

Dr Simon John Shaw

Quality Report

Geoffrey Street Health Centre
Preston
Lancashire
PR1 5NE
Tel: 01772 401761
Website: None

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Simon John Shaw on 19 July 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety. Although there was a stable staff team established, for future recruitment purposes we noted there was no formal recruitment policy. This should be implemented to include the information required in the recruitment checklist.
- Systems were in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However infection control was not being regularly audited.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements :

- Ensure a formal recruitment policy is implemented which includes the information required in the recruitment checklist.

Summary of findings

- Maintain security in unauthorised areas.
- The practice should promote online services to all patients.
- The practice should develop a patient reference group in order to consult more widely about patient views and experiences and seek relevant improvement.

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 was rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse..
- Staff areas were seen to be accessible to the public.
- A formal recruitment policy was required which included the information required in the recruitment checklist including how references were confirmed and DBS checks (police checks) were done.
- Whilst the practice was clean and hygienic there was no evidence of regular infection control audits to safeguard patients from the risk of infection.

Systems to assure fire safety and train staff in fire awareness were in place.

Good



Are services effective?

The practice was rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

84% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. This compared to a national average of 81%.

- 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 was available and easy to understand.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The GP encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients.
 - The practice offered home visits and same day appointments for those with enhanced needs.
 - Care plans and health checks were provided as needed with regular medicine reviews carried out.
 - The practice supported patients who lived in nursing and residential homes by undertaking home visits when needed and providing advice over the telephone.
 - The practice offered flu, pneumonia and shingles vaccination programmes.
- .
- Where the patient was at risk of Emergency Admission to hospital a Care Plan was created for them as part of the Alternative to Unplanned Admission Enhanced Service. The patient was given a copy of the plan to keep by the phone in case they required medical assistance urgently.
 - The practice worked closely with the Palliative Care Nurse Specialist, Community Nurse Team and Community Matron.
 - Very elderly/housebound patients were able to order repeat medication over the phone and home delivery of medication by the pharmacist was promoted.

People with long term conditions

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

Good



The chronic disease programme was robust and included:

- Annual review or six month call and recall programme with a clinician for all patients with chronic disease.
- The Practice nurse undertook the review of patients with chronic disease including diabetes and chronic obstructive pulmonary disease (COPD).
- Annual medication reviews for all patients on repeat medication, with robust procedures for non-compliant patients.
- Longer appointments were offered for patients with multiple conditions.

Summary of findings

- Home visits carried out by the GP and practice nurse for house bound patients with chronic disease.
- Flu immunisations for all patients with long term conditions. 100% of people with diabetes had this immunisation in comparison with 93% across the Clinical Commissioning Group (CCG) and 94% England average.
- The practice offered diabetic foot screening call and recall. CQC data indicated that the practice achieved 97% for annual foot checks in patients with diabetes compared to the national average of 88%.
- Continuity of care was delivered by patients seeing the same GP thereby reducing consultation time and allowing more time for the presenting problem that day. The GP had experience of what previous treatments had been the most effective with that patient.

The prescription administrator oversaw the repeat dispensing scheme where patients were prescribed a six month supply of medicine . The GP reviewed all patients or ensured blood tests had been screened before the prescription was renewed.

Families, children and young people

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

- The practice had high achievement with their childhood immunisation programme. Immunisation performance was discussed with the safeguarding lead and when available the health visitor.
- There were safeguarding procedures in place for children who were vulnerable. All staff received regular safeguarding training. The GP was the lead for child & adult safeguarding.
- Childhood flu immunisations were offered and promoted via posters in the waiting room.
- The community midwife undertook clinics at the practice and liaised with the GP and practice nurse.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and younger patients who had a high number of A&E attendances.
- 94% of patients with asthma, on the practice register, had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions. This compared to a CCG average of 76% and a national average of 75%.

Good



Summary of findings

- 80% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 80% and a national average of 82%.
- There was immediate access to same day appointments for all children where required.
- There were pre-bookable appointments one week in advance to help families plan ahead.
- Appointments were available with the GP until 5pm on two afternoons and 6pm on one afternoon so that families could attend after school hours.
- A female health service was available and smears were carried out at the surgery.

Working age people (including those recently retired and students)

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

- Appointments were available until 6pm on Mondays. Patients could book routine appointments up to one week in advance both on the telephone and online.
- The practice promoted online services to selected patients to make it easier for patients who worked to access services outside of practice hours.
- Health Checks were available to patients over 40 years.
- Telephone consultation was available during working hours.
- Electronic Prescription Services (EPS) and a repeat dispensing service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.

