

# Marus Bridge Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# 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 Marus Bridge Practice on 5 September 2016. Overall the practice is rated as outstanding.

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

- Throughout the inspection the practice demonstrated positive examples of holistic responses to patients' needs, resulting in positive health and social outcomes.
- All staff fully understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and transparent throughout the whole partnership. There were strong and visible clinical and managerial leadership and governance arrangements in place to support development and implementation of the learning cycle.

- Throughout our inspection there was a strong theme of bespoke education and training programmes which had been developed to maintain safe processes and align with in-house processes. These were overseen and maintained by all the clinical partners.
- The practice had a programme of continuous quality improvement through clinical and internal audits, and these were used to monitor quality and to make improvements.
- Feedback from patients about their care was consistently positive with many examples of the practice's caring nature and going above and beyond to help patients.
- Staff were well supported and all felt a strong sense of team work and were very happy.
- The practice used their knowledge of the local community and patient population as levers to deliver high quality and person centred care.

We saw several areas of outstanding practice:

# Summary of findings

The practice had been heavily involved in embedding training to follow in-house bespoke policies and staff development for non-clinicians and clinical staff, which had been shared with the CCG and rolled out to other practices in the wider area by practice staff. For example:

- The healthcare assistant received training to support the transition from administration to healthcare assistant; training topics included clinical skills and infection control.
- The development and roll out of a training programme designed to support nurses from other care settings transition into primary care.
- Two staff were “vaccinations and fridge champions” and a course was designed to build confidence.

The practice designed several in-house policies to review systems or incidents. For example, a mobile phone policy for teenagers, due to the practice being highly aware of consent and confidentiality issues with teenagers’ mobile numbers were documented.

There was a strong focus on clinical IT development which we saw both with GPs and the nursing team. For example, a learning disabilities template was designed; there was a dedicated learning disability champion who was supported by the clinical lead.

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 outstanding for providing safe services.

- There was an open culture in which all safety concerns raised by staff and people who used the service were highly valued and integrated into learning with improvements made.
- Information about safety was highly valued and was used to promote opportunities to learn from internal and external incidents.
- The practice had designated leads in areas such as safeguarding, medicine management and clinical audit, who were empowered to suggest and make changes to keep staff working to best practice.
- Risks to patients were assessed and recognised as the responsibility of all staff and well managed. For example, each medical student had a designated clinical lead with daily in depth reviews of daily clinic sessions and diagnosis. Any concerns or errors identified were actioned immediately and documented.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff within the partnership. We saw examples of development and training programmes to reduce administration risk in checking clinical administration processes. One example was the designation of two cytology administration leads.
- The practice had strong, clearly defined and bespoke embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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. For example, we were told of a prescribing error which resulted in a full, well documented evaluation with systems and patients information leaflets designed to stop future occurrence.

Outstanding



### Are services effective?

The practice is rated as outstanding for providing effective services.

- The practice used guidelines to positively influence and improve practice and outcomes for patients. For example,

Outstanding



# Summary of findings

bespoke clinical templates were designed to support the clinical staff to provide more hands on care using both local, national guidelines and to reflect the practices own processes and procedures.

- The practice had developed a strong in house process to ensure all referrals were actioned on the same day by the requesting clinician, whilst also having a strict policy to monitor all two week referrals to avoid lost referrals or delays that may have occurred.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvements and staff were actively engaged in monitoring and improving patient outcomes as a result. In addition batch audits were regularly maintained to identify prescribing trends or missed opportunities.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average and had been maintained for five years.
- There was evidence of appraisals and personal development plans for all staff. Training courses had been developed to support staff to follow in-house policies, for example two members of staff had been designated vaccinations and immunisations champions.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- We observed a strong patient-centred and holistic culture. We found multiple positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We saw several examples of person centred care provided from reception staff and clinicians. For example, in treating a homeless patient the practice contacted multidisciplinary team to assess the patients' needs whilst providing a hot drink and meal and a room to wash.
- Views of external stakeholders about the practice were very positive and aligned with our findings. For example from local employees, students, multidisciplinary teams and the CCG.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Outstanding**



