

M Ullah

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow up comprehensive inspection at Dr Ullah on 4 July 2017.

The practice had been previously inspected on 12 August 2016. Following this inspection the practice was rated requires improvement in the following domain ratings:

Safe – Requires improvement

Effective – Requires improvement

Caring – Good

Responsive – Good

Well-led – Requires improvement

The practice provided us with an action plan detailing how they were going to make the required improvements. Overall the practice is now rated as good.

Our key findings from the most recent inspection were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Patients care plans were not in place for all vulnerable patients to meet individual patient needs and preferences.
- The practice had systems to minimise risks to patient safety. For example, a new process for hospital discharge amendments had been introduced.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider should make improvements are:

- Review communication channels at all levels within the practice.
- Maintain an up to date training log for all staff.
- Continue to identify and support patients who are also carers

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?

When we inspected the practice on 12 August 2016 there were a number of issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement.

These arrangements had improved when we undertook a follow up inspection on 4 July 2017. The provider is now rated as good for providing safe services.

At this inspection we found :

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices to minimise risks to patient safety. For example, a new process for repeat prescribing in relation to adding, reauthorisation and the issuing of repeat prescriptions had been introduced.
- The practice introduced a new process to minimise risk in relation to patients' hospital discharge letters. Clinical checks were taking place prior to staff making amendments in patient records.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had good arrangements to respond to emergencies and major incidents.

Good



Are services effective?

When we inspected the practice on 12 August 2016, we found care plans were in place for end of life patients but were not patient specific, to be able to meet individual needs and preferences. No clinical audit cycles were in place and not all staff had received regular training such as infection control.

Some of these arrangements had improved, when we undertook a follow up inspection on 4 July 2017. The practice is rated as requires improvement for providing effective services.

Requires improvement



Summary of findings

- Care plans were not in place and not maintained by a clinician. This area had not improved from the previous inspection.
- Staff had received training in areas such as infection control. However, the practice manager was not aware which training staff had completed.
- Clinical audits demonstrated quality improvement, with two cycle audits performed.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example they were part of a local GP Alliance which provided access to extended hours appointments.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised.

Summary of findings

Are services well-led?

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

- The practice had a vision to deliver quality care and promote good outcomes for patients..
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice had policies and procedures to govern activity and held regular governance meetings. However we found that communication between management and clinician was not effective.
- The provider was aware of the requirements of the duty of candour..
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

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

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- The practice nurse had lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice offered prescription rescue packs of antibiotics and steroids for patients with chronic lung conditions.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice referred patients to the local Integrated Neighbourhood Team, an external service for patients with increased risk of hospital admission where they are offered support and advice.

Good



Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.

Good



Summary of findings

- The practice had a Facebook and Twitter page to help reach out to younger patients. It also offered an online services and text reminders services.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday and Sunday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had a text reminder service for all patients, which helped to reduce missed appointments.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, however there was no personalised care planning taking place.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- Weekly drugs sessions were held by a counsellor every Wednesday, to help support patients on a drug reduction plan.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 299 survey forms were distributed and 105 were returned. This represented 3% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared to the to the CCG average of 88% and the national average of 85%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the to the CCG average of 76% and the national average of 76%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the to the CCG average of 88% and the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, all but one were positive about the standard of care received. Staff were cited as 'friendly,' helpful and 'kind'. All the cards contained positive comments in relation to appointments and the service received from the GPs.

We spoke with one patient face to face during the inspection. They told us they were happy with the service provided by the practice. They also had no concerns in accessing appointments.

M Ullah

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 M Ullah

Dr M Ullah practice is located in a modern purpose built premise which also hosts another two GP practices.

The practice is in a large two storey building which provides multiple local services which include: a hydro pool, physiotherapy district nursing, community active case management service, a mental health team and a pharmacy.

The ground floor has full disabled entrance access with a large seated reception area; there was a second waiting area which had disabled toilets with baby changing facilities. The GP consulting rooms were all located on the ground floor. All staffing areas were closed off to the public with a key code entry system. The practice is fully accessible to those with mobility difficulties. There is a car park with disabled parking spaces. The building complies with the requirements for the Disability Discrimination Act.

The practice has a Primary Medical Service (PMS) contract with NHS England. At the time of our inspection in total 3350 patients were registered and the practice is part of Wigan Borough Clinical Commissioning Group (CCG).

The male life expectancy for the area is 77 years compared with the CCG averages of 76 years and the National average of 79 years. The female life expectancy for the area is 80 years compared with the CCG averages of 81 years and the national average of 83 years.

The practice has one male GP lead and one long term locum GP with one practice nurse. Members of clinical staff are supported by one practice manager and administrative staff.

The practice is open between 8.30am and 6pm Monday, Tuesday and Friday. Each Thursday the practice was open 8.30am until 8pm. Every Wednesday afternoon from 1pm the practice was closed. Extended hours appointments are offered between 6pm and 8pm on Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them. The phone system between 8am and 8.30am transfers to a member of staff mobile number.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hour's service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

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 the practice we reviewed a range of information we held about the practice and asked other organisations and key stakeholders such as Wigan Borough Clinical Commissioning Group to share what they knew about the practice.

We reviewed policies, procedures and other relevant information the practice provided before the day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT). We carried out an announced visit on 4 July 2017.

During our visit we:

- Spoke with a range of staff, one GP, one practice nurse, the practice manager and reception staff.
- Also spoke with one patient who used the service.
- Reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

When we inspected the practice on 12 August 2016 there were a number of issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement. We found then that no clinical checks were in place for the reauthorisation process of repeat prescriptions and staff were overriding the clinical system. Staff were adding, amending and removing hospital discharge medicines with no clear clinical checks in place.

