

Central Park Surgery

Quality Report

Balfour Street, Leyland.

PR25 2TD

Tel: 01772 623110

Website: www.CentralParkSurgeryleyland.co.uk

Date of inspection visit: 20/07/2017

Date of publication: 21/09/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Central Park Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Central Park Surgery on 20 July 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw two areas of outstanding practice:

- Practice staff provided support to patients in unique situations out of their core hours. One patient whose child was diagnosed with a life limiting condition told us they were given a mobile number to contact

Summary of findings

the GP. They told us the support and care offered by the whole practice team was exemplary and gave them comfort and confidence at extremely difficult times.

- Patients were encouraged to attend national screening programmes in innovative ways. In March 2017 the practice raised money for Cancer Research UK by each member of staff completing ten thousand daily steps and promoting this in the practice. This contributed to a 30% increase in cervical screening over a four month period.

The areas where the provider should make improvement are:

- Undertake a legionella risk assessment to determine the correct level of legionella control regime required
- Review the use of clinical audit to include full audit cycles and demonstrate continuous quality improvement in patient outcomes.
- Embed new systems relating to significant events and safety alerts
- Revisit the recent infection control audit to document an effective response to the areas identified.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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. All relevant staff we spoke to were aware of actions taken in response to significant events, however not all discussions held with the practice team were documented and actions taken as a result of safety alerts, although disseminated to relevant staff, were not formally recorded.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The practice had arranged a recent test to confirm that legionella was not present in the practice water system. They conducted regular water flushes however there was no up to date legionella risk assessment to determine the actions to be taken.
- The practice was clean and tidy with cleaning schedules and monitoring of these in place. However a recently completed infection control audit had not lead to a documented action plan.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits were not currently full cycle audits to demonstrate continuous improvement in patient care
- Staff had the skills and knowledge 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.
- On the day of the inspection we were told that all correspondence would be seen by senior clinicians.
- End of life care was coordinated with other services involved.

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 in-line with others for most aspects of care.
- CQC comments cards and patients we spoke to on the day spoke very highly of the practice team and told us they were treated with empathy and care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.

Good



Summary of findings

- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders

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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
 - Performance for diabetes related indicators was variable when compared to the local and national average. For example, the percentage of patients who had their blood sugar levels well-controlled was 76% compared to the local average of 82% and national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 81% compared to the local average of 80% and national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The practice had recently introduced a 'one stop' appointment to avoid the need for patients with more than one condition having to access the practice on multiple occasions. 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.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were above standard for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 these populations 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 had recently ceased providing weekend clinics due to funding cuts, however they were looking at ways of how this could be provided in the future.

Good



Summary of findings

- 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.
- Telephone appointments with GPs were available in addition to face-to-face appointments

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Vulnerable people were contacted three times by letter (in an easy read format if needed) and once by telephone to encourage them to attend review appointments. This resulted in a high attendance rate for these patients
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability or other identified needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

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 carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- Performance for mental health related indicators was the same or better when compared to the local and national average. For example, 94% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 94% and national average of 89% and 97% had their alcohol consumption recorded compared to 94% locally and 89% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 232 survey forms were distributed and 101 were returned. This represented 2.3% of the practice's patient list.

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 comment cards which were all very positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Many commented that staff at the practice 'go the extra mile' and were supportive and willing to listen.

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

Areas for improvement

Action the service SHOULD take to improve

- Undertake a legionella risk assessment to determine the correct level of legionella control regime required
- Review the use of clinical audit to include full audit cycles and demonstrate continuous quality improvement in patient outcomes.
- Embed new systems relating to significant events and safety alerts
- Revisit the recent infection control audit to document an effective response to the areas identified.

Outstanding practice

- Practice staff provided support to patients in unique situations out of their core hours. One patient whose child was diagnosed with a life limiting condition told us they were given a mobile number to contact the GP. They told us the support and care offered by the whole practice team was exemplary and gave them comfort and confidence at extremely difficult times.
- Patients were encouraged to attend national screening programmes in innovative ways. In March 2017 the practice raised money for Cancer Research UK by each member of staff completing ten thousand daily steps and promoting this in the practice. This contributed to a 30% increase in cervical screening over a four month period.

Central Park 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 Central Park Surgery

Central Park Surgery is based in the centre of Leyland, Lancashire. The practice is part of Chorley and South Ribble Clinical Commissioning Group (CCG) and delivers services under a General Medical Services contract with NHS England

There are 4300 patients on the practice list. The majority of patients are white British. Fifty-two percent of patients have a long-standing health condition compared to the national average of 53%. Seven percent of patients are aged 0 to 4 years compared to the national average of 6%.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

There is easy access to the building and disabled facilities are provided. Consultation rooms are all on the ground floor. There is a car park at the front of the building.