Good



People whose circumstances may make them vulnerable

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

- Patients with a learning disability or other significant disability were known to the practice nurse and GP which meant staff could quickly identify when dealing with a patient that they may require additional assistance. They were offered an annual health check using the Cardiff Care Plan often with a support worker present. Picture cards were used to support people with poor understanding of language.

Good



Summary of findings

- The practice had a register of vulnerable adults and children so that staff were alerted when they attended for appointments. This included 23 patients identified as carers.
- Clinical staff were trained in the mental capacity act. There were procedures in place for identifying patients with a Deprivation of Liberty Safeguard (DOLS) in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a hearing loop to assist patients with hearing loss.
- Language line was used with patients where English was not their first language and reception & nursing staff used a quick translation poster to communicate about basic health questions. .

People experiencing poor mental health (including people with dementia)

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

- The practice had leaflets and posters in the waiting room with information regarding dementia, mental health and carer support.
- Patients were monitored as part of the Quality and Outcomes Framework (QOF) to check that they had an up-to-date care plan from the Mental Health Team. 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared well to a CCG average of 86% and a national average of 88%.
- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This was higher than the national average of 84%.
The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The surgery assessed anxiety and depression using effective recognised screening tools. Once patient records were coded as indicating anxiety or depression the patients were then followed up at between 2-6 week appointments.
- All patients at risk of dementia were screened using a nationally recognised screening tool. If results indicated a diagnosis of dementia a referral to the memory clinic was organised.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 379 survey forms were distributed and 94 were returned. This represented 5% of the practice's patient list.

- 90% of patients found it easy to get through to this surgery by phone compared to the national average of 73%. 84% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 81% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 65% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).
- 65% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients considered they were treated with kindness and compassion by all staff at the practice and the service was repeatedly described as very good and excellent. Patients commented the environment was clean and tidy.

We spoke with four patients during the inspection. All four patients said they were satisfied with the service they received and thought that staff listened to them and were very pleasant.

- The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2015/16. This indicated that 84% of patients were 'extremely likely' or "likely" to recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure a formal recruitment policy includes the information required in the staff recruitment checklist, that is take up of written references, police (DBS) checks, recording two forms of personal identification and keeping interview notes on file.
- Maintain security in unauthorised areas.
- The practice should ensure that a regular infection control audit is carried out and non clinical staff receive relevant training.
- The practice should promote online services to all patients.
- The practice should develop a patient reference group in order to consult more widely about patient views and experiences and seek relevant improvement.

Dr Simon John Shaw

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Simon John Shaw

Dr Simon John Shaw is located at Geoffrey Street Health Centre a health centre approximately one mile from the centre of Preston in a residential area. The centre is owned and maintained by NHS Property Services. There is easy access to the building and disabled facilities are provided. There is car parking available on site.

Primary medical services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Greater Preston Clinical Commissioning Group.

There is one GP working full time at the practice. He is the provider of the service and nine sessions are available each week. There are two part-time female practice nurses one of whom was on long term sick leave on the day of our inspection. There is a part time practice manager and a small team of administrative staff.

The practice opening times are 8.30am-6pm Monday, Tuesday, Wednesday, 8.30-1pm Thursday and 8.30am-5.30pm on Friday. The practice appointment times are Monday to Friday 9-11am, Monday 4-6pm, Tuesday and Wednesday 3-5pm and Friday 2-4pm. Due to the implementation of a new GP contract the practice will be open Monday to Friday 8.30am – 6.00pm and access by telephone available from 8.00am – 6.30pm from 1st

October 2016. Patients requiring a GP outside of normal working hours are advised to call Preston Primary Care Centre using the usual surgery number and the call will be re-directed to the out-of-hours service.

There are 1872 patients on the practice list. The majority of patients are white British with 15% who are from other ethnic groups including Asian and Eastern European. There are a high number of working age patients and families. The practice is in a highly deprived area, rated at “1”, the most deprived decile.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Greater Preston Clinical Commissioning Group to share what they knew. We carried out an announced visit on 19th July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the GP, the practice manager and one of the practice nurses.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- We spoke with four patients.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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 system.
- The practice carried out an analysis of significant events and information was reviewed. For example, errors in the ordering of prescriptions for patients at a care home had been analysed and discussed both at practice meetings and with the multidisciplinary team. The practice staff have worked with CCG and NHSE and a Medicines Optimisation lead has now visited the home, training was offered to care staff and the practice monitored the monthly prescription order. The event was reviewed one month later with practice staff and CCG staff involved and an action plan drawn up. These actions have been reviewed four times since and a tracker system is now in place to identify where prescriptions are in the system. Staff felt that liaison between the practice and the care home was vastly improved.

