and near misses. Staff spoken with knew how to identify and report safeguarding concerns.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they felt well supported. Overall, they received an annual appraisal and had access to the training they needed for their roles.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey July 2016 showed patients' responses about being treated with respect, compassion and involved in decisions about their care and treatment were either, comparable or above local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
 - The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was above local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

Summary of findings

We saw areas of outstanding practice:

- The practice demonstrated how it cared for patients. Following flooding of the village in 2015 the practice hosted services to support patients such as a food distribution service and a counsellor. The clinical staff also checked on the welfare of patients during the floods and continued to visit patients who had moved out of the village due to the flooding. The practice won the Practice Team of the Year Award from the Royal College of General Practitioners in recognition of the team effort to aid patients during the floods. The practice manager had appeared on the television to help promote awareness of coeliac disease. The village had also entered the Royal Horticulture Society Britain in Bloom competition and the practice had encouraged patients, in particular isolated patients to help. The village won the Gold Award which was an achievement for the patients, practice and community.
- The National GP Patient Survey showed that a number of patient responses about access to the service were above local and national averages. For example, 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%. One hundred percent of patients found it easy to get through to the practice by phone compared to the CCG average of 71% and national average of 73% and 93% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 65% and the national average of 58%.

The areas where the provider should make improvements are:

- The practice should review its procedures and staff training to ensure that the systems for identifying and reporting significant events are robust and there is a system to record the action taken following receipt of patient safety alerts.
- Review the management of vaccine fridges to ensure staff are adhering to the protocol for the safe management of vaccines.
- A second thermometer should be used to monitor fridge temperatures and the lead to one fridge should be made safer to guard against the plug being accidentally disconnected from the electricity supply.
- Staff recruitment records should contain evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.
- Health and safety risk assessments of the premises should be documented.
- A record should be made of all meetings to demonstrate that important information such as actions from significant events has been shared.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. There were systems in place to reduce risks to patient safety, for example, the practice ensured there were sufficient numbers of staff to meet the needs of patients. Electrical and clinical equipment was checked to ensure it was safe to use and the premises were clean.

We found that some improvements should be made to the practice. The practice should review its procedures for identifying and reporting significant events and put in place a system to record the action taken following receipt of patient safety alerts. Improvements should be made to the management of vaccines and given the recent significant event the practice should review their action plan and ensure staff are adhering to the protocol for the safe management of vaccines. We also found some improvements should be made to staff recruitment records and a health and safety premises risk assessment should be documented.

Good



Are services effective?

The practice is rated as good for providing effective services. Clinical staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Outcomes for patients were monitored through QOF (Quality and Outcomes Framework) and audits of clinical practice. All staff had received an annual appraisal. Staff told us they felt well supported and they had received training appropriate to their roles.

Good



Are services caring?

The practice is rated as good for providing caring services. We saw that staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a system in place to suitably manage and respond to complaints made about the service.

Good



Summary of findings

Are services well-led?

The practice is rated as good for providing well-led services. There were systems in place to monitor the operation of the service. There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were systems to enable staff to report any issues and concerns. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous improvement. However, a comprehensive record should be made of meetings to demonstrate that important information such as actions from significant events has been shared.

