

Holland House Surgery

Quality Report

Victoria Street
Lytham St Annes
Lancashire
FY8 5DZ

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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 Holland House Surgery, Victoria Street, Lytham St Annes, Lancashire FY8 5DZ on 16 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example; all staff were dementia friends. The practice worked closely with the Alzheimer's society and other organisations to support patients and their carers. For example, the practice staff took part in a dementia sing-a-long and a dementia walk to raise awareness of the condition and raise funds. The patient participation group (PPG) were

Summary of findings

proactive in providing training for staff and patients to become dementia friends at the time of the inspection there were 503 dementia friends linked to the practice and the local community.

Where patients living with a learning disability were anxious about going to the GPs they were able to go into the practice as often as they wished to sit and familiarise themselves with the activities and sounds associated with the waiting room within the practice. Staff at the practice told us this had worked well to reduce the patients anxiety.

The practice employed a musculoskeletal (MSK) practitioner who specialised in assessing acute injuries

with the aim of preventing them becoming longterm. The MSK practitioner also supported patients with chronic health conditions to help them to minimise the use of medicines.

There was an on site x-ray facility which provided same day access and reduced the need for patients to travel to the hospital.

The areas where the provider should make improvement are:

- Improve the recording of significant events to demonstrate actions and learning and to identify trends more easily.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified that older patients were not all receiving chronic disease reviews. To address this the practice introduced nursing domiciliary visits to older/housebound patients.
- The practice participated in a local pilot for improving the care of patients with heart failure and met regularly with community matrons to discuss 'at risk' patients and plan the most appropriate plan of care.
- The patient participation group provided training for staff and patients to become dementia friends. There were 503 dementia friends linked to the surgery and the local community.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided a Tier 2 diabetic service to patients, this involved commencing insulin injections. Tier 2 are enhanced services in primary care for Type 2 diabetes patients including injectable therapy initiation and management.
- 84% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) which was comparable to the CCG and national average of 82% and 78% respectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- The practice offered an in-house musculoskeletal (MSK) service to patients. The MSK practitioner assessed acute injuries in an attempt to prevent longer term conditions.
- The practice offered additional health checks to patients diagnosed with coeliac disease to ensure there were no obvious deficiencies developing due to malabsorption.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2015 to 31/03/2016) which was comparable to the CCG and national average of 85% and 81% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) which was better than the CCG and national average of 90% and 89% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. All of the staff at the practice and members of the PPG were dementia friends and the practice supported the Alzheimer's society with fundraising events such as; a sing-along at a local theatre and a dementia walk. Regular dementia friends meetings were held at the practice to offer support and raise awareness.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 220 survey forms were distributed and 117 were returned. This represented a response rate of 53% and 1% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and national average of 73%.
- 82% 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 76% and national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 81% and 79% respectively.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 68 comment cards which were all positive about the standard of care received. Comments included: wonderful surgery, great service and exceptional.

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

Holland House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Holland House Surgery

Holland House Surgery located within Lytham Primary care Centre at Victoria Street, Lytham St Annes, Lancashire, FY8 5DZ. The practice is a member of the Fylde and Wyre Clinical Commissioning Group (CCG). There is a branch surgery at Freckleton Health centre which was not visited during this inspection. The practice provides services under an NHS General Medical Services contract (GMS).

There are five partner GPs (four female and one male) and three salaried GPs (two male and one female) at the practice. Nursing staff consists of four practice nurses, an advanced musculoskeletal practitioner (MSK), a pharmacist and a pharmacy technician (both male) and two health care assistants (female). The clinicians are supported by a practice manager, an assistant practice manager and a team of administration and reception staff who oversee the day to day running of the practice.

There are 12 consulting rooms six on the ground floor and six on the first floor. There are two treatment rooms on the first floor and one on the ground floor used by the MSK practitioner and for medical emergencies and two utility rooms. There was a passenger lift for easy access to the first floor consulting rooms.

The patient list size is currently 10,825. The practice age profile includes a higher number of patients over 65 years old (30%), and lower numbers of patients aged 18 and below (16%) in comparison to the CCG 65 years (17%) and under 18 (20%) and national averages of 65 (25%) and under 18 (17%).