# Summary of findings

- There was a strong theme of positive feedback from patients we spoke with. On the day of our inspection patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This was also evident in completed comment cards.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice had an active patient participation group (PPG) who support the community and patients. The group produced newsletters for patients with a dedicated area in the waiting room which provided information for patients with leaflets and survey results.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example they recently worked with the local job centre.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice installed two new health care promotion TV screens.
- The practice used proactive methods to improve patient outcomes and worked with other local providers to share best practice.
- The practice offered access to two cognitive behaviour therapists, where patients received assessments and counselling in the practice, with the option of using online course and the offer of using the practice library facilities.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Outstanding



# Summary of findings

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was an overarching governance framework which supported the delivery of the high-quality person-centred care. Arrangements were in place to monitor and improve quality and identify risk. Performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The provider was highly aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had robust systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The patient participation group was very active.
- There was a strong focus on continuous learning and improvement at all levels, this was demonstrated through internal meetings held to improve the quality of service provided.

# 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 outstanding for the care of older people.

- The practice is located in a multipurpose shared building and we saw that they proactively engaged with other health care professionals. For example we saw evidence of excellent working relationships with district nurses and the community matron.
- The nurse prescriber provided weekly ward rounds to a local nursing home.
- All house bound patients were visited annually and had an individual care plan.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- A weekly link worker attended the practice to offer support to patients by providing advice about benefits, housing, bereavement and counselling.

Outstanding



### People with long term conditions

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

- Patients with multiple long term conditions were able to attend one 45 minute appointment covering all conditions.
- All long term conditions had bespoke clinical templates to include dementia screening, carers' information and cancer awareness.
- The practice provided an extra nurse led clinic weekly for all newly diagnosed long term conditions or urgent reviews.
- Rescue packs for children with asthma were provided which were designed for both home and school use.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Outstanding



### Families, children and young people

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

- All patients under the age of 25 were invited to a young person's review, which included vaccination and sexual health advice.

Outstanding





# Summary of findings

- There was a mobile phone policy for teenagers where opportunistic mobile phone number and contact details were checked.
- There was a robust safeguarding policy which included a bespoke template to record family relationships and schools attended.
- Congratulations letters were sent to new parents which included a reminder of all six week and post-natal checks invitations.
- The practice had a Twitter page to provide updates of their services.
- In the last five years 80% of eligible patients had received cervical screening compared to the clinical commissioning group (CCG) average of 76% and national average of 73%.

## Working age people (including those recently retired and students)

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

- The practice offered a late evening nurse-led clinic for patients.
- We saw that the practice was proactive in offering a full range of health promotion and screening services. The practice had a Twitter page to provide updates on their services.
- 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 online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Outstanding



## People whose circumstances may make them vulnerable

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

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example they had developed a single register for at risk patients, and all had individual care plans with a named lead.
- There was a flexible approach to accommodate patients with flexibility to coordinate appointments with the learning disability team.
- The practice adult safeguarding policy extended to include a policy for homeless, drug dependency and other vulnerable adults

Outstanding



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- The practice's bespoke template included crisis planning to be included in the care plan, maintained by the clinical lead for the practice.
- 94% patients with a mental health disorder had an annual mental review and annual health review.
- 95% of patients diagnosed with dementia had received a face to face review in the last 12 months, which was higher than the CCG of 92% and national 88%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Outstanding



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 334 survey forms were distributed and 109 were returned. This represented 2% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92.5% 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%.
- 97.9% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 87% 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 33 comment cards which were all positive about the standard of care received. Patients said staff were polite and friendly. Another commented the standard of care received was always to a high standard.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, however one comment stated accessing the same GP of their choice could be difficult.

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

## Outstanding practice

We saw several areas of outstanding practice:

The practice had been heavily involved in embedding training to follow in-house bespoke policies and staff development for non-clinicians and clinical staff, which had been shared with the CCG and rolled out to other practices in the wider area by practice staff. For example:

- The healthcare assistant received training to support the transition from administration to healthcare assistant; training topics included clinical skills and infection control.
- The development and roll out of a training programme designed to support nurses from other care settings transition into primary care.

- Two staff were “vaccinations and fridge champions” and a course was designed to build confidence.