These arrangements had improved when we undertook a follow up inspection on 4 July 2017. The provider is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check in form of a risk assessment (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). There had been no Disclosure and Barring Service (DBS) checks for the chaperones however the practice had carried out an appropriate risk assessment.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for

Are services safe?

safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We saw new processes had been developed from our previous inspection. For example, hospital discharge amendments were clinical checked, before any amendments were made by staff in the patient records.

The appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had good arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However the GP was unaware of the practice business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice on 12 August 2016, we found care plans were in place for end of life patients but were not patient specific, to be able to meet individual needs and preferences. No clinical audit cycles were in place and not all staff had received regular training such as infection control.

Some of these arrangements had improved, when we undertook a follow up inspection on 4 July 2017.

Effective needs assessment

Clinician were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- 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.

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 91% of the total number of points available compared with the clinical commissioning group average of 94% and national average of 95%. The overall exception rate was 4%, lower than the CCG or national averages. (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 2015/16 showed:

- 96% of patients diagnosed with dementia had a care plan had been reviewed in a face-to-face review in the preceding 12 months, compared to the CCG average 84% and the national average of 84%. The exception rate was 12%.

- 62% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less, compared to the CCG average 80% and the national average of 78%. The exception rate was 4%.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last year, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing all patients who are taking a medicine that could become addictive.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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 and in-house training. However, when we asked the practice manager to provide us with details of which training had taken place and when, this was not known.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, however at the time of the inspection the practice manager could not provide us with details of when and which training had taken place.

Coordinating patient care and information sharing

The full information needed to plan and deliver care and treatment was not completed or updated in patient records by a clinician. For example:

- Care plans were in place for patients, where an external organisation had provided the basic template to the practice. We asked to see an example of a patient's end of life care plan but no example could be provided.
- There were no care plans in place for vulnerable patients to adequately meet individual's needs or reflect their own preferences. The inspection team explained the rationale and reason for care planning at the feedback session.
- Practice specific policies were implemented and were available. However, the clinician was unaware of practice processes or policies. For example, the two week referral process.

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. Information was shared between services, with patients' consent, using a shared care record. 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Access to extra support was available in the building. For example, "Wigan Life Centre" was based in the building. Patients would be able to receive support and information about benefits, housing or sign posted to local services.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 84% and the national average of 81%. The exception rate was 4%.

There was a policy to offer telephone or written 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. For example the percentage of children aged one year with a full course of recommended vaccines was 90%. The practice attained a score of 10% compared to 9% nationally for immunisation indicators.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All but one of the 13 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.

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally below average for its satisfaction scores on consultations with GPs but comparable to the CCG and National averages for nurses. For example:
- 84% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 88%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 96% and the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared to the CCG average of 94% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and the national average of 91%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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. There was also support information for isolated or house-bound patients which included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (less 1% of the practice list). The practice had also identified six carers as army veterans. This is an increase of 16 carers identified from the previous inspection.

Staff told us that if families had experienced 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- A drug counsellor attended the practice weekly to help support patients on a drug reduction plans.
- The practice referred patients with an increased risk of hospital admission to the local Integrated Neighbourhood Team for support and advice.
- The practice had a Facebook and Twitter page to help reach out to younger patients.
- The practice sent text message reminders of appointments.
- The practice offered extended hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- 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.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The premises were Disability Discrimination Act compliant.

Access to the service

The practice was open between 8.30am and 6pm Monday, Tuesday and Friday. Each Thursday the practice was open 8.30am until 8pm. Every Wednesday afternoon from 1pm the practice was closed. Patients requiring a GP outside of normal working hours were directed to the local out of hour's service which is provided by Bridgewater NHS Foundation Trust—through NHS 111. Extended hours appointments were offered between 6pm and 8pm on Thursday.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 80%.

- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 83%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared the CCG average of 76% and the national average of 76%.
- 100% of patients said their last appointment was convenient the CCG average of 94% and the national average of 92%.
- 86% of patients described their experience of making an appointment as good compared to the CCG average of 77% and the national average of 73%.
- 73% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 62% and the national average of 58%.

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

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

No further complaints had been received since our previous inspection.

Are services well-led?

Good 

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

Our findings

When we inspected the practice on 12 August 2016, we found the monitoring of risk assessments around care planning were not maintained by clinicians. No clinical meetings were in place for significant event reviews and general clinical discussions. And there was a lack of internal checks and audits to monitor the quality of the services and make improvements.

These arrangements had improved when we undertook a follow up inspection on 4 July 2017.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The arrangements for governance and performance management did not always demonstrate operate effectively.

- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Practice specific policies were implemented and were available to all staff. However, the clinician was unaware of practice processes or policies. For example, the clinician was unaware of the two week referral process.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurse had lead roles in key areas.

Leadership and culture

Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported in the practice.
- Staff had been long serving and supported to explore extended learning to enhance their careers within the practice.

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

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

The patient participation group (PPG) had been newly established with three members. The practice also attended a locality PPG forum.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice used tools to help improve patient's services. For example, we saw the practice recently implemented a data recording system used to help code and document patient information that are on the palliative care register.

Are services well-led?

Good 

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

The new system supports clinicians to help maintain effective information of patients. Although the system was not in use by clinician on the day of inspection, due to a system error. We were shown the system in use by the practice manager.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular: no care planning for vulnerable patients were taking place.</p> <p>This was in breach of regulation 9(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>