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The average life expectancy of the practice population is males 80 years and females 84 years (CCG average 78 (m) 82 (f) and national average 79 (m) and 83 (f)).

The Lytham practice is open Monday to Fridays 8am to 6pm. Appointments can be pre-booked, made on the same day or a telephone consultation can be arranged. Appointments were available from 8am to 5.40pm.

Appointments are also available at the Freckleton branch surgery: Monday 8:30am – 12:30pm & 2:00pm – 5:00pm Tuesday and Wednesday 8:30am – 12:30pm and Thursday and Friday 8:30am – 12:00pm.

When the practice is closed out-of-hours services can be accessed by calling the NHS 111 service.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 January 2017.

During our visit we:

- Spoke with a range of staff including GPs, pharmacist, practice nurse, administration staff the practice manager and the assistant practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events (SEs) and staff were able to give examples of where changes had been made following SE's. However, there was no documentary evidence to demonstrate that learning from events to improve the safety and quality of future care provision had taken place.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a hospital consultant raised concerns about a patient who was subject to a safeguarding process. The referral was recorded on a shared system and the consultant had concerns the patients' confidentiality could have been compromised. The practice had improved their method of communication with secondary health care colleagues following this incident.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level 3. Administration staff were trained to child safeguarding level 1. All staff had received training in relation to safeguarding vulnerable adults. Where it was not possible for the GPs to attend external multi-agency safeguarding meetings, reports were provided.

- A notice in the waiting room advised patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection prevention and control (IPC) audits were undertaken however, the IPC audit document did not reflect that actions had been completed. For example; we saw that some concerns had been identified on a number of audits before being resolved.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a pharmacist and a pharmacist assistant working at the practice. They actioned Medicines and Healthcare products Regulatory Agency (MHRA) alerts and identified any patients who needed to be reviewed by the GP as a result.
- Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The building management were responsible for fire risk assessments and carried out regular fire drills. The fire alarm system was last serviced in December 2016.
- 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 most recent calibration tests were carried out in April 2016 with a repeat date booked for April 2017.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A Legionella risk assessment was carried out in December 2016 with no concerns identified.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a central area of the practice and all staff knew of their location. However, when the door to this area was open the emergency medicines kit could be seen from the waiting room. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

Performance for diabetes related indicators was similar to the CCG average and better than the national average.

- 84% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) which was similar to the CCG average of 82% and better than the national average of 77%.

Performance for mental health related indicators was better than the CCG and national average.

- 96% 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 (01/04/2015 to 31/03/2016) which was better than the CCG and national average of 88% and 89% respectively.

Although not part of the QOF framework the practice offered blood tests and additional health checks to patients diagnosed with coeliac disease. This was to ensure there were no obvious deficiencies developing due to malabsorption. It also gave the opportunity to emphasize the importance of adhering to a gluten free diet and healthy lifestyle. Coeliac disease is an autoimmune condition where the body's immune system reacts to gluten.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included;

- An audit undertaken in 2014 regarding the uptake of vaccinations and prophylactic antibiotics in patients who had undergone a splenectomy (a surgical procedure to remove the spleen). This audit showed that four of the 17 patients identified had received all the recommended vaccines and were prescribed prophylactic antibiotics. Following a re-audit in 2015 the practice identified that one patient had declined the recommended treatments, a second had started the Meningitis B vaccinations and a third had been sent a reminder. As a result of the re-audit an administration note was added to each of the 17 patients electronic records detailing which immunisations they required and if prophylactic antibiotics were required. In addition the lead nurse was informed when a patient was discharged from hospital following a splenectomy which meant they were able to invite the patient into the practice for a review.

The practice participated in local audits, benchmarking and peer review. For example, we were shown the results of the monitoring done by the practice pharmacist regarding prescribing figures.

The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice referred to the local falls service if they identified patients

Are services effective?

(for example, treatment is effective)

over 50 years of age with a risk of falls and fractures. The practice worked closely with the local osteoporosis team and had referred appropriately 20 patients to this service. Medication was prescribed in a hospital setting and then monitored by the practice to minimise the need for vulnerable patients to travel to hospital appointments.

