

Dr Spielmann and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We inspected Dr Spielmann and Partners on the 20 November 2014 as part of our new comprehensive inspection programme. This was the practice's first inspection by CQC under its new methodology.

We have rated the practice as good.

Comments we received from patients were positive about the care and treatment they had received. Patients told us they are treated with dignity and respect and involved in making decisions about their treatment options.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.

- The majority of patients reported good access to the practice and a named GP and continuity of care, with urgent appointments available the same day.
- Staff understood their responsibilities to raise concerns, and report incidents.
- The practice is clean and well maintained.
- There are a range of qualified staff to meet patients' needs.
- The practice works with other health and social care providers to achieve the best outcomes for patients.
- The practice had an enthusiastic and dynamic patient participation group (PPG).

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for safe. The practice had a good track record for maintaining patient safety. Systems were in place to provide oversight of safety of patients. Learning from incidents took place. Staff took action to safeguard patients.

Good



Are services effective?

The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance is referenced and used routinely. People's needs are assessed and care is planned and delivered in line with current legislation including the promotion of good health. Patients' needs were consistently met. Staff receive training and support appropriate to their roles. Effective multidisciplinary working took place across the practice.

Good



Are services caring?

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect at all times.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the local Clinical Commissioning Group to secure service improvements. Patients reported good access to the practice and a named doctor and continuity of care, with urgent appointments usually available the same day. The practice had good facilities and was equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded to issues raised.

Good



Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and strategy. Staff understood their role and responsibilities in relation to providing good outcomes for patients who used the service and they were fully supported by management to do so.

There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an enthusiastic and dynamic patient participation group (PPG).

Good



Summary of findings

Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 population group of older people. The practice was knowledgeable about the number and health needs of its patients.

The practice reviewed the care and treatment needs of older people and ensured each patient had a named GP. Care was tailored to individual needs and circumstances.

Medication reviews were completed with all patients. The practice kept up to date registers of patients' health conditions and carer's information and used this information to plan services for patients.

Unplanned admissions and readmissions to hospital for this patient group were monitored as was attendance at A&E departments.

The care for patients at the end of life was in line with the Gold Standard Framework, working as part of a multidisciplinary team.

Good



People with long term conditions

The practice is rated as good for the population group of people with long term conditions. Clinical staff had a good understanding of the care and treatment needs of people with long-term conditions. The practice monitored the needs of this patient group and promoted life style changes and improvements for the benefit of the patient.

Patients attended for annual health care reviews or more frequently when required. Patient recall systems ensured that patients attended for reviews of conditions, such as diabetes and respiratory issues.

Clinicians made referrals to specialists in an appropriate and timely way.

Clinical audits were undertaken and linked to care practices that demonstrated clear clinical benefit.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. The practice provided services to meet the needs of this population group.

There were comprehensive child health screening and vaccination programmes in place. Immunisation rates were high for all standard childhood immunisations. The practice monitored any

Good



Summary of findings

non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. All of the staff were responsive to parents' concerns and ensured that children were always seen and prioritised.

Staff were knowledgeable about child protection and one of the registered partners was the lead for safeguarding.

Communication, information sharing and decision making with other agencies, particularly midwives and health visitors were well established.

Working age people (including those recently retired and students)

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The practice provided services to meet the needs of this population group. They offered early morning surgeries and late evening surgeries each week to meet the needs of this patient group. The practice had extended opening hours enabling people to make appointments outside normal working hours.

Good



People whose circumstances may make them vulnerable

The practice was rated good for this population group. The practice provided services to meet the needs of this population group.

The practice kept a register of patients who had a learning disability and this ensured that this patient group had equal access to care and treatment including annual health care reviews.

The practice offered longer appointment times for patients with a learning disability. This allowed patients to be fully involved in making decisions about their health. The practice had sign-posted vulnerable patients to various support groups and voluntary sector organisations.

For patients where English was their second language, an interpreter could be arranged.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good this population group. The practice maintained a register of patients who experienced mental health problems or had dementia diagnosis. The registers supported clinical staff to offer patients an annual appointment for a health check and a medication review.

