Croston Medical Centre

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Croston Medical Centre on 15 November 2016. Overall the practice is rated as Requires Improvement .

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough and there was confusion as to what constituted a significant incident.
- There was no system for receiving medical and safety alerts into the practice.
- The practice lacked a system to ensure medicines and some clinical equipment such as needles, test kits and surgical tape, were in date
- Risks to patients had been recently assessed and were managed, with the exception of those relating to recruitment checks.
- Clinical audits and quality improvement initiatives were limited.
- Data showed patient outcomes were better than local and national averages.
- 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 with a GP and there was continuity of care, with urgent appointments available the same day. Patients were extremely positive about the "open access surgery" each morning.

Summary of findings

- The practice had a number of policies and procedures to govern activity, which had been recently updated and reviewed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour

The areas where the provider must make improvements are

- Introduce comprehensive processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure the practice recruitment policy reflects current guidance and ensure all necessary employment checks are undertaken for all staff.

- Carry out quality improvement, including clinical audits and re-audits to improve patient outcomes.
- Implement a comprehensive system to check expiry dates of clinical stock and medicines.
- Ensure there is adequate staffing and capacity to deliver safe care and treatment and ensure adequate management and leadership capacity to deliver all improvements.
- Undertake appraisals to ensure performance reviews, professional and personal development for all staff

The areas where the provider should make improvement are

- Improve documentation for complaints so that the practice can demonstrate lessons are learnt and shared to improve the quality of care.
- Embed systems so that clinicians are kept up to date with national guidance and guidelines and safety alerts.
- Embed governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

- Improve the office facilities for the practice manager to provide appropriate facilities to enable them to undertake of the role more effectively.
- Improve the security of patient medical records into lockable cabinets.
- Confirm with the medical indemnity insurers that appropriate cover is in place for number of sessions undertaken by the GP.
- Make improvements to accurately identify the number of patients registered who also act as carers and provide appropriate support.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough and there was confusion as to what constituted a significant incident.
- Most risks to patients who used services were assessed and the systems and processes to address these risks were implemented, however the required recruitment checks were not always undertaken before employment
- Medicine expiry dates were not effectively checked and recorded.
- Pads for use with the defibrillator were not in place until after the inspection and the Oxygen cylinder was not regularly checked and recorded.
- Appropriate arrangements were in place to safeguard children and vulnerable adults from abuse.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Staff had the skills, knowledge and experience to deliver effective care and treatment, however there was no evidence the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- There was little evidence of quality improvement initiatives or clinical audits to demonstrate quality improvement.
- There was little evidence of appraisals and personal development plans for staff.

However:

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national average.

  However:

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it very easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Patients said they found the "open access surgery" each day excellent.
- 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. However documentation did not give enough detail to demonstrate the learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice did not have a clear vision and a strategy.
- There was no documented leadership structure. Staff told us they had felt supported by new practice manager but at times found it difficult to raise issues with the GP.
- The practice manager had implemented a governance framework which would support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk

Summary of findings

- The practice had a number of policies and procedures to govern activity; these had been recently reviewed and understood by the staff but required time to embed.
- All staff had received inductions but staff had not received regular performance reviews or appraisals.
- The practice sought feedback from patients, which it acted on. The patient participation group had recently been reinstated, with future meetings planned.
- Practice meetings had only recently taken place and the minutes were not detailed. Standard agenda items such as safeguarding, incidents and complaints were not discussed.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The issues identified as requiring improvement overall affected all patients including this population group.

However:

- 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.
- Regular multidisciplinary meetings were held to discuss patients nearing the end of life in order to ensure their needs were being met.

People with long term conditions

Requires improvement

The practice is rated as requiring improvement for the care of people with long term conditions. The issues identified as requiring improvement overall affected all patients including this population group.

However:

- The GP supported by the practice nurse, had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 72% of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) which was comparable to the CCG average of 79% and national average of 80%.
- Longer appointments and home visits were available when needed.

All these patients had a care plan and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requiring improvement overall affected all patients including this population group.

Summary of findings

However:

- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 88% which was better than the CCG and National average of 85% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requiring improvement overall affected all patients including this population group.

However:

- 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 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.
- Extended surgery hours were available each Monday evening till 7.30pm, with a surgery each Saturday morning until 12 midday.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requiring improvement overall affected all patients including this population group.