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 kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access to specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. Weekly visits were made to patients living at a local care home. This had resulted in good communication between the practice and care home staff which we were informed had reduced hospital admissions. Home visits were made to house bound patients and reviews of their care and treatment were undertaken. Health screening was offered to all patients over 75. The practice had good links with local community services which benefitted patients. For example, the practice arranged for the local pharmacy to collect and deliver medication to older people. The practice was also a hearing aid battery service for Lancashire Teaching Hospitals which enabled patients to collect and replace batteries locally instead of travelling to Chorley. Arthritis UK also held a monthly drop-in service at the practice for patients or carers seeking support and advice.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided such as screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had monthly multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice provided information to patients to encourage them to manage their long term conditions. Patients were also encouraged to register for access to their medical records so that they could monitor their test results and contribute to the management of their health and well-being.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Childhood immunisation rates for the vaccinations given were comparable to CCG and in some instances above national averages. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. Family planning services were provided. The practice had good links with the local schools and nursery. The GPs liaised with other health care professionals, such as health visitors to ensure the needs of vulnerable children were addressed. The practice had a Facebook page which it had set up as a way of communicating with patients and in particular younger patients. The practice had posted information about the Meningitis ACWY vaccination and had undertaken an audit which showed a 50% increase in uptake of this vaccine as a consequence.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). Patients were able to see the GP each morning without booking an appointment and telephone consultations were also provided which provided flexibility to this population group. Patients were encouraged to sign up for Patient Access so they could order repeat prescriptions, book appointments and view their medical records on-line which provided flexibility to working patients and those in full time education. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, smoking cessation advice and family planning services.

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 worked with health and social care services to support the needs of vulnerable patients. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. The practice referred patients to local health and social care services for support, such as Women's Aid, Citizen's Advice Bureau and alcohol services. Socially isolated patients were directed to local community groups, such as a walking group. Staff had received safeguarding training relevant to their role and they understood their responsibilities in this area. Monthly

Good



Summary of findings

multi-disciplinary meetings were held which were an effective way of identifying vulnerable patients and any support they required. The staff team had received training in learning disability awareness to assist them in identifying patients who may need extra support.

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 maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. Longer appointments were also offered. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice was performing above local and national averages. The practice distributed 223 forms, 116 were returned which represents approximately 3.6% of the total practice population. The results showed:-

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 100% of patients found it easy to get through to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 98% described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 93% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 65% and the national average of 58%.
- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and national average of 78%.
- 99% of patients found the receptionists at this surgery helpful compared to the CCG average of 88% and national average of 87%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. We spoke with six patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Feedback from patients indicated that they were able to get an appointment when one was needed, they could get through to the practice easily by telephone and that they were happy with opening hours.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from August to October 2016 showed that 14 responses had been received and all were either extremely likely or likely to recommend the practice to family or friends.

In August 2016 Healthwatch carried out a survey to gather the views of patients about the services provided. They gathered the views of 29 patients. They found that all of the patients found it easy to get a same day or urgent appointment, the majority did not have difficulty booking routine appointments and 97% found the appointment booking system excellent. The majority of the patients surveyed were satisfied with the care provided, felt listened to and were given helpful information during their appointments.

Areas for improvement

Action the service SHOULD take to improve

- The practice should review its procedures and staff training to ensure that the systems for identifying and reporting significant events are robust and there is a system to record the action taken following receipt of patient safety alerts.
- Review the management of vaccine fridges to ensure staff are adhering to the protocol for the safe management of vaccines.
- A second thermometer should be used to monitor fridge temperatures and the lead to one fridge should be made safer to guard against the plug being accidentally disconnected from the electricity supply.

Summary of findings

- Staff recruitment records should contain evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.
- Health and safety risk assessments of the premises should be documented.
- A record should be made of all meetings to demonstrate that important information such as actions from significant events has been shared.

Outstanding practice

- The practice demonstrated how it cared for patients. Following flooding of the village in 2015 the practice hosted services to support patients such as a food distribution service and a counsellor. The clinical staff also checked on the welfare of patients during the floods and continued to visit patients who had moved out of the village due to the flooding. The practice won the Practice Team of the Year Award from the Royal College of General Practitioners in recognition of the team effort to aid patients during the floods. The practice manager had appeared on the television to help promote awareness of coeliac disease. The village had also entered the Royal Horticulture Society Britain in Bloom competition and the practice had encouraged patients, in particular isolated patients to help. The village won the Gold Award which was an achievement for the patients, practice and community.
- The National GP Patient Survey showed that a number of patient responses about access to the service were above local and national averages. For example, 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%. One hundred percent of patients found it easy to get through to the practice by phone compared to the CCG average of 71% and national average of 73% and 93% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 65% and the national average of 58%.

