

# Broadway 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

Good



Are services safe?

Requires improvement



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

This is the report of findings from our inspection of Broadway Medical Centre.

We carried out a comprehensive inspection on 10 December 2014. We spoke with patients, members of the Patient Participation Group (PPG) and staff, including the management team.

The practice was rated as good overall.

Our key findings were as follows:

- All staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- National Institute for Health and Care Excellence (NICE) guidance was used routinely. Patients' needs were assessed and care planned and delivered in line with current legislation.
- We received mixed views about the availability of appointments at the practice. Patients told us they could access urgent appointments when they needed

to, but often had to wait up to two weeks to see a doctor of their choice. The practice had increased the amount of 'book on the day' appointments in order to meet patient demand.

- The practice was clean and accessible to patients with a physical disability. Improvements had been identified as part of a recent audit and survey.
- The practice took time to listen to the views of their patients and ran an active Patient Participation Group. Actions were identified and taken to improve the service.
- The practice was responsive to the needs of its patients with dementia. Three members of staff were to attend dementia friends training as well as the staff team to conduct e-learning on this subject. A Nurse Practitioner had been recruited who led on Dementia Care and provided health reviews for those patients who were housebound.

There were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

# Summary of findings

- Ensure medicines are managed effectively, by means of appropriate arrangements for the recording and safe keeping of medicines. The provider is failing to meet regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In addition the provider should:

- Notify the Care Quality Commission of all relevant incidents as required under the Health and Social Care Act 2008(Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009

- Review significant incident procedures to ensure learning is identified, actioned and reviewed appropriately.

Ensure that staff are recruited and employed safely. The necessity to conduct criminal record checks for non clinical staff should be appropriately risk assessed.

**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 requires improvement for providing safe services.

Staff understood their responsibilities to raise concerns and reported incidents appropriately. Investigations were completed but did not always identify measures to reduce the risk of incidents reoccurring.

Staff were knowledgeable about what constituted a safeguarding concern. A GP took the position of safeguarding lead for the practice and staff knew who to contact. Recruitment checks were conducted for clinical staff; however non clinical staff who provided chaperone services had not been checked by the DBS (Disclosure and Barring Service).

The practice had stocks of equipment and drugs for use in the event of an emergency. However controlled drugs were poorly managed and not always securely stored. Vaccine fridge stocks were in date and rotated, however temperatures were not always recorded to ensure they were safe to use.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

Care and treatment was delivered in line with current published best practice. Staff meetings and audits were used to assess how well the service was delivered.

Consent to treatment was always obtained where required and this was confirmed when speaking with patients.

The practice regularly met with other health professionals and commissioners in the local area in order to review areas for improvement and share good practice.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

Patients told us staff were friendly and they were treated with respect, dignity and compassion.

Staff we spoke with were aware of the importance of providing patients with privacy and information was available to help patients understand the care available to them.

**Good**



# Summary of findings

The practice was proactive in supporting patients to ensure they received the care they required. The results of the 2013 National GP Survey show that 90% of patients said their GP was good or very good at treating them with care and concern and involving them in decisions about their care.

## **Are services responsive to people's needs?**

The practice is rated good for providing responsive services.

The practice reviewed the needs of their local population and engaged with the NHS England Local Area Team (LAT) and the Clinical Commissioning Group (CCG) to secure service improvements where possible.

The practice sought to gain patient feedback and had an active Patient Participation Group (PPG) who provided ideas and suggestions to help improve the service.

Appointments were available the same day. Patients reported they could access these appointments on the day, however some patients told us these were not always with their GP of choice.

There was a clear complaints policy and procedure demonstrating that the practice responded quickly to issues raised and brought them to resolution. Staff told us that learning from complaints was shared with them but staff meetings were not minuted.

**Good**



## **Are services well-led?**

The practice is rated as good for providing well-led services.

The practice effectively responded to change. There was a clear set of values which were understood by staff and demonstrated in their behaviours.

There was an open and honest culture and staff knew and understood the lines of escalation to report incidents, concerns, or positive discussions.

All staff we spoke with felt valued and told us they were individually supported to progress in their roles.

**Good**



# 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

Good



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

The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions, carers' information and whether patients were housebound. They used this information to provide services in the most appropriate way and in a timely manner.

We found the practice worked well with other agencies and health providers to give support and access specialist help when needed.

There was a practice plan to reduce avoidable A&E attendance in all groups which included older people.

The practice had a complete register available of all patients in need of palliative care or support irrespective of age. Palliative Care Nurses were involved in surgery meetings to ensure that care for patients at the end of their lives was co-ordinated.

