

Granville House Medical Centre

Quality Report

Granville Street
Adlington
Chorley
Lancashire
PR6 9PY
Tel: 01257 481917
Website: www.granvillehousemc.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Granville House Medical Centre on 8th 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 checks were carried out, staff were trained to manage medical emergencies and procedures were in place to promote infection control.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They had access to training and development opportunities and had received training appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect.
- 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.
- 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.

The areas where the provider should make improvements are:

- Put a system in place to record the action taken following the receipt of patient safety alerts.
- Ensure a daily record is made of the temperature readings for vaccine fridges.

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.
- Maintain a central record of all clinical training undertaken by staff to assist with monitoring their training needs.

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. Safety events were reported, investigated and action taken to reduce the chance of a re-occurrence. There were appropriate systems in place to ensure that equipment was safe to use. There were systems to protect patients from the risks associated with insufficient staffing levels, medicines management and infection control. Staff were aware of procedures for safeguarding patients from the risk of abuse. We found that improvements should be made to the records relating to staff recruitment, patient safety alerts and to the daily recording of fridge temperatures.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had access to training and development opportunities and had received training appropriate to their roles. A central record of all clinical training undertaken by staff should be maintained to assist with monitoring their training needs.

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. A range of access to the service was provided and this was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Good



Are services well-led?

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

Good



Summary of findings

leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings. The practice proactively sought feedback from staff and patients, which it acted on.

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 was knowledgeable about the number and health needs of older patients using the service. They 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. Each patient had a named GP to ensure continuity of care. The practice provided services to two local care homes. Visits were carried out by the same clinicians where possible to provide continuity. This service had led to better co-ordination of patient care and had assisted with avoiding unplanned admissions to hospital. A system was in place to ensure the needs of older patients' discharged from hospital were reviewed in a timely manner and care plans were drawn up to support their care and treatment. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients.

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, for example, reviews of conditions and treatment, 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 practice aimed to ensure that patients were able to see one nurse for all of their long term conditions to reduce the need for multiple appointments. The practice offered patients access to their care records and they were promoting this to patients with a long term condition. This encouraged patients to manage their conditions and may improve patients' health by providing self-care tools. The nursing team took the lead for different long term conditions and kept up to date in their specialist areas. They made home visits to carry out blood tests where patients were unable to visit the practice. The practice had 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 to specialist help when needed.

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 local 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. The GPs liaised with other health care professionals, such as health visitors to ensure the needs of vulnerable children were addressed. Accident and emergency attendances were monitored. The practice had recently met with the local authority domestic violence team to gain a clearer understanding of their role and the issues faced by some families.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday. The appointment system provided pre-bookable and on the day appointments, where every patient who contacted the practice before 10.30am was offered an appointment that day. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Appointments could be booked up to two weeks in advance. Telephone consultations were also offered. A text messaging service reminded patients about their appointments, requested information from patients to assist in their care such as up to date blood pressure readings and reminded patients about services provided such as the flu vaccination. An extended hour's service for routine appointments was provided on two Saturdays a month from 8.30am to 11.30am.

Good



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, NHS health checks, smoking cessation advice and family planning services. Reception staff sign-posted patients who did not necessarily need to see a GP. For example to services such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP). In-house phlebotomy and cryotherapy services were provided which meant patients could receive these services locally rather than having to travel to another service.

Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. The practice prioritised patients who may be at risk of poor health due to vulnerability and had care plans in place to support these patients. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and children and all staff had safeguarding training relevant to their role. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. Members of staff acted as carer's links and they were working to identify carers and promote the support available to them through organisations such as N-Compass Carers Services. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the Lancashire Well-being Service for support with social issues that were having a detrimental impact upon their lives

Good



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. Staff had also received training in the Mental capacity Act 2005.

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 generally performing above local and national averages. The practice distributed 223 forms, 119 (53%) were returned which represents approximately 1.4% of the total practice population. The results showed:-

- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group (CCG) average of 80% and national average of 76%.
- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 79%.
- 83% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 90% of patients found the receptionists helpful compared to the CCG average of 88% and the national average of 87%.
- 64% of patients with a preferred GP said they usually get to see or speak to that GP compared to the CCG average of 64% and national average of 59%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and national average of 73%.
- 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%.

Patient responses to access to the practice by telephone were below local and national averages:

- 57% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.

The practice reviewed the results from the National GP Patient Survey and discussed any improvements that were identified and how these could be addressed with the patient participation Group (PPG). The practice had introduced a new telephone system to address the issue of phone access. The practice offered on-line access and was publicising these services to reduce telephone demand. The practice also monitored appointment availability to ensure it met patients' needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 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 overall patients said that they were able to get an appointment when one was needed, that they were able to get through to the practice by phone easily and they were happy with the practice opening hours

Areas for improvement

Action the service MUST take to improve

- An electrical wiring certificate was not in place to demonstrate that the electrical wiring was safe.

Action the service SHOULD take to improve

- Put a system in place to record the action taken following the receipt of patient safety alerts.
- Ensure a daily record is made of the temperature readings for vaccine fridges.

- 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.
- Maintain a central record of all clinical training undertaken by staff to assist with monitoring their training needs.