The practice designed several in-house policies to review systems or incidents. For example, a mobile phone policy for teenagers, due to the practice being highly aware of consent and confidentiality issues with teenagers' mobile numbers were documented.

There was a strong focus on clinical IT development which we saw both with GPs and the nursing team. For example, a learning disabilities template was designed; there was a dedicated learning disability champion who was supported by the clinical lead.

# Marus Bridge Practice

## 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 practice manager specialist adviser.

## Background to Marus Bridge Practice

Marus Bridge Practice is located in Worsley Mesnes, Wigan. The practice is situated in modern purpose built premises which also hosts another four GP practices.

The male life expectancy for the area is 82 years compared with the CCG average of 77 years and the national average of 79 years. The female life expectancy for the area is 79 years compared with the CCG average of 81 years and the national average of 83 years. The practice is in the sixth most deprived decile. Life expectancy is higher than CCG average and slightly higher than national average.

The practice has five partners in total, four partners are GPs (three male and one female) and one female advanced nurse practitioner partner. There are a further three clinical staff: one nurse prescriber, one practice nurse and a healthcare assistant. Members of clinical staff are supported by one practice manager, an assistant practice manager and administrative staff.

The practice is open between 8am and 6.30 pm Tuesday, Thursday and Friday. Each Monday the practice is open 8am till 8pm. Every Wednesday afternoon from 1pm the practice is closed for staff training events. The four practices in the centre provide an in house urgent care service on Wednesday afternoons. In addition to

pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available for patients that need them. Extended hours are offered on Mondays from 6.30pm till 8pm

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they are directed to the local GP out of hours' 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 General Medical Service (GMS) contract with NHS England. At the time of our inspection in total 5188 patients were registered. The practice is a member of Wigan Borough Clinical Commissioning Group (CCG).

The practice is a training and teaching practice for medical students from The University of Manchester. Three GP partners are trainers. The practice is also a multidisciplinary training practice for student nurses, paramedics, physician associates and apprenticeships.

## 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 5 September 2016. During our visit we:

- Spoke with a range of staff including three GPs, two advanced nurse practitioner and one practice nurse, a practice manager, four administrative staff and spoke with six patients and one member of the patient participation group (PPG) who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a sample of policies, procedures and protocols

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).



# Are services safe?

## Our findings

### Safe track record and learning

The practice pride themselves on being a proactive learning environment and thrived on evaluating learning and sharing. This was found throughout the practice and was demonstrated not only in written evidence but by all the staff spoken to during the inspection. There was a clinical lead for all significant events. Staff understood their responsibility to recognise and manage risks to patients and we found this proactive approach to be embedded within the practice. Staff told us it was made easy to document incidents using a recording form available on the practice's computer system, which they would complete as well as informing the practice manager.

We reviewed multiple significant events recorded in the last 12 months and others dating back over three years which showed that the practice had an extremely open and transparent approach to learning and sharing from incidents. Improvements and learning relating to all safety incidents in the practice was well documented and we saw evidence that lessons were shared within the practice and wider locality, and action was taken to improve safety in the practice.

- We saw evidence of reflective practice taking place by individual clinical staff when things went wrong, which was integrated into the formal investigation and used to strengthen the outcomes and improve safety.
- All 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 aware of).
- People affected by significant events received a timely and sincere apology and were told about actions taken to improve care to prevent the same thing happening again.
- There was an open learning culture and well-established system for monitoring, investigating and sharing learning from significant events. For example the practice held weekly educational meetings

to initially discuss incidents and actions. These meetings were then followed by monthly partners' meetings to explore and implement learning points and future learning or changes that were required.

