M Ullah

Quality Report

Platt House Surgery
Platt Bridge Health Centre
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Date of inspection visit: 12 August 2016
Date of publication: 26/09/2016

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

Ratings

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

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 Dr Ullah on 12 August 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses, however there was a need to ensure that any shared learning outcomes were formally documented in order to monitor any improvement.
- Clinical audits had been carried out with evidence that audits were driving quality improvement, but no two cycle audits had been completed.
- No clinical checks were taking place for the repeat prescriptions reauthorisation process, with reception staff overriding the clinical system.
- Staff were adding, amending or removing hospital discharge medicines with no clear clinical checks in place.
- Patients care plans were in place but not patient specific to be able to meet individual needs and preferences.
- Not all staff had received regular training such as infection control; however there was access to online training available for all staff.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvements are:

Summary of findings

- To ensure all potential risks relating to medicine management and repeat prescribing are clinically assessed and managed appropriately.
- Ensure that patient care plans are in place and that they are reviewed and updated on a regular basis.
- Ensure that all staff receive appropriate training including Infection control.

The areas where the provider should make improvements are:

- Develop a quality improvement system to include full cycle audits.
- Develop systems to share learning with improvements documented.
- Develop practice vison and values.
- Develop a process to document serial numbers of prescription pads.
- Proactively identify carers.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There were no clinical checks or process in place for repeat prescribing in relation to adding, updating, reauthorisation and issuing of repeat prescriptions.
- Staff were adding, amending and removing hospital discharge medicines with no clear clinical checks in place.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However there was a need to have more shared learning outcomes documented.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were just below or comparable compared to the national average.
- Clinical audits had been carried out with evidence that audits were driving improvement, but no two cycle audits had been completed.
- Care plans were in place but were not adequately maintained by a clinician.
- Not all staff had received mandatory training such as infection control.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice below the national average for several aspects of care.

Summary of findings

- 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.

Are services responsive to people's needs?

Good

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.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had no mission statement displayed in the waiting areas and staff were unaware of the practice values.
- Although the practice had full team meetings, we found a lack of collaborative clinical discussions were taking place or recorded.
- There was a clear leadership structure and staff felt supported by management.
- 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.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety effective and well led providing a service.

- The practice offered care to meet the needs of the older people in its population.
- The GP made regular visits to the nursing and residential homes in the area.
- Repeat prescriptions requests can be placed over the telephone.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety effective and well led providing a service.

- Nursing staff had lead roles in chronic disease management.
- The practice offered prescription rescue packs of antibiotics and steroids for patients with chronic lung conditions.
- The practice referred patients to the local Integrated Neighbourhood Team, an external service for patients with increased risk of hospital admission where they are offered support and advice.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12months) is 140/80 mmHg or less was 96.7%, compared to CCG average of 83% and national average of 78%.
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety effective and well led providing a service.

- 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.

Summary of findings

- In the last five years 86% of patients had received cervical screening compared to the clinical commissioning group (CCG) average of 84% and national average of 82%.
- The practice had a Facebook and Twitter page to help reach out to younger patients. It also offered a online services and text reminders services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety effective and well led providing a service.

- 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 offered a late evening for patients.
- The practice had a text reminder service for all patients, which helped to reduce missed appointments.
- The practice offered NHS health check to all patients 40 years and above.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety effective and well led providing a service.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered a weekly prescription service for vulnerable patients at risk of self-harm.
- Weekly drugs sessions were held by a counsellor every Wednesday, to help counsel patients on a drug reduction plan.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. However staff had not received mental capacity training.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety effective and well led providing a service.

- 96% of patients diagnosed with dementia had received a face to face review in the last 12 months, which is higher than the CCG average of 84% and the national average of 84%
- Appointments were flexible to the patient to avoid unnecessary distress to the patient.
- The practice offered an in house counselling service for mild to moderate depression and bereavements.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016 . The results showed the practice was performing in line with local and national averages. 311 survey forms were distributed and 100 were returned. This represented 2.9% of the practice's patient list.

- 86.1% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84.2% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82.3% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81.7% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Patients said staff were polite and friendly. Another commented appointments were always given and the GPs were very kind and caring.

We spoke with one patient during the inspection. They said they were extremely satisfied with the care they received and thought staff were very approachable, committed and caring.

The practice participated in patient surveys such as the Friends and Family Test.

Areas for improvement

Action the service MUST take to improve

The area where the provider must make improvements are:

- To ensure all potential risks relating to medicine management and repeat prescribing are clinically assessed and managed appropriately.
- Introduce a clinical process to ensure the reviewing and updating of patient care plans are in place.
- Ensure that all staff receive appropriate training including Infection control.