The practice offered longer appointment times for patients who experienced mental illness or poor mental health. This allowed patients to be fully involved in making decisions about their health.

Good



Summary of findings

Clinical staff referred patients to counselling when needed or identified as a need and as part of a treatment plan.

Summary of findings

What people who use the service say

We received 15 CQC patient comment cards and spoke with six patients who were using the service on the day of our inspection and met two member so the patient participation group.

We spoke with people from different age groups and patients from different population groups, including young parents, patients with long term conditions and patients who worked. The patients we spoke with were highly complementary about the service. Patients told us that they were treated with respect.

Some patients expressed frustration when telephoning the surgery in the morning to make an appointment.

Patients told us they knew who their GP was and they liked to see their 'own' GP and the practice supported them to do this.

Patients we spoke with told us they were fully involved in deciding the best course of treatment for them and they fully understood the care and treatment options that had been provided.

Patients told us that staff were always pleasant and helpful.

Patients told us that that waiting areas and treatment rooms were clean and maintained.

We looked at feedback from the GP national survey for 2013/2014. Feedback included; 81% of respondents would recommend this surgery to someone new to the area, compared with the CCG regional average of 79%.

97% of respondents to the GP patient survey stated that the last time they wanted to see or speak to a GP or nurse from the surgery were able to get an appointment.

And 71% of patients rated their experience of making an appointment as good or very good

And 91% of respondents to the GP patient survey described their overall experience of their GP surgery as good or very good.

Dr Spielmann and Partners

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 advisor, a practice manager specialist advisor and an expert by experience.

Background to Dr Spielmann and Partners

The practice is located close to Leigh town centre and has existed on its present site since 2004

It is a GP training practice and takes year five undergraduate medical students.

The practice offers approximately 484 GP appointments and 190 practice nurse appointments each week to patients.

The practice team comprises six GPs provided a service to patients, three male and three female. There were seven receptionists, two practice nurses, two administration staff, one practice manager and a deputy practice manager.

The surgery has a range of consultation rooms, treatment rooms and a patient reception and waiting area. Consultation rooms and treatment room are located on the ground floor and first floor. Access to the building is suitable for people who use a wheelchair and there is a disabled toilet which also provides baby changing facilities. There is a lift available to assist patients to the first floor.

The practice is open Monday to Friday between the core hours of 8:30am and 6:30pm with extended hours till 8:00pm two days each week. Home visits are available for

people who are not well enough or physically able to attend the practice in person. Patients can make appointments by telephoning, on line booking or by calling in at the surgery.

The surgery is responsible for providing care to approximately 7000 patients.

The practice has a GMS contract.

This was the practice's first inspection by CQC under its new methodology.

When the practice is closed patients are directed to the out of hours service provided by Ashton, Leigh and Wigan Out-of-Hours Service.

Why we carried out this inspection

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

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:

Detailed findings

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 November 2014. During our visit we spoke with a range of staff, GPs, practice manager, practice nurse and reception staff and spoke with patients who used the service. We reviewed treatment records of patients. We reviewed CQC patient comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe Track Record

We found that the practice had systems in place that ensured the delivery of safe patient care. These included the review of incidents, health and safety concerns and complaints.

The practice held monthly practice meetings where clinical issues including significant events were discussed. In addition to these meetings a daily informal meeting was held each morning at which all staff including non-clinical could attend to raise issues concerning the day to day operation and management of the practice. Clinical and non-clinical staff reported positively on this meeting and the contribution it made to well established team work across the practice.

We saw evidence that the practice responded to NHS patient safety alerts, for example, medication alerts. The practice received regular safety information from organisations such as National Institute for Health and Care Excellence (NICE) and took action in response to safety alerts.

Weekly medication meetings were held with pharmacist advisors from the local clinical commissioning group (CCG) to ensure safe medication practice was followed and patient safety was upheld.

The practice worked closely with Wigan Clinical Commissioning Group.

There were strategies in place to support patients who frequently attended A&E. This included making contact with patients to identify possible risk factors and actions to change patient behaviour and analyse trends.