### People with long term conditions

Good



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

Patients had as a minimum an annual review of their condition and their medication needs were checked at this time. When needed, longer appointments and home visits were available.

Patients at risk of being admitted to hospital due to their condition had a care plan in place, this was regularly reviewed by the GP and the multidisciplinary team involved in their care.

Information was available on the practice website and leaflets were also available at the practice to assist patients to manage their conditions.

### Families, children and young people

Good



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

Children and young people were treated in an age appropriate way and their consent to treatment using appropriate methods was requested.

# Summary of findings

Patients with young children told us they were always able to access an on the day appointment where they had concerns about the health of their child.

There were comprehensive screening and vaccination programmes which were managed effectively to support patients. Community midwives attended the surgery each per week.

The practice monitored any non-attendance of babies and children at vaccination clinics and worked closely with the health visiting service to follow up any concerns. The practice maintained a register to identify children at risk.

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

The practice is rated as good for the care of working age people and those recently retired.

The practice provided a range of services for patients to consult with GPs and nurses, including on-line booking and telephone consultations.

The practice kept their opening hours under review in order to meet the needs of the patient population registered at the practice.

**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.

All the staff at the practice, including the receptionists, were proactive when following up information received about their patients, specifically those who were vulnerable. The staff told us they were able to identify a person in crisis and they knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies both in and out of hours.

The practice made adjustments to how they provided the service in order to meet patients' needs. The practice maintained a register of patients aged 18 and over with learning disabilities and we saw these patients were invited to attend annual health check reviews. The practice offered longer appointment times for patients with a learning disability and for annual health checks. This helped to ensure patients were given time to be fully involved in making decisions about their health.

**Good**



# Summary of findings

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

The practice is rated as outstanding for the care of people experiencing poor mental health.

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review.

GPs worked with other services to review and share care with specialist teams. The practice maintained an electronic alert system of patients who experienced mental health problems.

Patients who were referred to mental health services could access this in-house. By attending the practice this also maintained their confidentiality.

The practice had recently arranged for three members of staff to attend dementia friends training as well as the staff team to conduct e-learning on this subject.

A Nurse Practitioner had been recruited who led on Dementia Care and provided health reviews for those patients who were housebound.

A Mental Capacity Act 2005 policy was available and staff also had guidance available regarding living wills or 'advanced directives'. The practice had also developed a leaflet to highlight this to patients. A comprehensive Mental Capacity checklist was in place.

Outstanding





# Summary of findings

## What people who use the service say

We received nine completed CQC comment cards and spoke with 10 patients visiting the surgery on the day of the inspection. We received feedback from male and female patients across a broad age range.

Patients told us that if they had an urgent need they could see a GP. Some commented if they wished to see a doctor of their choice they would have to wait up to two weeks.

Most patients we spoke with told us that staff at the practice were caring and considerate to their needs.

The results of the 2013 National GP patient survey showed that 94% of respondents from this practice described the overall experience of their GP surgery as fairly good or very good. 89% of patients said their GP was good or very good at treating them with care and concerns and involving them in decisions about their care. 94% of patients said the last time they saw a nurse the nurse was good or very good at treating them with care and concern

## Areas for improvement

### **Action the service MUST take to improve**

Ensure medicines are managed effectively, by means of appropriate arrangements for the recording and safe keeping of medicines. The provider is failing to meet regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

### **Action the service SHOULD take to improve**

Notify the Care Quality Commission of all relevant incidents as required under the Health and Social Care Act 2008(Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009

Review significant incident procedures to ensure learning is identified, actioned and reviewed appropriately.

Ensure that staff are recruited and employed safely. The necessity to conduct criminal record checks for non clinical staff should be appropriately risk assessed.

# Broadway Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Inspector. The team included a GP, a practice nurse specialist advisor and an Expert by experience.

## Background to Broadway Medical Centre

Broadway Medical Centre provides a service to 10,092 patients and is part of the Fylde and Wyre Clinical Commissioning group.

The largest percentage practice population are patients aged under 18 years, accounting for 22.3% of practice patients. 72% of patients have a long standing health condition as opposed to the national average of 53%.

According to statistics available at the time of the inspection from Public Health England, the practice is in the fourth most deprived percentile for practices in England.

The practice is open Monday to Friday between the hours of 8.30am and 6.30pm. The practice also operates extended opening hours which are available from 7am on Wednesdays and until 8pm Monday and Friday.