However:

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requiring improvement overall affected all patients including this population group.

However:

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 87% and 84% national average
- 95% 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) which was better than the CCG and national average of 93% and 89% respectively.
- 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 had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. Of 233 forms distributed 117 were returned. This represented 3% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to 71% in the CCG and the national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to 80% in the CCG and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 82% in the CCG and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards of which 32 were wholly positive about the standard of care received. Patients were very positive about the "open access surgery" each morning. The GP and practice nurse were named as providing an excellent service. Six comment cards, although making some positive comments about the standard of care and treatment within the practice, made reference to one member of the reception staff being rude and abrupt.

We also received feedback from a visiting external professional which stated the practice manager and staff were professional, friendly and helpful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We spoke with two members of the Patient Participation Group (PPG). We were told that the group had not met on a regular basis since a former GP left the practice; however future meetings were now planned. We were given example of action taken when the PPG had raised an issue in relation to parking for disabled patients and access to the surgery from the public walkway.

The practice reported a low participation rate in the NHS Friends and Family Test. We saw results from September 2016 that five patients would be extremely likely to recommend the practice and one patient likely. In October 2016 that three patients would be extremely likely to recommend two patients likely to recommend the practice to friends and family. All additional comments made were also very positive about the care and treatment provided.

Areas for improvement

Action the service MUST take to improve

- Introduce comprehensive processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure the practice recruitment policy reflects current guidance and ensure all necessary employment checks are undertaken for all staff.
- Carry out quality improvement, including clinical audits and re-audits to improve patient outcomes.
- Implement a comprehensive system to check expiry dates of clinical stock and medicines.
- Ensure there is adequate staffing and capacity to deliver safe care and treatment and ensure adequate management and leadership capacity to deliver all improvements.
- Undertake appraisals to ensure performance reviews, professional and personal development for all staff

Action the service SHOULD take to improve

- Improve documentation for complaints so that the practice can demonstrate lessons are learnt and shared to improve the quality of care.

Summary of findings

- Embed systems so that clinicians are kept up to date with national guidance and guidelines and safety alerts.
- Embed governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

- Improve the office facilities for the practice manager to provide appropriate facilities to enable them to undertake of the role more effectively.
- Improve the security of patient medical records into lockable cabinets.
- Confirm with the medical indemnity insurers that appropriate cover is in place for number of sessions undertaken by the GP
- Make improvements to accurately identify the number of patients registered who also act as carers

Croston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Croston Medical Centre

Croston Medical Centre, 30 Brookfield, Croston, is situated within a purpose built health centre in a residential area of Croston, Leyland in Lancashire. The practice also has a branch surgery in Eccleston Health Centre at Doctors Lane, Eccleston approximately three miles away from the main surgery. Patients can attend either surgery.

The practice delivers primary medical services under a General Medical Services (GMS) contract with NHS England. It is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG).

The practice confirmed the number of registered patients as 3,997.

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

The practice has one lead female GP and one male salaried, sessional GP, a practice nurse and four administration and reception staff, a secretary and a practice manager who has been with the practice for five months.

The practice is open from 8.30am until 7.30pm each Monday, 8.30 until 6.30 Tuesday to Friday and 9am until 12 noon on Saturday.

Appointments are available between 8.30am and 10.30am Monday to Friday and 3.30pm to 7.30pm on Monday, 3.30pm to 6pm Wednesday and 4pm to 6pm on Thursday. Patients can also attend an “open access surgery” each day, when no appointment is required and patients wait to be seen. Appointments and walk in access are also available at the Eccleston branch site from 3.30pm to 5pm Tuesday and Friday, when the Croston surgery is closed. Evening surgeries are by appointment only.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

When the surgery is closed patients are directed to the local out of hours service (Go to Doc) and NHS 111. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse, receptionists/administration staff, secretary and the practice manager and spoke with patients who used the service.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice did not have a comprehensive system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or GP 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). However the GP told us they had some confusion as to what constituted a significant event since the recent reclassification of events by the General Medical Council (GMC) and two events classified as a significant event by the GP no longer met the criteria. (A significant event is a serious, or critical, incident, in which clinical staff were named or personally involved, and in which serious harm could have, or did, come to a patient. Only incidents that reach the GMC level of harm need to be recorded as Significant Events) There for the practice did not have a comprehensive system to record and act on significant events
- 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.
- We noted at the time of the inspection the practice did not have a comprehensive system in place to receive and act on medical and/or safety alerts. The GP told us they did not receive any alerts. Documentary evidence has been submitted to demonstrate that the GP and practice manager now are registered and have received recent alerts since the inspection. The practice nurse confirmed that she was registered and did receive alerts that were shared as required with the GP. These had been acted upon as required.