Croston Village Surgery

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 advisor and a practice manager specialist advisor.

Background to Croston Village Surgery

Croston Village Surgery is responsible for providing primary care services to approximately 3202 patients. The practice is situated in the village of Croston which is in Leyland, Lancashire. The practice also saw patients at a room in the Health Centre in the nearby village of Eccleston. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a predominantly rural community.

The staff team includes one GP, two practice nurses, a practice manager and administration and reception staff. The practice provides training to medical students. There were no medical students at the practice at the time of the inspection. The practice are currently advertising for a nurse clinician.

Croston Village Surgery is open 8am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8am until 7.30pm on Wednesday and 9.30am to 12pm Saturday. The branch service at Eccleston is open 12pm to 12.30pm on Friday. Patients were directed to telephone 111 if they required out of hour's GP services. The out of hours service provider for the practice is Go2Doc. Patient facilities are on the ground floor. The practice has a large on-site car park.

Croston Village Surgery has a General Medical Services (PMS) contract. The practice offers enhanced services including, minor surgery, timely diagnosis of dementia, learning disability health checks and influenza and shingles immunisations.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 1 December 2016. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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 the time of inspection.

Are services safe?

Our findings

Safe track record and learning

All staff spoken with knew how to identify and report a significant event. There was a protocol for identifying, reporting and investigating significant events. Staff told us that the practice held staff meetings at which significant events were discussed in order to cascade any learning points. These meetings were held quarterly, however the minutes seen did not indicate a record had been made of every meeting and we were unable to find a record of all the significant events we looked at in the minutes. We found that there were no recorded significant events in the last 12 months. There was evidence of eight significant events in the last three years. We found that appropriate action had been taken in relation to these events. Given the low number of significant events recorded the practice should review its procedures and staff training to ensure that the systems for identifying and reporting these events are robust.

We discussed the management of patient safety alerts with the clinical staff and the practice manager. It was reported that there was a system in place for the management of patient safety alerts and we were given examples of the action taken however a record was not made of this.

Overview of safety systems and processes

- Staff spoken with knew who to report any safeguarding concerns about children and vulnerable adults to although one was not sure who had the lead responsibility for this at the practice. The practice had child safeguarding policies and procedures for staff to refer to. We noted that these procedures were due to be reviewed. Contact numbers of safeguarding agencies were recorded in the procedures and were displayed. demonstrated they understood their responsibilities in relation to safeguarding. The training records showed that all staff had completed training in safeguarding vulnerable adults and safeguarding children appropriate for their role. We were told that the practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Designated staff liaised with the school health team, midwives and health visiting service to discuss

any concerns about children and their families and how they could be best supported. Alerts were placed on patient records to identify if there were any safety concerns.

- Patients were informed that a chaperone was available if required. The nursing staff mainly acted as chaperones with some occasional assistance from trained reception staff if needed. A risk assessment was in place for non-clinical staff who acted as chaperones. A Disclosure and Barring Service (DBS) check had not been undertaken for both of the nurses. These 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. Evidence that this had been addressed was provided following the inspection. A chaperone policy was available for staff to refer to.
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and we were told they had completed appropriate training and liaised with the local infection prevention teams to keep up to date with best practice. Clinical and non-clinical staff told us they had received training in infection control. The training records demonstrated four staff were due for an update and a date to complete this had been arranged. Infection control audits were undertaken with the last one completed in October 2016. The audits demonstrated areas where improvements were needed and we were informed that an action plan was sent to the staff responsible for making any changes.
- We reviewed the personnel files of two staff who had been recruited within the last 12 months. Records showed that although most of the required recruitment information was in place. A second verbal reference for one staff member had not been recorded and there was no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. A DBS check was not in place for a nurse. Evidence that this had been applied for was provided following the inspection. A system was in place to carry out periodic checks of the Performers List, GMC and NMC to ensure the continued suitability of clinical staff.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Records of checks of emergency medication were maintained by the nursing staff. Vaccines were securely stored, were in date and we saw the refrigerators were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. We found that the temperatures of one fridge had exceeded the recommended guidelines on six occasions and there was no record of why this had occurred or to indicate that the protocol for the safe management of vaccines had been followed. Following the inspection we were provided with an investigation report which showed that appropriate action had been taken. We also found that two thermometers were not used which would assist with cross-checking temperature readings. One fridge had a long lead running to the plug socket which could result in it being accidentally disconnected from the electricity supply.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that some had not been signed by one nurse. We were provided with evidence that this had been addressed following the inspection. Prescriptions were stored securely. We found that improvements were needed to the recording of receipt and allocation of prescriptions. This was addressed during the inspection. We discussed the system in place for the management of warfarin prescribing and we were informed that a check was made with the pathology laboratory records to ensure patient safety.