When the practice is closed and in the Out of Hours (OOH) periods patients are requested to contact 999 for emergencies or telephone 111 for the OOH service provided by Fylde Coast Medical Services. This information is available on the practice answerphone and practice website.

The practice has five GP's (three male and two female), one nurse practitioner, one nurse manager, three practice nurses, three health care assistants and a pharmacist. The practice also has a practice manager and staff are all supported by administration, reception and secretarial staff.

The practice is a training practice and regularly has medical students.

The premises were purpose built for the service and are currently shared with two other GP practices.

The CQC intelligent monitoring placed the practice in band 6. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

## 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. This 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information we hold about the practice, together with information the practice had submitted in response to our request. We also asked other organisations to share what they knew. We spoke with a member of the Patient Participation Group (PPG). The information reviewed did not highlight any risks across the five domain areas.

We carried out an announced visit on 10 December 2014. During our visit we spoke with GPs, members of the nursing team, the CCG pharmacist, the practice manager, reception and administration staff. We observed how staff communicated with patients. We reviewed CQC comment cards where patients and members of the public were invited to share their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record

There were clear lines of leadership and accountability in respect of how significant incidents were investigated and managed.

The practice used a range of information to identify risks and improve patient safety. These included complaints, findings from clinical audits, significant events and feedback from patients and other health and social care professionals. Staff were clear about their responsibilities in reporting any safety incidents.

We reviewed a range of information we hold about the practice and asked other organisations such as NHS England and the Clinical Commissioning Group (CCG) to share what they knew. No concerns were raised about the safe track record of the practice.

The quality and outcomes framework (QOF), which is a national performance measurement tool, showed that in 2012-2013 the provider was appropriately identifying and reporting incidents.

There were mechanisms in place for the prompt management of safety alerts. The CCG pharmacy manager identified drug alerts requiring further action and shared these with the relevant staff.

The practice manager had previously notified the Care Quality Commission (CQC) about two relevant incidents however we saw evidence to show that this was not always the case. For example, Police were called to the practice. Any incident reported to or investigated by police (which occurs whilst services are being provided in the carrying on of a regulated activity) should be notified to CQC.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. It was clear the practice had an open culture and that staff were encouraged and supported to report any incidents.

The significant events reviewed showed that learning was not always identified or sufficiently embedded. For example, a recent incident had raised concerns about the security of the practice computer system. The actions

identified from the review of the event did not reduce the risk of such an incident happening again. On the day of our inspection we found a treatment room to be unlocked with a computer left logged in.

Monthly practice staff meetings were used to discuss and communicate learning and improvement from complaints and incidents. Staff confirmed they were kept up to date with such information, however minutes of these meetings were not recorded.

We saw the practice had a system for managing safety alerts from external agencies. For example those from the Medicines and Healthcare products Regulatory Agency (MHRA). These were reviewed by the GPs and practice manager and action was taken as required

Staff told us that any changes to national guidelines, practitioner's guidance and any medicines alerts were discussed in clinical staff meetings. This information sharing meant the GPs and nurses were confident the treatment approaches adopted followed best practice. We saw agendas for these meeting but again minutes were not taken.

### Reliable safety systems and processes including safeguarding

All staff at the practice, including the receptionists, were proactive when following up information received about their patients, specifically those who were vulnerable to risk of harm. Staff had an awareness of how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies both in and out of hours.

Safeguarding policies and procedures for children and vulnerable adults were up to date and staff knew where to locate them. There was also access to local authority contact names and numbers in each consultation room and behind reception.

All staff had completed adult safeguarding and child safeguarding to a level appropriate to their role.

The practice held a register of patients living in vulnerable circumstances including those with learning disabilities.

## Are services safe?

Staff we spoke with understood what was meant by the term Whistleblowing and the practice had a policy in place. This meant there were processes in place to assist staff to expose poor care or bad practice.

Details about chaperone facilities were seen in consulting rooms. Non clinical staff were trained to undertake chaperoning procedures where clinical staff were not available. The practice policy stated patients must agree and be at ease with this. One patient told us they had not been happy with this arrangement and would have preferred a female clinician to provide this service. The practice assured us that all patients were informed of the policy.

### Medicines management

We saw medicines management was supported by the local Clinical Commissioning Group (CCG) medicines management team. We saw that audits were carried out by the CCG pharmacist to optimise the prescribing of certain medicines such as antibiotics or medicines for patients with long term conditions.

Emergency medicines were available within the practice. We checked the emergency medication and saw that these medicines were stored appropriately and were in date.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

On the day of our inspection we saw the controlled drugs cupboard, for which access was restricted and keys held securely. However, we also found controlled drugs in an unlocked cupboard in the treatment room. We also found the records of these drugs to be poorly managed and did not accurately correspond to the stocks held.