The practice had systems in place to maintain safe patient care of those patients over 75 years of age, with long term health conditions, learning disabilities and those with poor mental health. Similarly they maintained registers of patients with additional needs, for example, patients with a learning disability. These patients were closely monitored, through joint multi-disciplinary working arrangements with other health and social care professionals.

Learning and improvement from safety incidents

The Practice had a system in place for reporting, recording and monitoring significant events, for example a significant

event may be a 'needle stick injury'. A review of a significant event includes an analysis of what factors led to the event, how the event was handled, how it could have been handled differently, what action needed to be taken as a result of the event, including lessons learnt and systems to review the progress of the response to the event to the point of closure.

It was a positive feature that the practice had accepted the value of a significant events analysis (SEA) as a learning tool. We reviewed a sample of SEAs held on file and observed that processes ensured that SEAs were carried through until a satisfactory outcome was concluded and actioned.

From the review of compliant investigation information, we saw that the practice manager and GP partners ensured complainants were given full feedback in response to their concerns.

Reliable safety systems and processes including safeguarding

The practice followed Wigan Council Safeguarding policy and protocol. Two of the partner's took lead responsibility for safeguarding at the practice and staff we spoke with knew they could approach these GPs and or any other GP at the practice if they had concerns about a patient. The leads were knowledgeable about the contribution the practice made to multi-disciplinary child protection work and attended partnership meetings with the local CCG. Arrangements were in place to share safeguarding concerns with NHS and local authority partners and this ensured a timely response to concerns identified.

GPs, nursing staff, reception staff and the practice manager had a clear understanding of good safeguarding practice, their duty of care, and their responsibility to keep children and adults safe. We asked staff what action they would take in response to safeguarding concerns. Staff were able to tell us what action they would take in response to concerns and how they ensured patient safety. We saw that all staff at the practice had completed training in safeguarding children and adult protection at level two and GPs were training to level three. Information advising staff how to raise a safeguarding concern was available. This included contact numbers of local safeguarding and adult safeguarding contacts.

Within the patient record system there was an alert system which alerted GPs, nursing staff and reception staff to any

Are services safe?

ongoing child protection issues. When safeguarding concerns were raised staff ensured these alerts were put onto the patient's electronic record. Systems were in place to monitor children or vulnerable adult's attendance at Accident and Emergency or missed appointments.

The practice had a chaperone policy displayed in the patient waiting area and we were told that nursing staff acted as a chaperone when requested. Patients we spoke with were aware of this service but none had direct experience of it.

Medicines Management

The practice had medicines management policies in place. The practice worked with pharmacy support from the Clinical Commissioning Group (CCG) who visited the practice weekly. Clinical staff worked closely with the CCG in keeping up to date with medication and prescribing trends. The practice did not store controlled drugs. We saw that emergency drugs were safely stored and regular stock audits were undertaken and records maintained.

The practice stored vaccinations in a refrigerator. Systems were in place that ensured that vaccines were stored correctly. These included daily checks of temperatures of refrigeration. Checks of vaccine ensured that the stock was in date. Stock count and rotation of stock took place on vaccines and other medicines. Records of checks were maintained.

We were told that drugs were not kept in GPs bags and GPs were responsible for the contents of their bags. GPs did not carry medicines with them routinely on home visits.

GPs re-authorised medicines for patients on an annual basis or more frequently if necessary. Patients who received repeat prescriptions were alerted to book in and arrange a medicine review. All repeat prescriptions were reviewed on a regular basis and only undertaken by clinicians. Patients we spoke with confirmed they had attended the practice for medicine reviews with a GP.

We saw prescriptions for collection were stored behind the reception desk. At the end of the day uncollected prescriptions were locked away in a secure cabinet. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them. Patients were asked to confirm their name and address when collecting prescriptions.

Cleanliness & Infection Control

Patients we spoke with told us the practice was 'always clean and tidy'. We saw that the practice was clean throughout and appropriately maintained.

We saw that all areas of the practice were very clean and processes were in place to manage the risk of infection. Treatment rooms were well stocked with gloves, aprons, alcohol gel, and hand washing facilities with posters promoting good hand hygiene displayed.