Monitoring risks to patients

- There was a health and safety policy available with a poster displayed for staff to refer to. The practice manager informed us that health and safety risk assessments of the premises had been completed but had not been recorded. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Independent contractors checked fire safety equipment to ensure it was in satisfactory working order. A fire risk assessment was available and action taken to meet recommendations. There was one outstanding recommendation for a fire drill to take place. The practice manager had organised a date for this to take place at both the main and the branch practice. Evidence of an up to date satisfactory electrical wiring certificate and a legionella risk assessment were not available for the main practice (legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment was undertaken following the inspection and evidence was provided to show that the electrical wiring was satisfactory.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice were advertising for a nurse clinician and were planning to also recruit a salaried GP to support the practice's merger with another local practice and extension of the premises which would result in more services being offered. There was a rota system in place to ensure that enough staff were on duty.
- Some written patient records were kept on open shelving behind the reception area. A risk assessment was in place to ensure security and there was a plan in place to make further improvements following the extension of the premises in 2017.

Arrangements to deal with emergencies and major incidents

The training records showed all staff had completed up to date basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. We noted that there were no child pads for use with the defibrillator. We were informed that these had been obtained following the inspection. Emergency medicines were also available which were in date and regularly checked. The practice had a business continuity plan in place for major incidents such as power failure or building damage. All relevant staff had access to this plan to ensure a timely response in the event of an emergency.

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. Clinical staff attended training and educational events provided by the Clinical Commissioning Group (CCG). National standards were used for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital to ensure an appointment was provided within two weeks.

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. Current results (data from 2015-2016) showed the practice had achieved 98% of the total number of points available which was comparable to local (97%) and national (95%) averages. The practice had a 8% exception reporting rate in the clinical domain (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) compared to the CCG (11%) and national (10%) averages. Data from 2014-2015 (the latest data available to CQC) showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 83% compared to the CCG average of 86% and the national average of 84%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 75% compared to the CCG average of 78% and the national average of 75%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 83% compared to the CCG average of 81% and the national average of 81%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 93% and the national average of 88%.

The QOF results showed the practice was below local and national averages in the following area:-

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 68% compared to the CCG average of 85% and the national average of 88%.

The practice manager reported that these results were due to lack of nurse availability to undertake these checks. A diabetic nurse now visited the practice each week to carry out these checks.

The practice carried out audits to monitor the quality of service provided. We saw examples of audits carried out in the last 2 years that included audits of prescribing practices, an audit of atrial fibrillation and anticoagulation and an audit of minor surgery which had resulted in changes to practice. Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

Effective staffing

- The practice had an induction programme for new staff. This covered practice policies and procedures, safe working practices and role specific information. A staff handbook was also provided to new staff which contained policies and procedures about working at the practice.
- An appraisal system was in place to ensure staff had an annual appraisal. Staff told us they felt well supported and had access to appropriate training to meet their

Are services effective?