GPs told us they each had their own preference for medicines they held in their doctors bags. We looked at one doctor's bag and found the medication inside to be in date. The practice did not hold records of what medication was in each doctor's bag to ensure this was standardised nor evidence that this was regularly checked.

The practice held four fridges used for the storage of vaccines. We found that for two of these, fridge temperatures were appropriately recorded and monitored and vaccine stocks were well managed. However we were told one fridge was no longer being used and so records were not kept, but we found vaccines being stored in this

third fridge. The records for the fourth fridge were poorly maintained. The fridges were not hardwired nor with any labels to advise staff to leave these plugged in at all times. This is considered to be best practice according to NHS England's Protocol for Ordering, Storing and Handling Vaccines March 2014. Fridges which are hardwired directly rather than having a conventional plug reduce the risk of the fridge losing power.

The practice had a protocol for repeat prescribing used by administrative staff. This covered how staff that generate prescriptions made changes to how patients' repeat medicines were managed. This protocol was not sufficiently detailed to show what types of medication could be authorised by the prescribing assistant.

The practice processed repeat prescriptions within 48 hours. Patients confirmed requests for repeat prescriptions were dealt with in a timely way. The practice checked that patients receiving repeat prescriptions had at least an annual medicine review with the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes. Medicine reviews were conducted by the GP, CCG pharmacist and clinical team.

### Cleanliness and infection control

A member of the nursing staff led the practice in relation to clinical aspects of infection prevention and control. All staff received induction training about infection control and annual updates thereafter.

We observed the premises to be clean and tidy. Arrangements were in place with an external contractor for the cleaning of the practice. We saw there were comprehensive schedules in place and cleaning records were kept. Patients told us they were happy with the cleanliness of the practice. One person commented about carpets in clinical areas. The practice manager showed us this had been identified on a recent audit and arrangement had been made to change the flooring.

An infection control policy and supporting procedures were available for staff to refer to which enabled them to plan and implement control of infection measures.

Hand washing instructions were displayed in staff and patient toilets. Hand washing sinks with soap, gel and hand towel dispensers were available in treatment rooms.

## Are services safe?

The practice had systems in place for the segregation of clinical and non-clinical waste. There were sharps bins in the treatment room. An external contractor attended the practice on a weekly basis to collect clinical waste and remove it off site for safe disposal.

Legionella testing was part of the routine annual service carried out by the building management.

Staff were required to provide evidence of their immunisation against Hepatitis B.

### Equipment

There was a contract in place to check medical equipment was calibrated to ensure it was in working order. The practice also had contracts in place for portable appliance checks to be completed on an annual basis.

The practice had a defibrillator which ensured they could respond appropriately to a patient experiencing a cardiac arrest. Staff told us they had been trained to use this equipment.

Emergency equipment including oxygen was readily available for use in the event of an emergency.

### Staffing and recruitment

The practice recruitment identified which checks were required prior to the employment of a member of staff. Appropriate pre-employment checks were completed for a successful applicant before they could start work in the service.

All the GPs had disclosure and barring service (DBS) checks undertaken annually by the NHS England as part of their appraisal and revalidation process. The nurses also had DBS checks undertaken and copies of this were kept in the staff files.

Non clinical staff had references and proof of ID obtained. However we found that these staff had been trained and had provided chaperone services despite not having DBS checks obtained, which meant criminal records checks for these staff had not been conducted.

### Monitoring safety and responding to risk

The practice team had agreed the requirements for safe staffing levels at the practice. Staff worked regular sessions

and set days each week to maintain the service provided. On the day of our inspection one GP was on maternity leave. A regular locum was in place in order to continue the service in this interim period and a Service Level agreement was in place.

An additional member of reception staff had recently been recruited in order to meet demand. Reception and administrative staff, in the event of staff sickness or leave, supported each other to provide cover amongst the remainder of the staff. The staff were multi skilled which enabled them to cover each other in the event of planned and unplanned absence.

The practice had also recruited a nurse practitioner. This meant more female clinician appointments were available and housebound patients with chronic diseases could be visited at home for their review.

The practice manager assured us she routinely checked the professional registration status of GPs and practice nurses with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) each year to make sure they were still deemed fit to practice

### Arrangements to deal with emergencies and major incidents

The practice had a current and comprehensive business continuity plan in place. This gave staff detailed guidance on how to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, fire, flood and multiple staff sickness. The document also contained relevant contact details for staff to refer to. When we spoke with staff they were fully aware of the plan, each member of staff had been given a copy of it.

