

Penwortham St.Marys Medical Group

Quality Report

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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 Penwortham St Marys Medical Group on 17 November 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 and a system in place for reporting and recording significant events. We discussed with the practice the need to review some of the systems and processes that governed risks such complaints and safeguarding.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice including:

- The practice had a branch surgery based at a University of Central Lancashire (UCLAN) campus

Summary of findings

and provided services tailored to their student patients. This included providing specialist clinics such as sexual health, travel health and contraception.

- The practice worked closely with the University to ensure the physical and mental health of student patients was promoted and safeguarded. The practice met monthly with all interested stakeholders and participated in health awareness campaigns such as meningitis awareness and smoking cessation run by the University and the Student Union.
- The practice offered a clinic on a Saturday and Sunday 8am to 1.30pm for working patients who could not attend during normal opening hours.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review the changes made to the safeguarding systems to ensure they are embedded and being used effectively.
- Review the changes made to the complaints processes to ensure they are embedded and verbal complaint information is being appropriately actioned.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There were systems in place for reporting and recording significant events. We discussed with the practice the need to ensure verbal complaints were appropriately investigated to determine if issues identified needed to be reviewed as significant events.
- Lessons and actions taken were shared with the clinical team. We discussed with the practice the need to review how learning and actions were shared with the whole staff team.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. We discussed with the practice the need to review where information was recorded to ensure their monitoring system was effective and easily audited.
- Medicines management systems were in place. We discussed with the practice the need to ensure medication was stored as required by the manufacturer.
- There was a protocol in place to monitor uncollected prescriptions. We discussed with the practice the need to review this protocol to ensure high risk drugs and vulnerable patients' prescription management was effectively monitored and actioned where necessary.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The main practice and branch 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. We discussed with the practice the need to ensure verbal complaints were documented and dealt with in the same manner as written complaints. Learning from written complaints was shared with staff and where appropriate other stakeholders.

Good



Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. We discussed with the practice the need to ensure policies and procedures were regularly reviewed and this review documented to ensure the practice was working to the most up to date guidance and legal requirements.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to

Good



Summary of findings

monitor and improve quality and identify risk. We discussed with the practice the need to review some processes and systems to ensure detailed records were maintained to enable learning from incidents and effective risk management.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a designated healthcare assistant who carried out home visits for older patients unable to attend the practice to ensure any long term conditions were monitored.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, patients with chronic obstructive pulmonary disease (COPD) and diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives, and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice opened seven days a week to meet the needs of their patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice has a branch surgery based on a University of Central Lancashire (UCLAN) campus and provided services tailored to their student patients. This included specialist clinics such as sexual health, travel health and contraception.
- The practice worked closely with the University to ensure the physical and mental health of student patients was promoted and safeguarded. The practice monthly with all interested stakeholders and participated in health awareness campaigns such as meningitis awareness and smoking cessation run by the University and the Student Union.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice worked closely with the University with regard to suicide prevention strategies and engagement.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 91 responses which is approximately equivalent to 0.5% of the patient list) showed the practice was comparable with local and national averages in aspects of service delivery. For example,

- 73% of respondents described their experience of making an appointment as good compared to the CCG average 74% and the national average of 73%.
- 75% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 89% described the overall experience of their GP surgery as good compared to the CCG average 87% and the national average of 85%.

- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, 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 26 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who were more vulnerable were supported in their treatment. Two patients we spoke with told us they received an excellent service.

The practice's NHS Friends and Family Test (this is an anonymous way for patients to give their views after receiving care or treatment across the NHS) results for October 2016 showed that from 81 of patients who took part in the test 93% stated they were extremely likely to recommend the practice to someone who had recently moved into the area.

Areas for improvement

Action the service **SHOULD** take to improve

The provider should:

- Review the changes made to the safeguarding systems to ensure they are embedded and being used effectively.