- The practice carried out a thorough analysis of significant events and we saw that learning was also being shared across the entire practice. For example, we saw evidence of this where all staff were aware of one event raised in regards to a group of anti-inflammatory medicine called Non-steroidal anti-inflammatory drugs (NSAIDs). This had resulted in a documented discussion throughout the practice at all levels. Clinical and non-clinical solutions were implemented such as protocol development, audits, patient records were updated with an alert and new checks for reception staff to follow. This was followed by the bespoke design and upload of a clinical system template and practice specific patient information leaflet all designed by the clinical team and embedded for safe prescribing and guidance for clinicians issuing this group of medicines.
- Information about safety was highly valued and was used to promote multiple learning and improvements within the practice. We saw examples of multiple action plans drawn up from the discussions and reviewed during subsequent meetings. All staff were encouraged to attend these meetings and staff unable to attend could review the learning outcomes by reading the meeting minutes which were well documented and available electronically.
- Significant events and learning were shared with the CCG cluster, when deemed appropriate, to promote learning beyond practice staff and opportunities to learn from external safety incidents were identified and discussed at meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed and circulated to all staff on the shared computer system and in email format. Local multidisciplinary teams were invited and attended these meetings.

### Overview of safety systems and processes

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



## Are services safe?

- 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 GP partner lead for safeguarding and a deputy who was also a GP partner. The GPs attended all safeguarding meetings and always provided reports where necessary for other agencies. All 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 the practice had numerous bespoke templates and audits in place to maintain and monitor all safeguarding within the practice. For example, we saw a bespoke safeguarding automated prompt embedded into the clinical system, to ensure recording of name and relationship of adults attending with a child includes reciprocal relationship. Batch audits were regularly carried out which identified repeat attendance at accident and emergency. The practice had a high risk patient register which looked at all potential and current vulnerable patients.
- 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 for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nursing team took full responsibility for the clinical aspect of infection control, with the advanced nurse practitioner partner taking a strategic role for policy development and changes to ensure the practice keeps up to date with best practice. There was an infection control protocol in place which reflected the practice's process and staff roles. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements. The nursing team were clearly passionate about infection control and had developed numerous training events for internal and external staff.

We were told from all staff about the hand hygiene spot checks that took place and various training sessions provided to ensure staff always consider infection role within the practice. We also saw evidence of the nursing staff developing an infection control training module for their healthcare assistant which was shared with the CCG and then rolled out to the practices within the CCG.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. All blank prescriptions were securely stored and there were systems in place to monitor their use. The practice had designed a bespoke policy for uncollected prescriptions, pathology forms and referral paperwork, which included all high risk medicines and patients. One administration staff member had been trained to implement the policy weekly, with checks taking place and documented. These results were feedback to a GP partner, who would record any actions such as telephoning the patient.
- One of the nurses had qualified as an Advanced Nurse Practitioner (ANP) and one nurse was a prescriber. Both prescribed medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The clinical nursing staff had designed a bespoke training programme to support the transition from administration staff to healthcare assistant. Topics included clinical skills and infection control.
- The practice nursing team had developed various in house courses to upskill non clinical staff within the practice, building confidence and knowledge in maintaining in- house clinical administrative processes. We saw two "vaccination and fridge champions" where a bespoke course and training had been provided by the nursing team. There were two



## Are services safe?

“cytology administration leads” who had received a bespoke training package to manage the process effectively. Both programmes were shared within the CCG.

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

### Monitoring risks to patients

Risk management was comprehensive, well embedded and recognised as the responsibility of all staff within the partnership.

- There were strong 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.
- 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.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice took a holistic approach to delivering patient care. The inspection team saw a continuing theme with multiple pieces of evidence and discussion, which encompassed the whole journey of a patient to go beyond the health care needs of the patient, and to ensure the social needs were also considered within the journey.

The practice regularly assessed needs and delivered care in line with most 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, which included weekly education sessions for all clinical staff, with the invitation extended to the multi-disciplinary teams; we saw evidence of external teams being regular attendees to the sessions. For example, local safeguarding teams, community teams and CCG members were invited.
- Staff had access to guidelines from NICE and bespoke training sessions to use this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, education sessions, policies and batch audits which involved random sample checks of patient records.
- We saw detailed analysis of the appointment system and clinical workload, which had regular clinical impact discussions and actions documented.

### Management, monitoring and improving outcomes for people

Trainee doctors were assigned their own clinical lead. We saw evidence of daily meetings between the GP leads taking place with any incidents or events dealt with immediately and learning discussion was then documented. These discussions were then shared with the wider clinical team.