We reviewed safety alerts received by GPs and clinicians. These were discussed during practice meetings, and were emailed directly to the clinicians who discussed them informally together. We looked at one example whereby a blood glucose monitoring machine was identified on an alert as faulty. The practice nurse checked whether any patients were using the equipment which they were not.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. The policies provided contact information for further guidance if staff had concerns about a patient's welfare including the Local Authority Designated Officer. The GP attended safeguarding meetings when possible and provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level 3.

- We saw no evidence of notices in the waiting room to advise patients that chaperones were available if required. However patients we spoke with were aware of this facility. Staff told us the practice nurse acted as a chaperone and was trained for the role.
- The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Non clinical staff had not received up to date training in infection control and we saw no evidence of infection control audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. The prescription administrator and GP worked to ensure that medications did not get out of synch for patients when necessary changes were made either by the practice, out of hour's service, or secondary care staff.
- We noted that a door from the waiting area allowed access to the staff administrative area and a key coded lock was not in use. This was rectified during our visit. There were no systems in place to monitor the use of prescription pads.
- We reviewed three staff personnel files and found that employment references had not always been taken and personal identification documents were not fully recorded. A formal recruitment policy should include the information required in the practice checklist on recruitment of staff, that is obtaining written references and carrying out DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The building was managed by NHS Property Services. We saw there were procedures in place for monitoring

Are services safe?

and managing risks to patient and staff safety within the practice. There was a health and safety policy available and the practice had participated in fire risk assessments and regular fire drills. Electrical equipment had been PAT tested (checked to ensure the equipment was safe to use and that it was working properly).

- The practice manager had no access to documentation regarding 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises. There were oxygen cylinders on the site. A first aid kit and accident book was 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This had been tested during 2015 when the GP had been injured in an accident and the service continued uninterrupted

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 99.9% of the total number of points available. The combined QOF exception rate was 8.3% which compared well with the CCG average 8.8% and England average 9.2%. Data from 2014/2015 showed the following:

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. For example, 87% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (01/04/2014 to 31/03/2015). This was above the national average of 84%.
- Performance for mental health related indicators was above the CCG and national average. For example, 100% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This compares to a CCG average of 88% and a national average of 90%.

Clinical audits demonstrated quality improvement. Audit cycles were completed and a number of full cycles were seen as part of the pre visit practice submitted evidence.

Audits of outlying prescribing by the CCG showed that the practice was the best performing practice locally as regards use of antibiotics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff were provided with role-specific training and updating. Staff administering vaccinations, giving advice to diabetic patients and undertaking cervical smears had received specific training and attended regular updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from senior staff, one-to-one meetings and appraisals for revalidating the GP and practice nurses. We were told that all staff had participated in an appraisal within the last 12 months however we saw no appraisal documentation apart from training and development analysis.
- Staff received training that included safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, shared education sessions with other local practices and participated in in-house training.
- The GP attended weekly peer group meetings with other local GPs to share experience and learning.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The community midwife, podiatrist and physiotherapist delivered clinics at the surgery which meant care was available from one site and information sharing was easy to accomplish.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. When patients had deteriorating health and were awaiting twenty four hour care the practice nurse undertook weekly home visits to monitor their condition.

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 younger patients, 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 assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those 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 including Exercise on Prescription, N Compass and Minds Matters.

The practice's uptake for the cervical screening programme was 80% which was comparable with the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% and five year olds ranged from 82% 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-up appointments were made for the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- All of the 11 comment cards were very positive about the standard of care received. Patients considered they were treated with kindness and compassion by all staff at the practice, the surgery was clean and tidy and the service was very good, providing excellent care. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was either comparable with or above average for its satisfaction scores on consultations with GPs and nurses. For example:
 - 78% of patients said the GP was good at listening to them compared to the national average of 88%.
 - 86% of patients said the GP gave them enough time (national average 87%).
 - 91% of patients said they had confidence and trust in the last GP they saw (national average 95%).
 - 84% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
 - 99% of patients said they had confidence and trust in the last nurse they saw or spoke to (national average 97%)
 - 96% of patients said they found the receptionists at the practice helpful (national average 87%)

However patients we spoke with commented very positively on the care offered by the surgery and felt welcomed when they came to the practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on 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 in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86 % and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care (national average 86%).