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Develop a quality improvement system to include full cycle audits.
- Develop systems to share learning with improvements documented.
- Develop practice vision and values.
- Develop a process to document serial numbers of prescription pads.
- Proactively identify carers.

M Ullah

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to M Ullah

Dr M Ullah practice is located in a modern purpose built premise which also hosts another two GP practices.

The practice is in a large two storey building which provides multiple local services which include: a hydro pool, physiotherapy district nursing, community active case management service, a mental health team and a pharmacy.

The ground floor has full disabled entrance access with a large seated reception area; there was a second waiting area which had disabled toilets with baby changing facilities. The GP consulting rooms were all located on the ground floor. All staffing areas were closed off to the public with a key code entry system. The practice is fully accessible to those with mobility difficulties. There is a car park with disabled parking spaces.

The male life expectancy for the area is 76 years compared with the CCG averages of 76 years and the National average of 79 years. The female life expectancy for the area is 80 years compared with the CCG averages of 81 years and the national average of 83 years.

The practice has one male GP lead and one long term locum GP with one practice nurse. Members of clinical staff are supported by one practice manager and administrative staff.

The practice is open between 8.30am and 6 pm Monday, Tuesday and Friday. Each Thursday the practice is open 8.30am till 8.15pm. Every Wednesday afternoon from 1pm the practice is closed. Extended hours appointments are offered between 6 pm and 8.15pm on Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hour's service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

The practice has a Primary Medical Service (GMS) contract with NHS England. At the time of our inspection in total 3361 patients were registered and is overseen Wigan Borough Clinical Commissioning Group (CCG).

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 12 August 2016. During our visit we:

- Spoke with a range of staff including two GP, one practice nurses and a practice manager, administrative staff and spoke with one patient who used the service.
- Observed how patients were being cared for.
- 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).

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a 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. 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).
- The practice had discussed and carried out a detailed analysis of the significant events, which included daily informal clinical discussions where required. The current system did not formally document shared learning outcomes to be able to monitor any improvements.

We reviewed safety records, incident reports and patient safety alerts. There were clinical discussions with another practice where sharing and learning was taking place, however these were not formally documented.

Overview of safety systems and processes

The practice did not always have systems, processes and practices in place to keep patients safe and safeguarded from abuse. .

- 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 nursing staff were trained to child protection or child safeguarding level three. We saw evidence of a safeguarding of vulnerable patients audit with actions undertaken.
- A notice in the waiting room and in treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained. There had been no Disclosure and Barring Service (DBS) checks for the chaperones however the practice had carried out an appropriate risk assessment. (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 new to the infection control clinical lead role and had liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and there had been a recent infection control audit undertaken in July 2016. Improvements had been identified and we saw evidence of changes implemented. For example, new check had been developed for the storage and stock of medicines. Not all staff had received up to date training on infection control.
- 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). The practice carried out multiple medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Prescription pads were securely stored but there was no system in place to document the serial number.
- Processes were in place for handling repeat prescriptions reauthorisation checks. However, we found reception staff were overriding safety checks and re authorising medicines without clinical authorisation. We also found reception staff were adding and updating hospital discharge medication without any prior clinical checks or process in place. During the feedback session the practice said they would review and update their process for handling repeat prescriptions.

Requires improvement

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. There was an internal alert system in each consultation room.
- All staff received annual basic life support training and there were emergency medicines available in main reception area and in the clinical 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 secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Requires improvement

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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.6 % of the total number of points available. The clinical exception rate was 11.2 %. A practice's achievement payments, are based on the number of patients on each disease register, known as 'recorded disease prevalence'. In certain cases, practices can exclude patients which is known as 'exception reporting'

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 93.9 %. This was better than local average of 91.9 % and the national average of 89.2%.
- Performance for mental health related indicators was 100%. This was above than the local average of 94.4% and the national average of 92.8%.

There was evidence of quality improvement including clinical audit.

- There had been single cycle multiple audits completed in the last two years, none of which were a fully completed two cycle audit. However we did see one audit which resulted in the reduction of the amount of Benzodiazepines (group of medicines that help relieve nervousness, tension, and other symptoms by slowing the central nervous system but can also be addictive) prescribed in practice.