The clinical nursing team were proactive in education and clinical processes, which involved innovative development, training and learning programmes where in place. The team also mentored nursing students from Manchester University.

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 99.6 % of the total number of points available.

The practice had consistently been above national average for the last five years, with this year's data showing a similar trend.

Prevalence of all long term conditions were higher than average, which means that the practice had a higher than average number of patients suffering from conditions such as chronic obstructive pulmonary disease (COPD) and heart disease. We saw evidence to show that the practice had developed a template which identified other risk factors linked to these conditions such as heart failure.

The clinical exception rate was 8.7%, below the national average of 9%. 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 100%. This was better than local average of 92% and the national average of 89%. The clinical exception rate was 6%, below the national average of 5%.
- Performance for mental health related indicators was 100%. This was better than the local average of 94% and the national average of 93%. The clinical exception rate was 5%, below the national average of 13%.

There was evidence of all clinical staff driving quality improvement and patient safety including clinical audits throughout the practice.

- The practice had a clinical lead for all audits.
- We reviewed an extensive audit process and file, which included daily audit reviews by clinician on the 'did not attend' (DNA) daily audit and full batch audits and reviews, which identified patients who were vulnerable or at high risk.



# Are services effective?

## (for example, treatment is effective)

- There had been multiple clinical audits completed in the last two years. We received and reviewed multiple comprehensive audits, some included case studies and detailed learning and changes implemented within the practice from these audit findings.
- Multiple completed audits demonstrated improved outcomes for patients. One example we reviewed, came from an initial prescribing error. A full audit of all patients prescribed a group of medicines called Non-steroidal Anti-inflammatory Drugs (NSAIDs- which are used to reduce pain, fever or inflammation) resulted in the development of an IT template for all newly prescribed patients. With current patients currently on the medicine receiving a full review by a clinician with a tailored alert attached within their clinical notes.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research development.

### Effective staffing

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

- The practice had two GP partners who were approved clinical supervisors for foundation doctors. Also three of the GP partners were approved post graduate GP trainers. Each medical student were allocated a GP partner to supervise and provide guidance to medical students daily.
- There was a forward thinking learning culture at all levels within the practice, for example discussions, development and training with staff demonstrated they were supported and encouraged to attend external and internal learning and training events. Multiple examples were witnessed on the day, for example there was an administration lead for vulnerable persons and a cancer champion, both roles working closely with the lead GP to maintain the policy and process within.
- All non-clinical staff were multi-skilled and could work in a flexible manner to cover each other for absences. Staff rotas ensured that the practice is covered for leave and sickness.
- Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, there was evidence of sourced resources and clinical discussion at practice meetings and between clinical staff with a strong personal development, support and reflection

process in place. For example, a training programme to support non clinical staff in the practice was developed to build knowledge for non-clinical staff supporting the nursing team.

- The practice had an induction programme for all newly appointed staff. We spoke with one new staff member who said they felt supported and had received multiple face to face training and various e-learning training sessions.
- 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 and practice processes. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

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

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.

- The practice had adapted or developed bespoke computer templates linked to national and local current guidance, also linking to the development needs and process of work within the practice to ensure high quality care. For example, the nursing team had developed a learning disabilities template which identified the social aspect of care such as lifestyle and social activities were recorded; there was evidence of new patients identified. All staff were aware of this and the reception team highlighted patients who may need extra support to the clinical lead. The clinical lead forged a partnership with the local job centre to support patients to find employment, resulting in the practice seeing four patients gaining employment.



# Are services effective?

## (for example, treatment is effective)

- The practice had multiple processes and policies which had been adapted and implemented from clinical reviews and meetings to ensure all relevant guidelines were reflected from care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had developed an in house process to ensure all referrals were actioned on the same day by a clinician and had a system to monitor all two week referrals to avoid lost referrals or delays that may have occurred.
- The practice worked with the community link worker (CLW). The CLW took referrals for patients with health and social care needs. It varied from advice on benefits to social issues such as loneliness and not knowing which services are available and how they could be accessed.
- The practice had a lifestyle campaign in the waiting area which included a display showing the amount of sugar consumed in drinks.
- 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 were signposted to the relevant service.