- Review the changes made to the complaints processes to ensure they are embedded and verbal complaint information is being appropriately actioned.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice had a branch surgery based at a University of Central Lancashire (UCLAN) campus and provided services tailored to their student patients. This included providing specialist clinics such as sexual health, travel health and contraception.
- The practice worked closely with the University to ensure the physical and mental health of student

patients was promoted and safeguarded. The practice met monthly with all interested stakeholders and participated in health awareness campaigns such as meningitis awareness and smoking cessation run by the University and the Student Union.

- The practice offered a clinic on a Saturday and Sunday 8am to 1.30pm for working patients who could not attend during normal opening hours.

Penwortham St.Marys Medical Group

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 second inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Penwortham St.Marys Medical Group

Penwortham St Marys Medical Group is situated in Penwortham near Preston their branch surgery is situated on the Preston City Centre University of Central Lancashire (UCLAN) campus. There were approximately 16855 patients on the practice register at the time of our inspection. The practice population was predominantly students and working age patients.

The practice is managed by two GP partners (male), five salaried GPs (four female and one male), four nurse practitioners and four practice nurses. Members of clinical staff are supported by a practice manager, deputy practice manager, reception and administration staff.

The practice is open between 8am and 6pm Monday to Friday. Appointments are from 8am to 12pm every morning and 2pm to 5.30pm daily. Extended hours appointments are offered Saturday and Sunday 8am to 1.30pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Greater Preston local Clinical Commissioning Group (CCG).

Why we carried out this inspection

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

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 17 November 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed records, policies and procedures.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of significant events. We discussed with the practice the need to review how information from verbal complaints or concerns was assessed to determine whether they needed to be analysed as significant events; and to ensure learning and action taken were shared with the whole staff team. Following the inspection, the practice provided evidence that showed work had been carried out to change the system to ensure that information from verbal complaints and concerns were appropriately reviewed.

Staff were aware of recent safety alerts and there was a system to disseminate information to the appropriate staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice met regularly with the health visitors to discuss individual patients. We discussed with the practice the need to review some of the systems in place used to store incoming documentation and to monitor and record information regarding vulnerable children. Following the inspection, the practice provided evidence that showed the practice had reviewed the systems and made changes to ensure all documentation and information was appropriately recorded in patient records. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We discussed with the practice the need to review cleaning schedules to ensure details of the frequency for cleaning clinical equipment were included. Following the inspection the practice provided evidence that showed the cleaning schedules had been amended.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines (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. We discussed with the practice the need to review the uncollected prescription process to ensure prescriptions for vulnerable patients were reviewed and appropriate action taken. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The nurse practitioners and two of the practice nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The majority of medicines we checked were in date and stored securely. We noted that an emergency drug had not been stored in line with the manufacturer's guidance. Following the inspection the practice confirmed this drug had been destroyed and a replacement had been purchased.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 86% of the total number of points available with the exception reporting rate of 4% which was significantly lower than the CCG average of 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

Performance for diabetes related indicators was comparable with or lower than the local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 85% compared with a local average of 78% and national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 58% (CCG average

81%, national average 88%). The practice acknowledged that in some areas of QOF improvements needed to be made and felt the recruitment of clinical staff would improve this issue.

Performance for mental health related indicators was comparable with or higher than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 80% compared to local average of 86% and national averages of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 95% (CCG average 88%, national average 90%).

The practice carried out a variety of audits that demonstrated quality improvement. For example, antibiotic prescribing audit, medication audits and clinical audits. The practice shared their audit results with other practices to share the learning. We discussed with the practice the benefit of implementing a programme of audits to promote improvement and safety.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetic care and treatment updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- 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. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Training was included in staff meetings and there were timetables for meetings available. Staff told us they were supported in their careers and had opportunities to develop their learning. We discussed with the practice the need to review how training was recorded to ensure update training was provided at appropriate intervals.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice carried out vaccinations and cancer screening. Results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year and five year olds was comparable with or higher than the CCG averages.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 74% compared to a national average of 82%.