Effective staffing

- Staff received online and face to face training that included safeguarding of adult and children and basic life support. Staff had access to and made use of e-learning training modules and in-house training. However the majority of staff had not received training which included infection control, mental capacity awareness, fire procedures, and equality and diversity
- Staff administering vaccines and taking samples for the cervical screening programme had received recent 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 attending external training events.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical 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, clinical supervision and facilitation and support for revalidating nursing staff. All staff had received an appraisal within the last 12 months; we saw evidence of these in the personal files.

Coordinating patient care and information sharing

The full information needed to plan and deliver care and treatment was not completed in patient records by a clinician. For example:

- Care plans were in place but were not patient specific to be able to adequately meet individuals needs or reflect their own preferences. Clinical input at palliative care meetings was limited, therefore patients' wishes such as preferred place of death, was not documented.
- We did see the practice worked together and with other health and social care professionals to understand and to assess and plan on-going care and treatment. However, the majority of these meetings were attended by the practice manager and not the clinician.
- This was a small practice and staff talked together throughout the day discussing issues as they arose. However where decisions were made in this way there was no formal documentation to show why and what decision was made in order to ensure an audit trail of decision making, learning and sharing..

Requires improvement

Are services effective?

(for example, treatment is effective)

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. However not all staff had received training in the mental capacity act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Access to extra support was available in the building. For example, "Wigan Life Centre" was based in the building. Patients would be receive support and information about benefits, housing or sign posted to local services.

The practice's uptake for the cervical screening programme was 86%, above the CCG average of 84% and the national average of 82%. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

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 76.7% to 100% and five year olds from 84.8% to 97.8%.

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.

Good

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 four 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 one patient who told us the GP was caring and felt they received excellent care and support. Comment cards backed this up which highlighted that staff responded compassionately when they needed help and provided support when required.

The practice acknowledged the low score in the patient satisfaction survey. They explained these low results were due to disruptions of the nursing services, which resulted in patients being transferred to the wider community for a set period of time. During this time the practice employed a new full time nurse and all clinics had been resumed.

The practice also had a detailed action plan which was being implemented; this plan identified multiple areas of the patient's journey within the practice and also included recommendations with a set time frame to implement these improvements which were supported by the local CCG.

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:
- 94.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82.2% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 77.8 % of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 81.6% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 79.8% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 87.7% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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.

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 below local and national averages. For example:

- 80.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81.6% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 83% and the national average of 82%.
- 86.1% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

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

Good

Are services caring?

- 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.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified six patients as carers (0.1 % of the practice list). The practice had acknowledged more work to identify carers was needed. One of the most recent ways the practice was trying to identify carers were by identifying army veterans.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Good

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.

- A drug councillor attended the practice weekly to help support patients on a drug reduction plans.
- The practice referred patients with an increased risk of hospital admission to the local Integrated Neighbourhood Team for support and advice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had a Facebook and Twitter page to help reach out to younger patients. It also offered a online services and text reminders services
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6pm Monday, Tuesday and Friday. Each Thursday the practice was open 8.30am until 8.15pm. Every Wednesday afternoon from 1pm the practice was closed. Patients requiring a GP outside of normal working hours were directed to the local out of hour's service which is provided by Bridgewater NHS Foundation Trust. Extended hours appointments were offered between 6pm and 8.15pm on Thursday.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. Patients requiring a GP outside of normal working hours will be directed to the local out of hour's service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

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.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 78%.
- 86.1% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

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

The practice had a system in place to assess:

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

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 in the practice leaflet and on the practice website.

We looked at three complaints received in the last 12 months and dealt with in a timely way.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had no mission statement displayed in the waiting areas and staff were unaware of the practice values.

Governance arrangements

The arrangements for governance and performance management did not always demonstrate operate effectively.

- The practice had a number of policies and procedures to govern activity and support the delivery of good quality care. However we found staff working outside the policy regarding medicine management.
- Although the practice had full team meetings, we found a lack of collaborative clinical discussions were taking place and being recorded.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership and culture

On the day of inspection the lead GP in lines of the arrangements for governance and performance did not always operate effectively. Staff told us the lead GP was 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). 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

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

- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff had been long serving and supported to explore extended learning to enhance their careers within 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 patient participation group (PPG) had been newly established with three members. The practice also attended a locality PPG forum.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice had multiple tools and plans to help improve patient's access and services. For example, we saw a practice plan to improve communication for patients with limited communication difficulties. The practice also used a Dementia tool kit which by use of audits identified potential missed diagnosis of the condition.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** Service users treatment and care plans did not always meet their individual needs or reflect their individual preferences. This was in breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The proper and safe management of medicines was not always managed appropriately. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Staff did not always receive such appropriate support, training, professional development, to enable them to carry out the duties they are employed to perform. Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014