### 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.
- Patient's mental capacity to consent to care or treatment was assessed by the GP or practice nurse and recorded accordingly.
- The practice had developed a mobile phone policy for teenagers.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- The practice offered access to two cognitive behaviour therapists. Patients received assessments and counselling in the practice, with the option of using the online course for those patients who did not want face to face support. The practice offered access to their library and computer to patients.

The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 76% and the national average of 74%. 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 74% to 100% and five year olds from 90% to 100%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We saw multiple examples of caring nature and a holistic care, with all staff within the patient's journey aware of sensitive issues or worries and concerns of a patient. One example was the practice had identified a small number of patients who suffered with agoraphobia, which is a fear of open spaces. The practice developed a process to support the patients to attend the practice, which involved the patients calling the reception desk from the car park; a member of staff would then go to car park and support the patients to walk through the surgery into a free room.

We observed throughout the inspection that all members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated 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 33 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. One patient had said they could not ask for a more accommodating and caring practice.

We spoke with one member of the patient participation group (PPG) who also represented the practice at locality level. They were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 91% 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%.
- 91 % of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96 % 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 96% 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%.
- 92% 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. We also saw that care plans were personalised.

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

- 89% 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%.
- 87% 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%.
- 94% 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:



## 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**

The practice had a very proactive patient participation group (PPG) that had been established :

- The group had six members who attended regular meetings.
- We saw the group to be actively involved within the practice and passionate about making the group a success and support for the patients of the practice. The group had suggested multiple changes. For example, the practice stopped closing at lunch time. A full review of the telephone access resulted in the practice employing an extra member of staff. Patient information was uploaded into the TV units.

- The group are active in reviewing and producing action plans from the patient survey results to continuously improve the patient's journey.

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 had a carers' policy that promoted the care of patients who were carers. There was a carers' register that numbered 160 patients (4% of the practice population). There was a dedicated board in the waiting area and information was available. The practice was actively looking to increase this number by adding carers in various clinical templates.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example:

- The practice's standard appointment time per patient was 15 minutes.
- Patients with multiple long term conditions were able to attend one 40 minute appointment covering all conditions.
- All patients under the age of 25 were invited to a young person's review, which included vaccination and sexual health advice.
- The practice had established a weekly ward round for the one care home after a close analysis of how improvements in support and care could be provided. The service was led by the nurse prescriber and one member of staff providing administration support. We were told of medication reviews and dose optimisation taking place, with hands on training and support for the staff within the nursing home.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice installed two new health care promotion TV screens.
- Congratulations letters were sent to new parents which included a reminder of all six week and post-natal checks invitations.
- The practice offered in house counselling and cognitive behaviour therapy to patients with the option of face to face or online service.
- All staff were trained to be dementia friends.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- On-line services were available to patients, the practice also had a practice Twitter account where the practice would share practice information to followers.
- 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.
- Access to disabled toilets and baby changing facilities are available. The GP consulting rooms are all located on the first floor with access from the ground floor by lift or stairs. All staffing areas are closed off to the public with a security card entry system. The practice is fully accessible to those with mobility difficulties. There are two car parks with disabled parking also available.

### Access to the service

The practice was open between 8am and 6pm Tuesday, Thursday and Friday. Each Monday the practice was open 8am until 8pm. Every Wednesday afternoon from 1pm the practice was closed. Extended hours appointments were offered between 6pm and 8pm on Monday.

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

Patients requiring a GP outside of normal working hours were advised to contact the surgery and were directed to the local out of hour's service which was provided by Bridgewater NHS Foundation Trust through NHS 111. Additionally patients could 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 patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% 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. We saw detailed analysis of the appointment system and clinical workload with in-depth reviews on how to improve these system which lead to :

- Improving access on the phone for patients.
- Appointments with named doctors.
- Patients being able to choose named GP on same day appointments.

# Are services responsive to people's needs?

(for example, to feedback?)

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 that helped patients understand the complaints system in the practice leaflet and on the practice website.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency shown with dealing with the complaint. Lessons were learnt from individual concerns and complaints were discussed at team meetings.

# Are services well-led?

Outstanding 

(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. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to the practice, and clearly thought about how they would be managed.