(for example, treatment is effective)

learning needs and to cover the scope of their work. The GP had an annual appraisal and had been revalidated (the process where GPs demonstrate they are up to date and fit to practice.)

- All staff received training that included: safeguarding, fire procedures, basic life support, infection control, health and safety and information governance awareness. A record was made of this training and records showed that some staff were due for refresher training in fire safety, information governance and infection control. The practice manager had a plan in place to address these training shortfalls. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies.
- Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology, immunisations and minor surgery and that they attended training events provided by the Clinical Commissioning Group to keep up to date.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours service.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Clinical staff spoken with understood the relevant consent and decision-making requirements of legislation and guidance, including the

Mental Capacity Act 2005. Clinical staff spoken with confirmed they had received guidance and/or formal training about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Consent forms for surgical procedures were used to record patients consent and were scanned in to the medical records.

Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services and weight loss programmes.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 (the latest data available to CQC) showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. The practice encouraged its patients to attend national screening programmes for cytology, bowel and breast cancer screening and wrote to patients who did not attend to encourage them to do so.

Childhood immunisation rates for the vaccinations given were comparable to CCG and in some instances above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% compared to the CCG rates which ranged from 95% to 98% and the national rates which ranged from 73% to 95%. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring. We spoke with six patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

The practice demonstrated how it cared for patients. Following flooding of the village in 2015 the practice hosted services to support patients such as a food distribution service and a counsellor. The clinical staff also checked on the welfare of patients during the floods and continued to visit patients who had moved out of the village due to the flooding. The practice won the Practice Team of the Year Award from the Royal College of General Practitioners in recognition of the team effort to aid patients during the floods.

The practice manager had appeared on the television to help promote awareness of coeliac disease. The village had also entered the Royal Horticulture Society Britain in Bloom competition and the practice encouraged patients, in particular isolated patients to help. The village won the Gold Award which was an achievement for the patients, practice and community.

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to or above local and national averages for example:

- 100% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 98% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us and comment cards indicated that they felt health issues were discussed with them, they felt listened to and involved in making decisions about the care and treatment they received.

Data from the National GP Patient Survey July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages, for example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 98% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 96% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

Are services caring?

The practice reviewed the outcome of any surveys undertaken and also discussed the results with the Patient Participation Group (PPG) to ensure that standards were being maintained and action could be taken to address any shortfalls.

The practice provided facilities to help patients be involved in decisions about their care. Translation services were available if needed. There was also a hearing loop.

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 support groups and organisations. Information about support groups was also available on the practice website.

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 157 patients as carers (approximately 5% of the practice list). As a result these carers were provided with information about support groups and referred on to support services by Carers Direct. The practice was working to identify more carers to ensure they had access to the support services available.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, timely diagnosis of dementia, learning disability health checks and influenza and shingles immunisations.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Weekly visits were made to patients living at a local care home. This had resulted in good communication between the practice and care home staff which we were informed had reduced hospital admissions.
- The practice had good links with local community services which benefitted patients. For example, the practice arranged for the local pharmacy to collect and deliver medication to older people. The practice was also a hearing aid battery service for Lancashire Teaching Hospitals which enabled patients to collect and replace batteries locally instead of travelling to Chorley. Arthritis UK also held a monthly drop-in service at the practice for patients or carers seeking support and advice.
- The practice offered appointments on Saturday mornings and until 7.30pm on Wednesday evenings to ensure patients were able to access the service at a convenient time. Appointments were offered on a Friday from the branch practice to meet the needs of patients unable to travel to the main practice.
- The practice had a Facebook page which it had set up as a way of communicating with patients and in particular

younger patients. The practice had recently posted information about the Meningitis ACWY vaccination and had undertaken an audit which showed a 50% increase in uptake of this vaccine as a consequence.

- There were longer appointments available for patients who needed them, for example, for patients with a learning disability or with poor mental health.
- The staff team had received training in dementia awareness and learning disability awareness to assist them in identifying patients who may need extra support.
- The practice provided information to patients about its services, changes and new developments through a Facebook page and the local parish newsletter.