Records showed that staff were up to date with fire training and they confirmed they practised regular fire drills.

Emergency equipment was readily available and included a defibrillator and oxygen. Checks were undertaken to ensure they were ready for use and in date.

Each room had access to a panic alarm which could be used to raise an alert to all other members of staff if assistance was required



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

We found from our discussions with the clinical staff that they completed thorough assessments of patients' needs and these were reviewed as appropriate. For example, the nurse actively screened patients for diabetes and monitored their long term conditions.

There were systems in place to ensure referrals to secondary care (hospitals) were made in line with national standards. Referrals were managed primarily by using the 'choose and book' system. The practice had recently begun to ask patients to take a slip of paper to the reception desk where the doctor had identified the need for such a referral. We asked the practice to consider the safety of this, considering there was no audit trail of the request. The practice manager told us they would look at implementing a task protocol on the practice computer to ensure these could not be lost.

Requests for home visits were referred to the GP on call for the day. These were triaged by the GP if necessary then visited. By having a daily GP on call system all patients were treated in a timely manner.

Patients we spoke with said they received care appropriate to their needs. They told us they were involved in decisions about their care as much as possible. New patient health checks were offered and regular health checks and screenings were ongoing in line with national guidance.

### Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included minor surgery and heart failure. Evidence of completed cycles was not always clear but we did see evidence of improved outcomes for patients.

Patients we spoke with who had long term health complaints confirmed they received regular health reviews and were called by the practice to arrange these. We saw evidence of these systems in the practice.

Care plans were in place for patients with complex or multiple health conditions. This enabled the practice to effectively monitor patients at regular intervals. Electronic systems had alerts when patients were due for reviews and ensured they received them in a timely manner, for example, reviews of medicines and management of chronic conditions. The practice had systems in place to follow up and recall patients if they failed to attend appointments, for example, non-attendance at a child vaccination clinic.

The practice reviewed patients under a locally enhanced service to minimise admissions to hospital. The practice maintained lists of patients with particular conditions and vulnerabilities. Care plans were in place for all patients identified as at risk of admission to hospital.

One of the GP partners undertook minor surgical procedures within the practice in line with their registration and NICE guidance.

Regular clinical meetings took place with multi-disciplinary attendance to share information and provide reflection and learning to the benefit of the patients. We saw evidence of collaborative working with palliative care staff which resulted in a positive outcome for the patient concerned.

The practice used the information they collected for the Quality Outcome Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. QOF data was subject to ongoing monitoring to ensure the needs of patients were identified and met in a timely manner. For example, to ensure that those with long term conditions, learning disabilities or mental health issues attended for regular review.

### Effective staffing

The practice team included medical, nursing, managerial and reception staff. We reviewed staff training records and saw staff were up to date with attending mandatory courses such as basic life support.

The GPs covered each other for annual leave and sickness. A regular locum had been identified whilst one GP was off

# Are services effective?

## (for example, treatment is effective)

work for a longer period. Staff worked in a flexible manner and assessed and changed the appointments available on a regular basis to ensure they were meeting the needs of the patients.

Each member of staff was expected to have an annual appraisal. The practice manager told us and staff we spoke with confirmed these were ongoing. We saw the process included identification of any learning needs and formulation of action plans to address them.

The GPs were up to date with their yearly continuing professional development in line with the requirements of the General Medical Council. Doctors were revalidated and nurse professional registrations were up to date and checked on an annual basis.

### Working with colleagues and other services

The practice worked with other agencies to support continuity of care for patients. Information received from other agencies, such as accident and emergency and OOH service, was read and actioned by the GP and scanned onto patient records in a timely manner.

The practice worked with the local community nursing team, midwives and health visitors. Clinicians appropriately referred patients to community teams. For example pregnant women were seen by the community midwives for their ante-natal appointments.

### Information sharing

There was a practice website with information for patients including signposting, services available and latest news. Information leaflets were available within the practice waiting room.

Patient records were held electronically on a widely used primary clinical care system. This was used by all staff to coordinate, document and manage patients' care. The software enabled scanned paper communications to be linked to an individual patient's records and saved in the system for future reference.

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider that enabled patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals to

secondary care (hospitals). The 'Choose and Book' system enables patients to choose which hospital they will be seen in and book their own outpatient appointments in discussion with their chosen hospital.

In appropriate situations patients were discussed between the practice clinicians and also with other health and social care professionals who were invited to attend practice meetings. Information sharing also took place within multi-disciplinary team meetings, palliative/supportive care meetings.