The practice had a nominated community midwife providing support and advice for expectant parents.

There was an on site x-ray facility which provided same day access and reduced the need for patients to travel to the hospital.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, immunisation and vaccinations and cervical screening.

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

- The PPG had delivered dementia friends training to 503 staff and patients from Holland House Surgery and neighbouring practices over the last two years. They ran monthly dementia friends sessions at the practice to help raise awareness of dementia.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with a multi-disciplinary team of health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 85% and the national average of 81%. The practice's exception reporting rate for cervical screening was 1.9% which was lower than the CCG and national average of 7.5% and 6.5% respectively.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 95% and five year olds from 72% to 86%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 68 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 87% and 85% respectively.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 93% and 91% respectively.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 84% and 82% respectively.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 88% and 85% respectively.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

Are services caring?

a number of support groups and organisations. Information about support groups was also available on the practice website. The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. We saw evidence of care planning to support end of life care.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 354 patients as carers which represented 3% of the practice list. Carers were offered a flu vaccination and the patient participation group (PPG) attended flu clinics to provide information about support groups and dementia friends. Carers were

offered health checks and referral to carer support organisations. Written information was available to direct carers to the various avenues of support available to them. For example there were open letters to carers in the waiting area advising them of the support networks available in the area. These letters contained contact numbers and a self-referral slip to enable carers to request a call back.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice engaged with the local CCG to prevent unnecessary hospital admissions, provide enhanced care planning for patients and ensure cost effective prescribing.

- The practice was piloting an extended access service commissioned by the local CCG. The pilot offered patients access to appointments outside the usual opening hours with a GP or nurse. The extended hours appointments were available on Tuesday evenings and Saturday mornings.
- There were longer appointments available for patients with a learning disability. The practice had worked with one patient to familiarise them with the waiting room and the appointment process. Patients' notes were flagged if their circumstances meant they required longer appointments, for example, if the patient had a learning disability or if a care review was due.
- Staff had been trained as dementia friends to help support patients and their carers and families.
- The practice employed a musculoskeletal (MSK) practitioner who specialised in assessing acute injuries with the aim of preventing them becoming longterm. The MSK practitioner also supported patients with chronic health conditions to help them to minimise the use of medicines.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided a Tier 2 diabetic service to patients, this involved commencing insulin injections. Tier 2 are enhanced services in primary care for Type 2 diabetes patients including injectable therapy initiation and management.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.

- There were disabled facilities, a hearing loop and translation services available.
- The practice had a passenger lift to improve access to the first floor consulting rooms for patients.
- The PPG have helped develop the annual patient survey by contributing to the questions included and encouraging patients to participate.

Access to the service

The Lytham practice was open Monday to Fridays 8am to 6pm. Appointments could be pre-booked, made on the same day or a telephone consultation could be arranged. Appointments were available from 8am to 5.40pm.

Appointments were also available at the Freckleton branch surgery: Monday 8:00am – 12:30pm & 2:00pm – 5:00pm Tuesday and Wednesday 8:30am – 12:30pm and Thursday and Friday 8:00am – 12:00pm.

The practice used a triage system whereby patients were given an appointment with the most appropriate clinician such as; a GP, a nurse or the advanced musculoskeletal (MSK) practitioner.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 74% and 73% respectively.

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

The practice had a system in place to assess:

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

The reception team recorded the patient details of those requesting a home visit and these were passed on to the

Are services responsive to people's needs?

(for example, to feedback?)

GPs. Patients or carers were telephoned by one of the GPs in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the practice leaflet and on posters around the premises.

We looked at five complaints received in the last 12 months and found these were dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to a complaint relating to a consultation between a patient and a member of clinical staff; the staff member reflected on the complaint and the patient's comments and considered their communication skills to ensure there was no recurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The PPG were unhappy with the room allocated for baby feeding they reported their concerns and the partners agreed to fund the refurbishment of this room. Members of the PPG told us they were in the process of obtaining quotes for this work.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

Are services well-led?

Good 

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

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.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Continuous improvement