Overview of safety systems and processes

The practice manager had been in post for seven months, previously there had been no practice manager employed.

The practice manager had implemented safety systems and processes, which staff understood and were being embedded, to keep patients safe and in particular, 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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The practice nurse was trained to level 2.
- 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 but had not consistently received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice submitted evidence that they had applied for DBS checks for all appropriate staff following the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP and the practice nurse were named as the infection control leads. The practice nurse liaised with the local infection prevention team 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, the last being March 2016 and we saw evidence that action was taken to address most improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not comprehensively keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review

of high risk medicines. However we found a medicine, recently reclassified as a controlled drug in a cupboard (controlled drugs are medicines that require extra checks and special storage because of their potential misuse). This was destroyed as required following our inspection. We also found a number of medicines, such as aspirin and maxolon (a medicine to reduce nausea) were out of date.

- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed five personnel files and found consistent recruitment checks had not been undertaken prior to employment. For example only three files contained evidence of the appropriate checks through the Disclosure and Barring Service and there was no evidence of references. There was however, proof of identification, qualifications, training and registration with the appropriate professional body for the practice nurse.

Monitoring risks to patients

Risks to patients had been recently assessed

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and had undertaken recent fire safety training. 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 manager had recently undertaken a comprehensive review of health and safety and risks within the practice and was compiling a variety of other risk assessments 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. As the practice staffing establishment was small, staff covered each other's duties when required. However we were told there was a three week wait for an appointment with the practice nurse, who worked 25 hours per week.

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, however some of these medicines were out of date. The practice nurse was compiling records to maintain checks of expiry dates.
- The practice had a defibrillator available on the premises but this was not regularly checked and the required pads for adult and paediatric use were not in place. There was oxygen with adult and children's masks, but again documented checks to ensure it was functioning correctly were not in place. A first aid kit and accident book were available. We received confirmation after the inspection that the appropriate defibrillator pads had been purchased.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However not all the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- However there was no evidence 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 98% of the total number of points available, with an exception rate was 4% (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 2015/2016 showed:

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 12 months (1 August 2015 to 31 March 2016) was 96% with the CCG and national average at 97% and 95% respectively.
- Performance for mental health related indicators was better than the national average. 98% of patients on lithium therapy had a record of lithium levels in the therapeutic range in the preceding 4 months which was better than the CCG 87% and national average of 90%.

There was some evidence of quality improvement initiatives including clinical audit.

- We saw one clinical audit on the day of the inspection, however addition information was submitted after the inspection to demonstrate there had been three clinical audits completed in the last two years. One was a 2 cycle audit to demonstrate how the improvements made were implemented and monitored. For example an audit was done on patients taking Proton Pump Inhibitors (PPI - used to reduce gastric acid) to check appropriateness of medication. 230 patients were checked eight patients had not had investigations. Several patients had dose reduction for maintenance level. On re-audit four patients out of eight in total still were due for investigations. Another audit was in relation to patients presenting with recurring urinary tract infections. Despite negative results from swab tests, the appropriate treatment was prescribed with we were told, 100% effectiveness.
- We were told the practice participated in local audits, national benchmarking, accreditation, peer review but there was little evidence as to how this impacted on care and treatment.

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 GP was the lead for all long term conditions. The practice could demonstrate how they ensured role-specific training and updating for other relevant staff. For example, the practice nurse had undertaken updated training for spirometry (lung function testing), diabetes.
- 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.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However there was no evidence of staff appraisals since 2014.

Requires improvement

Are services effective?