There is one male GP and one regular male locum GP. There is one female Advanced Nurse Practitioner (ANP) (who is also a business partner), one practice nurse and one female health care assistant. There is a practice manager and a team of administrative/reception staff. The practice is a teaching practice for medical students.

The practice opening times are 8am until 6.30pm Monday to Friday. The practice is only open for emergency appointments on Thursday afternoon through a local federative arrangement with four other local practices.

Patients requiring a GP outside of normal working hours are advised to call NHS 111 service to access the out of hours service provided locally by Gotodoc .

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2017. During our visit we:

- Spoke with a range of staff (including the GP, practice nurse, advanced nurse practitioner, practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed the practice's policies and procedures.

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 living 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 a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of events but did not always record all discussions around learning. Following the inspection the practice created a new proforma template for the recording and summarising of significant events. Significant events, complaints and QOF (Quality Outcome Framework) were added as standard agenda items for practice and staff meetings. A folder was created to ensure safety alerts were actioned and signed by all relevant members of staff.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a recent incident involving a member of the public accessing patient toilets as the practice was closing resulted in external locks added to toilets doors. All staff we spoke to were aware of the incident and the actions taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- A notice in the waiting area and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The Advanced Nurse Practitioner (ANP) was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken. There was no action plan or mitigating arrangements recorded for the areas highlighted in the audit such as lack of paper for baby change facilities and ventilation in the room used for minor surgery. The practice manager told us they would order a paper supply and would consider if ventilation was needed.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy 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 to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the GP for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had held a stock of one type of controlled drug (a medicines that require extra checks and special storage because of its potential misuse). However following our inspection they provided confirmation that they had decided to no longer stock this item and had arranged for its destruction.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had arranged a recent test to confirm that legionella was not present in the practice water system. They conducted regular water flushes however there was no up to date legionella risk assessment to determine the mitigating actions to be taken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- The practice had a defibrillator available on the premises and oxygen with masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.1% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.1% and national average of 95.3%.

Clinical and overall exception reporting was lower than local and national averages. Practice figures for clinical domain exception reporting in 2015/2016 were 7% (compared to 10.7% locally and 9.8% nationally). Overall exception reporting was 4% (compared to 6.2% locally and 5.7% nationally). (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). Data from 2015/2016 showed:

- Performance for diabetes related indicators was variable when compared to the local and national average. For example, the percentage of patients who had their blood sugar levels well-controlled was 76% compared to the local average of 82% and national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 81% compared to the local average of 80% and national average of 78%.

- Performance for mental health related indicators was the same or better when compared to the local and national average. For example, 94% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 94% and national average of 89% and 92% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the local average of 91% and national average of 84%. The practice rate of exception reporting for both indicators was zero.

There was evidence of quality improvement in the practice including from significant event analysis and reflection on patient survey results. However when asked to provide evidence of clinical audits the examples shown were mainly data searches or surveys which did not show a continuous cycle of changes made and measured with improvements made after each cycle. The clinical staff at the practice discussed with the inspection team how they planned to improve this to provide a full cycle audit.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We found some items of post were dealt with by administrative staff. However the process used meant there was a risk that clinical information was not adequately assessed. On the day of the inspection the practice told us they had advised administrative staff that all future incoming mail was to be seen by the GP or Advanced Nurse Practitioner.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 practice considered and respected patients' future wishes for their health care by implementing an advance directives policy and flow chart. A patient leaflet was also available. Advance directive (or living will) means patient decisions relating to the refusal of a specific type of treatment are brought to the attention of family, carers and health professionals and can be used if the patient is unable to make or communicate those decisions in the future.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% expected standard across all age groups. In 2016/2017 the practice was awarded 'The highest uptake of seasonal influenza for: all healthy children aged 4; those aged 6 months to 65 in a clinical risk group and, all healthy children aged 2', by the CCG.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 84% and the national average of 82%.

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

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

screening programmes for bowel and breast cancer. In March 2017 the practice raised money for Cancer Research UK by each member of staff completing ten thousand daily steps and promoting this in the practice. This contributed to an increase in cervical screening from 70 patients screened from December 2016 to March 2017 to 91 patients screened from April to July 2017 (a 30% increase over the same period). A letter received from a patient thanked the practice for their campaign as it encouraged her to attend her overdue cervical screening.