All staff completed mandatory training which included; information and confidentiality training.

### Consent to care and treatment

The practice had a comprehensive policy on consent and decision making for patients who attended the practice. The policy explained all areas of consent and GPs referred to Gillick competency when assessing young people's ability to understand or consent to treatment. This meant that their rights and wishes were considered at the same time as making sure the treatment they received was safe and appropriate.

Templates had been produced for completion in circumstances where written consent from the patient was required, for example, immunisations. We were told that where patients gave verbal consent to care and treatment it was recorded in their notes.

Patients with learning disabilities and dementia were supported to make decisions through the use of care plans which they were involved in agreeing. The GPs and nurses we spoke with described situations where best interests or mental capacity assessment might be appropriate and were aware of what they would do in any given situation. A Mental Capacity Act 2005 policy was available and staff also had guidance available regarding living wills or 'advanced directives'. The practice had also developed a leaflet to highlight this to patients. A comprehensive Mental Capacity checklist was in place. Three members of staff were due to attend a dementia friends training course.

### Health promotion and prevention

The practice supported patients to manage their health and wellbeing. Vaccination programs, long term health reviews and health promotion information were provided to patients.



## Are services effective?

(for example, treatment is effective)

Patients were assisted to access support services to help them make lifestyle improvements and manage their care and treatment.

All new patients were asked to complete a health questionnaire and offered a consultation. We found that

staff proactively gathered information on the types of needs patients had and understood the number and prevalence of different health conditions being managed by the practice.

We saw that there was a range of health promotion information on display in the waiting areas and leaflets explaining different conditions were also freely available in the treatment rooms of the practice.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the results of the most 2013 National GP Survey. This showed that 90% of patients seeing a GP and 95% of patients seeing a nurse said the GP or nurse was good or very good at treating them with care and concern. We spoke with ten patients whilst in the practice and received nine completed CQC comment cards. Comments we received were mainly very positive about how staff treated patients.

Most patients told us they felt listened to and were treated respectfully by staff. Patients said their privacy and dignity was maintained.

All patient appointments were conducted in the privacy of a consultation or treatment room. There were privacy curtains for use during physical and intimate examinations and a chaperone service was available. Staff and patients informed us they were aware there was a room available if patients or family members requested a private discussion.

The patient electronic system included flags on patient records to alert staff to patient needs that might require particular sensitivity. For example, where a patient had a learning disability.

We were told by a member of the patient participation group (PPG) the practice listened to their comments at the meetings and they felt they could influence changes in the practice in the future. We saw evidence that suggestions had been listened to and actioned. New signage was in place on consulting room doors and higher seating was being sourced.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with and CQC comments cards we received confirmed that patients felt involved in decisions about their care and treatment. Patients told us diagnosis and treatment options were clearly explained and they did not feel rushed in the appointment. One person said the GP always took time to understand and discuss their issues, drawing diagrams where this helped to explain the matter in question. All but one of the CQC comments cards we received were positive about all aspects of the service received at the practice.

Care plans were in place for patients on palliative care and the GP supported patients with discussion about end of life preferences as appropriate. These care plans were kept up to date and shared with relevant healthcare professionals such as the out of hours (OOH) service.

A coding system on the computer system in the practice maintained registers of patients with particular conditions or vulnerabilities, for example, diabetes, mental health issues and learning disabilities. With the involvement of the patient, care plans had been put in place for anyone at increased risk of admission to hospital.

All the staff we spoke with were effective in communication and all knew how to access an interpreter if required.

The 2013 GP patient survey reported that 90% of respondents said the last GP they saw or spoke to at the practice was good at involving them in decisions about their care. 85% of respondents said the last nurse they saw or spoke to at the practice was good at involving them in decisions about their care.

### Patient/carers support to cope emotionally with care and treatment

The practice had systems in place that reflected best practice for patients nearing the end of their life and demonstrated an ethos of caring and striving to achieve a dignified death for patients. We were told that in appropriate cases GPs had conversations around end of life planning such as advance care plans, preferred care priorities and resuscitation with patients. This was to ensure patient's wishes were managed in a sensitive and appropriate way.

Multi-disciplinary supportive care meetings were held on a bi-monthly basis to discuss the needs of those approaching end of life. Patient preferences were shared electronically with appropriate healthcare partners to ensure they were met, for example, with the out of hour's services.

The practice had a display of information including how patients could access emotional support, including counselling. Information about how carers could access support was also given.