(for example, treatment is effective)

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

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. Verbal consent was then recorded on the patient electronic record

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. Patients were signposted to the relevant service.
- Information in relation to smoking cessation advice from a local support group was available in the waiting room.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel screening and had a better uptake at 65% then CCG and national averages of 58% and 57%. Breast cancer screening was slightly lower at 67% compared to 71% CCG and 72% national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 93% to 97%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However six of those contained negative comments in relation to a member of reception staff.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Some of the information was out of date, however the practice confirmed these had been removed.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of carer's but had only identified 25 patients as carers (which was 0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on each Monday evening until 7.30pm and a Saturday morning surgery until 12 noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and health reviews were undertaken.
- 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

Appointments were available between 8.30am and 10.30am Monday to Friday and 3.30pm to 7.30pm on Monday, 3.30pm to 6pm Wednesday and 4pm to 6pm on Thursday. Patients could also attend an "open access surgery" each day, when no appointment was required and patients waited to be seen. Appointments and walk in access were also available at the Eccleston branch site from 3.30pm to 5pm Tuesday and Friday, when the Croston surgery was closed. Evening surgeries were by appointment only.

Patients could book appointments in person, via the telephone or online. The practice provided pre-bookable consultations, urgent consultations and home visits.

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

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 79%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

The practice had received two complaints in the last 12 months. We found these were satisfactorily handled, dealt with in a timely way, openness and transparency when dealing with the complaint. However improvement was needed in the detail of the documentation to demonstrate lessons were learnt and shared to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice did not have a clear vision and a strategy. The principal GP spoke about an agreed succession plan for the future although there was no business plan in place.

Governance arrangements

The practice manager had recently implemented a governance framework which included initial arrangements to monitor and improve quality and identify risk although this did not cover clinical aspects of patient safety.

- Practice specific policies had been recently reviewed and were available to all staff via a shared drive and in paper format.
- An understanding of the performance of the practice was maintained.

However

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions needed to be further developed.
- A programme of continuous quality improvement and clinical audit was needed to monitor quality and to make improvements.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- The practice had an opportunity to utilise the skills of the practice manager to develop a reflective shared learning approach to improve patient care.
- We found a large number of patients paper medical records, stored in the practice managers room but not in secure lockable cabinets
- There was some discussion with the GP about the level of indemnity cover for the number of sessions worked in total, and the GP was asked to check this with the medical indemnity insurers as soon as possible.

Leadership and culture

The principal GP told us the practice prioritised safe and compassionate care and we observed evidence of care and compassion for patients. We observed a distinct difference between patient care and leadership and human resource management within the practice. Staff told us the new practice manager was beginning to implement changes and that they were supportive of this. However, the facilities for the practice manager were limited with an office in a cubby hole which provided no privacy or storage space for practice documentation. Staff said that raising issues with the principal GP could be awkward and they did not feel they were listened to at times. Staff also told us they felt they worked under unnecessary scrutiny.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The principal GP told us they 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. However, we found evidence that written records of verbal interactions were not always kept as well as written correspondence.

There was a staffing structure in place, although resources did not appear sufficient in some areas, for example nursing care. The practice manager had begun to reinstate regular team meetings and staff said they felt supported by the practice manager.

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

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

- The practice had gathered feedback from patients through practice surveys and complaints received. The patient participation group (PPG) had not met regularly for some time before the recent meeting in November 2016, but future meetings had been planned. The members of the PPG we spoke with told us that practice was always willing to listen to issues and ideas raised by them.

Are services well-led?

Requires improvement

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

- We found little evidence that the practice had gathered feedback from staff due to lack of appraisals and but staff told us that they felt this would improve by having more opportunity in future at the practice meetings.

Continuous improvement

We found that there had not been a culture of empowerment of staff to improve patient care, developing staff, encouraging improvement or improving care through clinical audit.

The practice now had the opportunity to improve by the plans to undertake staff appraisals and by giving the staff the opportunity to contribute to the development of the practice via gathering their feedback and opinions at practice meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • Medicine expiry dates were not effectively checked and recorded. • The Oxygen cylinder, for use in emergencies, was not regularly checked and recorded. • Items of clinical stock and medicines were found to be out of date and the required pads for adult and paediatric use with the defibrillator were not in place. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • Reviews and investigations of incidents were not thorough enough and there was confusion as to what constituted a significant incident. • There was no system for receiving medical and safety alerts into the practice. Clinical audits and quality improvement initiatives were limited. • Recruitment procedures were not consistently undertaken, particularly for those undertaking chaperone duties. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Management of supply of blood and blood derived products Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • Staff had not received appraisals since 2014 and professional development was not identified. • The registered person had not assessed the capacity to ensure sufficient numbers of clinical and non clinical staff to meet the requirements of the service. This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.