There were failsafe systems 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.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex for the majority of clinical care.
- It was clear that staff knew patients well and we saw kind and friendly interactions between them.

All of the 52 patient Care Quality Commission comment cards we received were very 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. Many commented that staff at the practice 'go the extra mile' and were supportive and willing to listen.

We spoke with six patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 comparable to others 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 with the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 94% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets and letters were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (2% of the practice list). Carer's packs had been developed by the practice and were available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced 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. We saw a number of thank you cards on display including three which had been received from families at the time of bereavement and thanked the practice for their support.

The practice also sent congratulations cards to new mums which included information about baby clinics and support available.

Dedicated administrative staff ensured vulnerable patients were encouraged to attend review appointments. Staff told us three letters were sent and then patients contacted by telephone. This had led to higher attendance figures. Patients identified as 'at risk' were contacted by clinicians within 72 hours of discharge from hospital to offer support.

We saw evidence of examples of practice staff providing support to patients in unique situations out of their core hours. One patient whose child was diagnosed with a life limiting condition told us they were provided with a mobile number to contact the GP out of practice hours. They told us the support and care offered by the whole practice team was exemplary and gave them comfort and confidence at extremely difficult times.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The last appointment was available at 5.30pm for working patients.
- There were longer appointments available for patients with a learning disability or other identified needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- The practice actively promoted Online Access which resulted in users increasing from 128 in March 2017 to 529 in July 2017 (an increase of 12% of patients).
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- Recent refurbishment of the practice included improvements to consultation rooms and the addition of a separate training room for the practice medical student. The practice was currently sourcing quotes to upgrade the heavy double doors at the entrance to automatic doors.
- Following the loss of a GP partner and difficulty recruiting another GP the practice considered new ways

of working. The GP and the Advanced Nurse Practitioner (ANP) developed a business partnership. A federation agreement with local GP practices gave patients access to emergency appointments on Thursday afternoons.

- Literature was developed following feedback from the PPG to help patients understand the role of Health Care Assistant (HCA), Practice Nurse and ANP.
- The practice ANP set up a local Nurse Practitioner Forum to encourage information sharing and training with other professionals in the area.
- A phlebotomy clinic was available weekly. A member of the physiotherapy service also attended the practice weekly and was available to all local referred patients

Access to the service

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.40am to 11.30am every morning and 3.30pm to 5.30pm daily (except on Thursday afternoon when only emergency appointments were available). In addition to pre-bookable appointments urgent appointments were also available for patients that needed them. The next available routine appointment was available the following day.

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

- 90% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 91% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 78% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 66% and the national average of 58%. The result from the previous year was 49% of patients who showed an improvement of 29%. The practice told us they had encouraged staff and patients to book double appointments where needed to reduce waiting times and informed patients if there was a delay. Patients told us they did not feel rushed and did not wait long for their appointment. They also said they were able to get appointments when they needed them.

The practice had a system to assess:

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

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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. Although the practice had developed a patient complaint form which detailed 'taking it further' it was not always clear that patients who complained were told how to escalate their concerns if they were not happy with the result. Following the inspection the practice ensured their policy and response letter were updated to include a standard phrase to ensure patients knew how to contact the Parliamentary Health Service Ombudsman.

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.
- There were no formal business plans in place but we saw this was planned for discussion and a strategy for improvement had been documented.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Staff meetings were held every two months which provided an opportunity for staff to learn about the performance of the practice. Whole practice meetings were held every four months.
- A programme of quality improvement was used to monitor and make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Although these were not always formally recorded when shared with the whole staff team.

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 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. From the sample of six documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

Are services well-led?

Good 

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

- 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 addition of a small children's area in the waiting room and clarification of clinical roles.
- the NHS Friends and Family test, complaints and compliments received
- staff through 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.
- A regular newsletter had been produced to provide feedback to patients about any changes affecting the practice.

Continuous improvement

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.

The practice was a teaching practice and we saw evidence of positive feedback from past students, The practice had also been awarded a Gold Award from Manchester University.

The practice had won a number of awards including the Lancashire Evening Post 'Health Hero' Awards: In 2017 a member of the reception team was awarded the Unsung hero award, the regular practice locum was highly commended GP of the year and the ANP was Highly commended nurse of the year. And in 2016, the GP won GP of the year, the ANP was highly commended nurse of the year, and HCA was highly commended carer of the year. At the Genral Practice awards in 2015 the practice ANP was a finalist for nursing in practice nurse of the year and implementation of advanced nurse practice.

The ANP and locum GP had recently published a book together 'ENT (Ear Nose Throat) in Primary Care; a concise guide'.