The practice had access to an in-house mental health team. This was located on the first floor of the building and

## Are services caring?

had its own entrance point, which helped protect patient confidentiality. The practice could directly refer to the team for the initial triage appointment. This ensured patients were seen by the correct service.

The 2013 GP patient survey reported that 91% of respondents said the last GP they saw or spoke to at the practice was good at listening to them. 72% said the last nurse they saw or spoke to at the practice was good at listening to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Regular reviews of long term conditions such as chronic heart disease, diabetes and chronic obstructive pulmonary disease were undertaken, with alerts identified on the practice system for when recalls were due.

The NHS Local Area Team and Clinical Commissioning Group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and had identified service improvement plans. This included improving access to the service for patients for appointments. On- line booking had also been introduced.

The practice had also implemented a Patient Participation Group (PPG). We spoke to two members of the PPG who told us the practice gained feedback from patients and was trying to encourage more patients to join the group in order to determine how to improve and meet the needs of the population it served. Regular patient surveys such as focussed questionnaires regarding the waiting area and the appointments system were used to identify areas for improvement.

The practice was actively involved in local and national initiatives to enhance the care offered to patients.

Clinical staff also conducted home visits to patients whose illness or disability meant they could not attend an appointment at the practice.

We received mixed views from people about the appointment system. However patients we spoke with confirmed they could get an appointment the same day if they needed one but this was not always with the doctor of their choice. The practice had recently increased the number of book on the day appointments to meet patient demand and an additional member of reception staff had been recruited. We also saw the online access for appointments was being promoted around the practice.

### Tackling inequity and promoting equality

The new patient list at the practice was open and staff were able to offer appointments to patients including to those with no fixed abode.

The computer systems enabled staff to place an alert on the records of patients who had particular difficulties so

staff could make adjustments. For example, if a patient had carer support, hearing impairment or learning difficulties. Staff told us they would offer longer appointments to patients.

Public Health England's data found the practice's average male life expectancy was 75.1 and female life expectancy 80.4 years, compared to England's national average of 78.9 for males and 82.9 for females. Clinical staff held a number of regular clinics at the practice to provide health promotion information and advice on matters such as chronic disease management, immunisation and vaccination, smoking cessation and diabetes.

Staff reported that there was little ethnic diversity within their patient population. However they were knowledgeable about language issues, they also described awareness of culture and ethnicity and understood how to be respectful of patients' views and wishes. Interpreter services were available if required.

The practice had systems in place to ensure people experiencing poor mental health had received an annual physical health check. The practice could refer patients for support to the in house mental health team which was accessible via a separate entrance. This supported patients to maintain their confidentiality. The practice could directly refer patients to the team for the initial triage appointment. This ensured patients were seen by the correct service.

### Access to the service

The practice was purpose built and was visibly clean and well maintained. There was a car park with dedicated disabled bays closest to the door. There was level entry to the practice. Reception and the nurses' treatment room and the GP consultation rooms were on the ground floor. There were adequately spacious waiting areas and corridors and doorways were wide enough to accommodate wheelchairs. Disabled toilet and baby changing facilities were available on the ground floor.

The practice was open Monday to Friday from 8am until 6.30pm, with extended hours available from 7am on Wednesdays and until 8pm on Monday and Friday. The practice offered emergency on the day appointments every day with pre bookable appointments also available. Home visits were available every day. All surgery opening times were detailed in the practice leaflet which was available in the waiting room for patients and on the website.

# Are services responsive to people's needs?

(for example, to feedback?)

Responses to the national and practice patient survey showed that patients were satisfied with the practice. This was consistent with the responses we received on CQC comment cards. In the 2013 national GP survey 88% of patients who responded said they were very or fairly satisfied with their GP opening hours, 72% were satisfied with phone access. Overall 86% said they would recommend the practice. Some patients we spoke with told us they often waited in the waiting area for longer than they would like. However they also commented that they did not feel rushed when they saw the doctor.

Information about access to appointments was available via the practice information leaflet and on the practice web site. From the CQC comment cards completed and speaking with patients we were told that it was sometimes difficult to see the doctor of their choice.

GP appointments were provided in 10 minute slots. Where patients required longer appointments these could be booked.

When the practice was closed the care and treatment needs of patients were met by an out of hour's provider Fylde Coast Medical Service. Contact information for this service was well publicised.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. However the procedure did not make reference to the Parliamentary Health Service Ombudsman if a complainant was unhappy with their response.