Access to the service

Patients were able to see the GP each morning without booking an appointment. Patients were required to book an appointment in the afternoon, however urgent appointments were also available in the afternoon, if required. Telephone consultations were also provided. An appointment was needed to see the GP at the branch practice. Patients were encouraged to sign up for on-line access so they could order repeat prescriptions, book appointments and view their medical records on-line. Croston Village Surgery was open from 8am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8am until 7.30pm on Wednesday and from 9.30am to 12pm Saturday. The branch service at Eccleston was open from 12pm to 12.30pm on Friday. Patients were directed to telephone 111 if they required out of hour's GP services. The out of hours service provider for the practice was Go2Doc.

Results from the National GP Patient Survey from July 2016 (data collected from July-September 2015 and January-March 2016) showed that patient's satisfaction with access to care and treatment was above local and national averages. For example:

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 100% of patients found it easy to get through to the practice by phone compared to the CCG average of 71% and national average of 73%.

Are services responsive to people's needs? (for example, to feedback?)

- 98% described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 93% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 65% and the national average of 58%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards. We also spoke with six patients. Patients told us they were happy with access to the practice and particularly valued not having to book an appointment to be seen by a

GP. They said they were able to get through to the practice by telephone, could make an appointment that was convenient to them and that they were happy with opening hours.

Listening and learning from concerns and complaints

No complaints had been received within the last five years. We discussed the system for managing complaints with the practice manager and reception staff who were able to describe an appropriate process and we saw information that would be given to patients to support them. The patient information leaflet and practice website directed patients to make any complaints known to the practice manager. There was a written complaints procedure for patients to refer to. The information available provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included providing the best possible service to patients, offering a range of services to meet patients' needs such as spirometry and phlebotomy and to treat diseases, disorders and injuries as promptly as possible. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service. The practice had a patient charter which outlined the standards patients could expect from the service.

Governance arrangements

There were systems in place to monitor the operation of the service. The practice had completed quality monitoring audits to evaluate the operation of the service and the care and treatment given and were working on further audits. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were systems to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. A staff handbook was provided to all staff which contained employment policies and procedures such as whistleblowing, equal opportunities, bullying and harassment and disciplinary procedures.

The practice nurse award had won the CCG Best Practice Nurse of the Year Award for her work with patients with asthma and chronic obstructive pulmonary disease (COPD).

Leadership and culture

Overall, staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and on-line training. Practice meetings took place every three months, however the last minutes we saw were for June 2016. Clinical staff had meetings to review patients with complex needs and keep up to date with any changes. The practice manager and GP met to look at the overall operation of the service and future development. A record was not consistently made of meetings to enable the information to be easily shared with staff unable to attend and to demonstrate that important information such as the outcome of significant events was shared.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and a comments and suggestions box. The PPG met formally once a year and the chairperson liaised with practice manager throughout the year to discuss the operation of the service and any new developments. The PPG submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the information available to patients about the services provided and they had also recommended that changes be made to the seating in the waiting area. We spoke to two members of the PPG who said they felt they were listened to and changes had been made to the practice as a consequence. They said they were kept informed about any changes at the practice. They told us that because the practice was well managed and there was a high level of patient satisfaction they had not deemed it necessary to have more frequent meetings.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.

Are services well-led?

Good 

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

- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous improvement within the practice. The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, timely diagnosis of dementia, learning disability health checks and influenza and shingles immunisations. The practice was working to ensure it met

the needs of its patient population. For example, weekly visits were made to patients living at a local care home. This had resulted in good communication between the practice and care home staff which we were informed had reduced hospital admissions. An extended hours' service was also provided to meet patients' needs. The practice was involved in pilot projects to improve care for patients such as the piloting of electronic discharge summaries. The practice was aware of future challenges. There were plans in place to extend the premises and merge with another practice which would increase the clinicians available and offer a wider range of services to patients.