- The practice had a mission statement and staff knew and understood the values which included working with trained and experienced team of clinicians and administrators in a welcoming environment, whilst offering up to date medical services tailored to each individual with continuity of care. These values were demonstrated throughout the visit.
- The practice had a supporting business plan which reflected the vision and value.
- Management were enthusiastic about upskilling and empowering staff members. There was a large emphasis on education and continuous learning.
- The practice inspired their patients, staff and allied health professionals to ensure patients were the focus of care and main priority in the practice. We saw the practice being actively engaged with the local CCG and sharing practice across the locality. For example, the practice had shared and helped to roll out multiple training programmes.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The framework drove systematic approaches towards processes and mechanisms to improve and maintain the highest quality of care. This outlined the structures and procedures in place and ensured that:

- The practice had strong clinical and non-clinical leads and systems in place to effectively manage significant events, safeguarding, HR, education and quality for the entire practice. For example we saw evidence in multiple areas of the taking an active lead to ensure regular audits, training, supervision and communication were in place.
- Communication across the practice was structured around key scheduled meetings. Multidisciplinary team meetings (MDT) were also held and the MDT was invited

to the practice's weekly educational meetings. We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

- There was a strong focus on continuous learning, education and improvement at all levels, with the practice focusing on being a teaching and training practice, working closely with the Manchester Deanery.
- The practice had a rigorous programme of continuous clinical and internal audit. These were used to monitor quality and to make improvements. Results were circulated and discussed in the practice. We saw that they were proactive when responding to findings and implementing new systems and clinical templates to improve the quality of care provided to patients.
- All staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included managing recall systems, scheduling clinical reviews, managing patient safety alerts, medicines management and significant events. The information staff collected was then collated by the lead clinician and fed back to support the practice to carry service improvements.
- There was strong collaboration and support across all staff and a common focus on improving quality of care. New ideas and solutions were shared and implemented if it had a direct benefit to the patient. The GPs and nurse partners had clear strategic and individual areas of management responsibility whilst taking a lead role in the day to day running of the practice and areas. These included medicines management, training and development, safeguarding, clinical audit and clinical supervision leads.
- A comprehensive understanding of the performance of the practice was maintained and monitored by the partners of the practice. We saw multiple examples of practice specific policies were implemented, audited, regularly reviewed and were available to all staff. Protocols were embedded and highly organised, available electronically via the practice intranet.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example there were well established systems for recording significant events, with a strong learning culture was shared across all levels of the practice



# Are services well-led?

Outstanding



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

There was strong collaboration and support across all staff and a common focus on improving quality of care.

- The practice had adapted existing computer templates and developed bespoke practice specific clinical templates to better support staff to consistently deliver high quality and up to date evidenced based care.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- New ideas and solutions were shared and implemented if it had a direct benefit to the patient.

## 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. Following reduced funding into the practice, the partners had taken a reduced personal income to ensure that patients continued to receive the best care. There was a nurturing and developing culture throughout the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included a strong ethos throughout the practice and was always considered in any new developments, which included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example we saw a PPG action plan which included comments from the patient survey and actions taken by the practice. Actions we saw included :

- We saw a PPG notice board in the practice and the development of a quarterly PPG newsletter. The newsletter was circulated to patients and carers through patient correspondence, new patient packs were on display in the waiting room and also electronically on the practice's PPG webpage.
- The group undertook annual patient survey with plans discussed to improve any outstanding areas identified.
- We were told the practice listened to suggestions for patient improvement. One example we were told of was the changes to the patients self-log in appointment screen in the reception area. Following recommendations from the PPG, patients were informed of how many patients were before them and an estimated time before being seen.
- The practice had virtual members group who would receive a copy of the newsletter produced by the PPG.

# Are services well-led?

Outstanding



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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were innovative and proud to be initiators of many pilot schemes to improve outcomes for patients in the area. One example, was the

Affordable Warmth Access Referral Mechanism (AWARM) project with Public Health England. The aim of AWARM was to help patients to stay healthy, safe and warm at home. This involved the practice making referrals, assessing risk of hypothermia and providing emergency packs which included blankets.