Staff told us that for patients who did not have English as a first language they used the Language Line translation service and specialist translation advice available from organisations such as Diabetes UK.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting area told patients how to access a number of community support groups and organisations such as those supporting good mental health and physical health care needs such as cancer. The practice worked closely with the local hospice and the palliative care nursing team. Patients were encouraged to visit the practice nurses for support and after bereavement either the GP or nurse would telephone the family. A bereavement pack was available with advice about arrangements and contact details of support agencies.

The practice's computer system alerted the clinicians if a patient was also a carer and 23 patients (1.7% of the practice list). had been identified. Written information was available to direct carers to signpost them to the various avenues of support available to them.

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 Clinical Commissioning Group to secure improvements to services where these were identified.

- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were frequently available, in particular for children and those with serious or urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The building was accessible for patients who may have mobility problems. There was a hearing loop to support patients with a hearing loss. Literature for patients was available in large print for those with visual impairment.
- There were longer appointments available for patients with a learning disability and for patients with multiple conditions. Patients were well known to the practice nurse and GP which meant staff could quickly identify when dealing with a patient that they may require additional assistance. They were offered an annual health check often with a support worker present. Picture cards were used to support people with poor understanding of language.
- Staff told us several patients were successfully using home rescue packs for their COPD thereby treating chest infections early and preventing exacerbation.
- One of the practice nurses had won the CCG Delivering Quality Award for caring for vulnerable patients in May 2015.

Access to the service

The practice was open between 8.30am and 6.00pm Monday, Tuesday, Wednesday, 8.30-1pm Thursday and 8.30am-5.30pm Friday. The practice appointment times were Monday 9-11am and 4-6pm, Tuesday and Wednesday 9-11am and 3-5pm and Friday 9-11am and 2-4pm. Under the new GP contract the practice will be open Monday to Friday 8.00-6.00pm with access by telephone from 8.00am-6.30pm as from 1st October 2016.

In addition to pre-bookable appointments, urgent appointments were also available daily for patients that needed them and there was a walk in surgery on Monday mornings. Patients who required a GP outside of normal working hours were advised to call 111 when, if appropriate, they were redirected to Preston Primary Care Centre the out-of-hours provider.

At the time of our inspection few patients were using online access to appointments or repeat prescriptions. The practice did not have a website although information about the practice could be found on NHS choices. Staff told us they planned to extend online access and would look at developing a website to improve the availability of information.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the surgery by phone (national average 73%).

The practice had worked to improve access to services for vulnerable patients.

- The practice supported patients who lived in care homes in the locality. The GP and the practice nurse visited the homes regularly and provided telephone consultations.
- The practice regularly worked with multi-disciplinary teams including district nurses, the community matron and palliative care nurses in the case management of patients deemed to be vulnerable.
- Patients who attended A&E were monitored and offered support.

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.

Are services responsive to people's needs? (for example, to feedback?)

- The practice had received four complaints in 2015/16 which were managed promptly and efficiently and patients were offered an apology where appropriate.
- We saw that information was available to help patients understand the complaints system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This included policies, procedures and structures to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The staff team was very stable and succession planning was in place for staff who planned to retire in the next few years.
- Practice specific policies were implemented and were available to all staff. These documents were reviewed regularly with future review dates set.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- With the exception of an infection control audit there were arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice. In order to ensure high quality care. The team prioritised accessible, high quality and compassionate care. The GP was highly visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a strong culture of working together for the good of the patients. Staff told us that when resources were low due to sick leave they had been supported and their tasks prioritised.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They 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.

- There was a weekly meeting between GP and Practice Manager and a quarterly team meeting for all staff at which significant events and complaints were discussed and learning shared.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues whenever the GP was available and at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- All staff were involved in discussions about how to run and develop the practice, and the GP 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.

- Currently the practice did not have a Patient Reference Group although we saw an invitation to express interest in forming a group on posters in the reception area. During our inspection visit we discussed a more proactive plan to recruit patients to a reference group. The practice sought feedback from the Family and Friends Test surveys, a comments box was in the reception area and following an audit of usage of appointments the system had been improved to introduce the walk in surgery and offer appointments at times which had proved most popular. Patients we spoke with were very positive about accessing appointments and the service delivered

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had meetings with the Clinical Commissioning Group (CCG) so they could influence local services and report against their contract.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified such as ensuring appointments were always available on the day and offering weekly home visits to patients awaiting twenty four hour nursing care.
- The Practice manager met with other local peers in the neighbourhood to share information and learning.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.