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.

The practice worked closely with the university to ensure student patients accessing the branch surgery received appropriate health check and interventions to suit their specific lifestyles.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey published in July 2016 (from 91 responses which is approximately equivalent to 0.5% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 77% said the GP gave them enough time (CCG average 87%, national average 87%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

The practice had gone through a significant change in clinical staff in the last twelve months and this had resulted in pressures placed on the remaining clinical staff that has now been resolved.

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. 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 comparable local and national averages. For example:

- 86% 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%.
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).

Staff told us that telephone translation services were available. There was a hearing loop in place at the branch surgery in the reception/waiting area to support patients with hearing difficulties. We discussed with the practice the need to ensure the same facility was available at the main practice site. Following the inspection, the practice confirmed a portable hearing loop had been purchased for the practice.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 84 carers on its list (0.5% of the patient list). The practice provided carers packs of information and information was also available on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent a card and offered a longer appointment to meet the family's needs or signposted those to local counselling services available.

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.

- The practice offered a clinic on a Saturday and Sunday 8am to 1.30pm for working patients who could not attend during normal opening hours.
- The practice offered more appointments in the afternoon and early evening at the branch surgery situated on a UCLAN campus to meet the needs of the student population.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- At the practice there were disabled facilities and translation services available.
- At the branch surgery there were disabled facilities, a hearing loop and translation services available.
- The practice offered a phlebotomy service two mornings a week.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8am to 12pm every morning and 2pm to 5.30pm daily. Extended hours appointments were offered Saturday and Sunday 8am to 1.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 75% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 78%, national average 74%).
- 88% of patients said the last appointment they got was convenient (CCG average 93%, national average 92%).

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a 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.
- There was limited information available for patients with regard to how to make a complaint, both verbally and written. The practice acknowledged further information needed to be provided to explain the process and to provide help and support to patients. Following the inspection, the practice provided detailed information regarding the changes made.
- The practice did not formally record verbal complaints and therefore they were not appropriately investigated and there was no evidence of any action taken. Following the inspection, the practice provided

Are services responsive to people's needs?

(for example, to feedback?)

evidence that showed action had been taken to review the systems and processes and had provided external complaints investigation and management training to the designated person who handled complaints.

The practice discussed complaints at staff meetings. We reviewed a log of complaints and found written complaints were recorded. We reviewed two complaints and found written responses included apologies to the patient and an explanation of events.

Are services well-led?

Good 

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

Our findings

The practice strived to provide their patients with high quality personal health care. There was a business plan in place that was regularly monitored and updated.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We discussed with the practice the need to ensure there was a system in place to review policies and procedures at regular intervals to ensure they offered the most up to date guidance and reflected current legislation. Following the inspection, the practice provided evidence that a system had been put in place.
- 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. We discussed with the practice the benefit of implementing a programme of audits to promote improvement and safety.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We discussed with the practice the need to develop the clinical meeting structure in place to ensure detailed records were kept to support learning and the management of risk. Following the inspection, the practice provided evidence that showed this issue had been addressed and more detailed minutes and clear signposting to support learning and risk management had been put in place.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We discussed with the practice the need to ensure verbal complaints or concerns were dealt in the same manner as written complaints. Following the inspection the practice provided detailed evidence that showed the complaints process had been reviewed and verbal complaints were now dealt with appropriately. 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We discussed with the practice the need to ensure detailed minutes or clear signposting information was made during clinical meetings to enable shared learning and risk management more effective. Following the inspection, the practice provided evidence that action had been taken to improve the level of detail recorded in clinical meeting minutes.

Are services well-led?

Good 

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

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 worked hard to maintain a patient participation group (PPG) and was in the process of seeking more members. The practice gathered feedback from patients through the patient participation group (PPG) through surveys and complaints received.

- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of the drive to set up a federation of GP practices to promote improvement in local services for patients.