Granville House Medical 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 advisor and a practice manager specialist advisor.

Background to Granville House Medical Centre

Granville House Medical Centre is responsible for providing primary care services to approximately 8,300 patients. The practice is situated in Adlington, Chorley in Lancashire. The practice is based in an area with lower than average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is about average when compared to other practices nationally.

The staff team includes three partner GPs, two salaried GPs, one nurse clinician, two practice nurses, practice manager, assistant practice manager, medicines manager, data analyst, administration and reception staff. There are both male and female GPs. The nursing team and health care assistants are female. The practice provides training to GP registrars and medical students.

The practice is open 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments is provided on two Saturdays a month from 8.30am to 11.30am. 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 Chorley Medics. Patient facilities are on the ground floor. The practice has a car park for on-site parking. Some nursing services are based in a small building located in the car park.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services such as minor surgery, learning disability health checks, influenza and shingles immunisations and increased GP access to reduce unplanned hospital admissions.

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?

Detailed findings

- 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
- 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 8th December 2016. We reviewed all areas of the practice including the administrative areas. 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.

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 a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. All staff spoken with knew how to identify and report a significant event. All staff were asked to present a significant event at their appraisals which ensured they were familiar with this process. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary.

The practice held staff meetings at which significant events were discussed in order to cascade any learning points. A log of significant events was maintained which enabled patterns and trends to be identified. A review of the action taken following significant events was documented to demonstrate that actions identified had been implemented.

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A printed flowchart with telephone numbers was on display outlining the process of making a child and adult safeguarding referral. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received safeguarding children training relevant to their role. The safeguarding lead GP 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. The practice had recently met with the local authority domestic violence team to gain a clearer understanding of their role and the issues faced by some families.

- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. All staff who acted as chaperones had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for all staff who acted as chaperones. 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place and staff had received up to date training. Infection control audits were undertaken by the infection control lead. An audit had recently been completed and an action plan was being drawn up to address areas for improvement. There was also a system to liaise with the management team to ensure actions identified were addressed.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Vaccines were securely stored and were in date. We saw that there were occasions when the fridge temperatures had not been recorded. We were informed that this had occurred on days when a nurse was not available and that another member of staff would undertake these checks to ensure this was addressed. Following the inspection we were informed that data loggers had also been obtained for the fridges which would ensure a record of fridge temperatures is constantly available.

Are services safe?

- We reviewed the personnel files of three staff. Records showed that although most of the required recruitment information was in place. A second reference for one staff member had not been obtained and a reason for this 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 system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. A DBS check had been undertaken for all clinical staff. Evidence of professional liability insurance was not available for one clinical member of staff. We were provided with evidence that this had been addressed following the inspection.

Monitoring risks to patients

- 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 displayed for staff to refer to. The practice had an up to date fire risk assessment and regular checks were made of fire safety equipment. Regular fire drills took place. 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 also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella.
- However, we found there was no up to date electrical wiring inspection certificate to demonstrate that the wiring at the premises were safe. Following the inspection we were provided with evidence that this inspection had taken place and that the electrical wiring

was of a satisfactory standard. We also found that some of the actions recommended following a disability access risk assessment in 2004 had not been carried out such as providing an emergency pull cord in the disabled toilet and a means for disabled patients to alert staff if they need assistance into the building as automatic door were not provided. Following the inspection the practice manager confirmed that a pull cord and a door bell had been provided to assist patients. A further disability access audit had also been scheduled for the first quarter of 2017 to review the premises and whether any further adjustments were needed. Included in this review would be a feasibility assessment for the provision of automatic front doors.

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

Arrangements to deal with 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 had 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. There were emergency medicines available which were all in date, regularly checked and held securely. Practice drills were scheduled to ensure that all staff were fully aware of what to do in a medical emergency.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

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 97% of the total number of points available which was comparable to local (97%) and national (95%) averages. The practice had an 11% 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 Clinical Commissioning Group (CCG) (11%) and national (10%) averages. Data from 2015-2016 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 76% compared to the CCG average of 85% and the national average of 83%.
- 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 76%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mol/l or less was 81% compared to the CCG average of 80% and the national average of 80%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 97% compared to the CCG average of 94% and the national average of 89%.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of bronchiectasis and asthma. These audits showed that changes had been made to practice as a result to improve patient care. We also saw audits of medication such as antibiotic prescribing and high risk medication and audits of cytology and minor surgery. The audits showed changes had been made to practice where this was appropriate.

The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

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 was comprehensive and covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction required new staff to actively seek out information from other staff members which was an innovative way to support staff new to their employment.
- An appraisal system was in place to ensure staff had an annual appraisal. The GP partners carried out all staff appraisals to ensure they had a comprehensive overview of the developmental needs of all staff and to gather feedback from staff in all roles. Staff told us they

Are services effective?

(for example, treatment is effective)

felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Doctors had appraisals, mentoring and facilitation and support for their revalidation.

- 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 there was a system in place to ensure it was updated as necessary. 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. Records of this training were held individually. The practice manager reported that they would ensure a central record was maintained that would assist with planning for the training needs of staff.