We reviewed how the practice managed complaints within the last 12 months. 9 complaints had been made by patients or their family. Investigations addressed the original issues raised and action was taken to rectify problems. Staff told us these were discussed at practice meetings and where changes could be made to improve the service these were put in place.

All the staff we spoke with were aware of the system in place to deal with complaints. They told us feedback was welcomed by the practice and seen as a way to improve the service.

Most patients we spoke with were aware of the process to follow should they wish to make a complaint. One patient told us they had previously been unhappy about the care her son had received but did not know how to make a complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

We saw evidence that GPs and practice manager met with the Clinical Commissioning Group (CCG) on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people.

The staff we spoke with were clear on their role and responsibilities within the practice. There was an established leadership structure with clear allocation of responsibilities amongst the partner GPs and the practice staff.

Discussions with staff and evidence we reviewed identified that the management team had a clear vision and purpose. There was a clear team working ethos that demonstrated all staff worked to a common goal and had contributed. Most staff had been working at the practice for a number of years and had been part of the development of the service. All staff were clear on their roles and responsibilities and each strived to offer a service that was accessible to all patients. One patient told us that the staff at the practice do not see the illness or disability, they see the whole person.

The practice statement of purpose in the practice leaflet reiterated some of the values we had seen portrayed by staff during our inspection.

Staff told us they felt valued and that their views about how to develop the service were acted upon.

### Governance arrangements

We saw systems in place for monitoring all aspects of the service such as complaints, incidents, safeguarding, risk management, clinical audit and infection control. We spoke to the practice manager about where these systems could be improved. For example, identifying and embedding learning from significant incidents.

The practice manager was responsible for ensuring policies and procedures were kept up to date and that staff received training appropriate to their role.

All staff we spoke with were aware of each other's responsibilities and who to approach to feedback or request information. Those systems and feedback from staff showed us that strong governance structures were in place

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for the practice showed it was performing in line with national standards.

### Leadership, openness and transparency

We saw there was a leadership structure in place. Staff told us they felt valued, well supported and knew who to approach in the practice if they had any concerns.

Staff told us they had the opportunity to ask questions during staff meetings or to approach the practice manager at any time.

The practice manager undertook appraisals for the reception and administration team and a named GP undertook nursing staff appraisals on an annual basis. This gave staff an opportunity to discuss their objectives, any improvements that could be made and training that they needed or wanted to undertake.

The GPs received appraisal through the revalidation process. Revalidation is whereby licensed doctors are required to demonstrate on a regular basis they are up to date and fit to practice.

### Practice seeks and acts on feedback from its patients, the public and staff

Staff told us patient feedback was discussed at practice meetings to see if there were any common themes where improvements could be made. Staff meetings were not recorded, by doing so would further support governance arrangements and those members of staff who could not attend.

The practice had a patient participation group. We spoke to two members of the group who commended the practice for their ability to listen to suggestions to improve the service. The members told us action had been taken or identified for improvement in the coming months. This included an increased staff availability to answer the telephone at busy times.

Staff were aware there was a whistleblowing policy. They knew who they should approach if they had any concerns. This meant there were processes in place to assist staff to expose poor care or bad practice. Staff we spoke to were also aware they could also contact CQC.

### Management lead through learning and improvement

# Are services well-led?

Good 

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

We saw a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Newly employed staff had a period of induction. Learning objectives for existing staff were discussed during appraisal and mandatory training was role relevant. E-Learning was carried out and monitored by the practice manager.

GPs were supported to obtain the evidence and information required for their professional revalidation.

Nurses were also registered with the Nursing and Midwifery Council, and as part of this annual registration were required to update and maintain clinical skills and knowledge. The nursing team met regularly for clinical supervision however this was not recorded. Their appraisal was carried out by a practice GP.

The practice had an ongoing quality improvement plan with the CCG. They were actively involved in the CCG long term strategy plan and also local and national initiatives to improve patient care.

The GPs were involved in local clinical meetings. Similarly the practice nurses and practice manager regularly attended their professional forum groups established by the CCG to provide training and support and share good practice.

The GPs discussed the challenges for services however the practice aimed to be innovative and participate in future local developments, working closely with other practices and the CCG. The GPs were involved in local neighbourhood initiatives, and one GP acted as the chair of these meetings.

The practice completed reviews of significant events and other incidents and shared results and findings with staff at meetings to ensure the practice learned from and took action, which improved outcomes for patients. We identified that this process could be improved upon to ensure risk was adequately reduced.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines  <b>The provider must review how medicines are managed within the practice. In particular, controlled drugs and vaccines were not subject to appropriate arrangements for storage and recording of these medicines.</b>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	