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 services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. Written guidance was available about consent to care and treatment. Some non-clinical staff had not received formal training on the Mental Capacity Act 2005. Following the inspection the practice manager confirmed this had been addressed through an on-line training resource.

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, weight loss programmes and exercise services.

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 2015 to March 2016 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 cervical, 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 averages and in some instances above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% 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. Patients who were distressed or who wanted to talk to reception staff in private were offered a private room to discuss their needs.

We received 15 comment cards and spoke to six patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

The clinicians demonstrated how they cared for patients by providing palliative care patients and their families with their personal telephone numbers and making more frequent visits to these patients.

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:

- 99% 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%.
- 94% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 94% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.

- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed National GP Survey results and discussed these with the Patient Participation Group (PPG) to ensure patients were satisfied with the service provided and to look at how any issues raised could be addressed.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them. They also felt listened to and involved in decision making 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 comparable to or 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%.
- 95% 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%.
- 95% 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%.
- 92% 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%.

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available if needed, patient information could be made available in larger print if requested and there was a hearing loop at reception to assist patients. A recent review of the service had been carried out by the Royal National Institute of Blind People (RNIB) and had suggested changes be made to the practice website.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

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 107 (approximately 1.2%) of patients as carers. Patients were encouraged to

complete carers' forms so they were able to access services provided by the N-Compass Carers Services, for example, advice and information about money and benefits, practical help and emotional support. The practice had carers' links who were working to identify further carers to ensure they had access to the support services available. We saw an email from N-Compass Carers Services praising the practice for their work in promoting services for carers.

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 Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, learning disability health checks, influenza and shingles immunisations and increased GP access to reduce unplanned hospital admissions.

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;

- The practice was open from 8am to 6:30pm Monday to Friday allowing early morning and evening appointments to be offered.
- 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. Nurses visited patients at home to carry out blood tests in order to monitor their care and well-being.
- There were longer appointments available for patients, for example patients with a long term condition and patients experiencing poor mental health.
- In-house phlebotomy and cryotherapy services were provided which meant patients could receive these services locally rather than having to travel to another service.
- Travel vaccinations and travel advice were provided by the nursing team.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice referred patients who were over 18 and with long term health conditions to the Lancashire Well-being Service for support with social issues that were having a detrimental impact upon their lives

- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP)
- A physiotherapy service was available at the practice which GPs could refer patients to. This meant a reduced waiting time for patients who needed this service.
- A patient newsletter was available which provided useful information to patients on the services offered at the practice and in the wider community.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The appointment system provided pre-bookable and on the day appointments, where every patient who contacted the practice before 10.30am was offered an appointment that day. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Appointments could be booked up to two weeks in advance. Telephone consultations were also offered. A text messaging service reminded patients about their appointments, requested information from patients to assist in their care such as up to date blood pressure readings and reminded patients about services provided such as the flu vaccination.

An extended hour's service for routine appointments was provided on two Saturdays a month from 8.30am to 11.30am.

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 were generally above local and national averages. For example:

- 90% 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 80% and national average of 76%.
- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 79%.
- 83% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.

Patient responses to access to the practice by telephone were below local and national averages:

Are services responsive to people's needs?

(for example, to feedback?)

- 57% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.

The practice reviewed the results from the National GP Patient Survey and discussed any improvements that were identified and how these could be addressed with the patient participation Group (PPG). The practice had introduced a new telephone system to address the issue of phone access. The practice offered on-line access and was publicising these services to reduce telephone demand. The practice also monitored appointment availability to ensure it met patients' needs.

We received 15 comment cards and spoke to six patients. Overall patients said that they were able to get an appointment when one was needed, that they were able to get through to the practice by phone easily and they were happy with the practice opening hours. Two patients said it could sometimes be difficult to get an on the day appointment.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room, in the patient information booklet and on the practice website. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample of five complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

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 high quality care, ensuring timely access, ensuring all staff had the skills they needed to competently carry out their roles and referring patients to other services when necessary. The practice also had a mission statement which included treating patients with respect and involving them in their care. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Audits were used to monitor quality and to make improvements.
- There were arrangements for identifying and managing risks and implementing mitigating actions.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities.

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, registered manager or a GP partner. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a virtual PPG and communicated with its 100 members electronically. We spoke with one member of the PPG who told us that the PPG contributed to the questions asked in the annual survey undertaken by the practice and members were asked for comments when the results were received. The PPG had 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 telephone system. The member of the PPG spoken with said they felt they were listened to and were kept informed about any changes at the practice.
- 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 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.

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, learning disability health checks, influenza and shingles immunisations and increased GP access to reduce unplanned hospital admissions.

The practice was working to ensure it met the needs of its patient population. For example, weekly visits were made to patients living at two local care homes. This had resulted in good communication between the practice and care home staff which we were informed had contributed to a reduction in hospital admissions. The practice continuously reviewed patient access and made a number of changes to ensure patients received a good service, for example, by providing an extended hours service and publicising the range of appointments available and means of accessing them. The practice was aware of future challenges. There were plans in place to work collaboratively with other practices to offer a wider range of services to patients.