The practice employed a cleaner, we saw copies of their cleaning schedule that recorded tasks completed. These ensured the overall cleanliness of the building.

We found the practice had a comprehensive system in place for managing and reducing the potential for infection. There was an up-to-date Infection Control Policy in place. We saw updated protocols for the safe storage and handling of specimens and for the safe storage of vaccines.

We saw fabric privacy curtains were the preferred option to use at the practice. Surgeries have the option to use disposable paper curtains. We saw that fabric privacy curtains were cleaned every six months and a record of this was kept.

The practice had procedures in place for the safe storage and disposal of sharps and clinical waste. We saw sharps boxes in clinical areas and clinical waste bins were mostly foot operated.

We looked at staff training records and saw that all staff at the practice both clinical and non-clinical had completed training in infection control.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only.

Equipment

Arrangements were in place that ensured all equipment used on the premises was well maintained.

We found that arrangements were in place which ensured the safety and suitability of the building, for example tests of electrical installation, including portable appliance testing (PAT) of electrical equipment.

The practice manager had contracts in place for annual checks of fire extinguishers and portable appliance testing.

Are services safe?

Fire safety checks were in place and the practice was in the process of arranging a full fire drill to take place within the next month. All staff had received training in fire safety and there was information in the reception and patient waiting area to advise patients what action to take in the event of a fire.

A defibrillator and oxygen were available for use in a medical emergency. These were stored in easy reach in the event of a medical emergency. Records of tests of the equipment were in place.

We were told that panic buttons were located in clinical and treatment rooms for staff to call for assistance in the event of a difficult situation.

Staffing & Recruitment

The practice operated a recruitment and selection process which ensured that only suitable applicants were employed. The majority of staff had been employed at the practice for over three years. The practice ensured that a number of pre-employment checks, for example, Disclosure and Barring checks, known as DBS checks and verbal references were taken up prior to employment.

As part of the quality assurance and clinical governance processes checks of the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists were made to ensure that doctors and nurses continued to be able to practice.

Safe staffing levels were maintained. Six GPs provided a service to patients. There were seven receptionists, two practice nurses, two administration staff, one practice manager and a deputy practice manager. Collectively the staff team were more than able to meet the needs of the patient population who were registered at the practice.

The practice manager and lead GP oversaw the rota for clinicians and we saw they ensured that sufficient staff were on duty to deal with expected demand including home visits and daily patient demand for appointments including emergencies.

Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. This ensured adequate staffing levels were maintained at all times.

Monitoring Safety & Responding to Risk

The practice had six GP clinicians. Two of the GPs were the lead for safeguarding and all GPs took a shared interest and responsibility for medicines management.

Staff were trained in fire safety, basic life support and infection control. Staff knew where the emergency equipment was stored and how to access this quickly in the event of an emergency.

A review of minutes from practice meetings confirmed that safety and risk was monitored and discussed routinely.

Arrangements to deal with emergencies and major incidents

There were plans in place to deal with emergencies that might interrupt the smooth running of the service. A detailed business continuity plan was in place. The plan covered business continuity, staffing, records/electronic systems, clinical and environmental events.

The practice had an up-to-date fire risk assessment. We found that tests to fire alarms systems and other fire safety equipment were done on a regular basis.

Staff were sufficiently trained to deal with medical emergencies. Emergency equipment including a defibrillator and oxygen were easily accessible, and staff had received training in how to use the equipment.

The Practice has a system in place for reporting, recording and monitoring significant events. There were procedures in place to assess, manage and monitor risks to patient and staff safety.

Patients were aware of how to contact the out of hours GP service and the practice website had provided updated information for patients on this facility.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice provided a service for all age groups including older people, people with learning disabilities, children and families, people with mental health needs and to the working population. We found GPs and nursing staff were familiar with the needs of each patient and the impact of local socio-economic factors on patient care.

A review of ten patient records demonstrated that thorough assessments of patients' needs had been undertaken and these were reviewed where appropriate.

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. We saw that patients were appropriately referred to secondary and community care services. We saw that the practice aimed to ensure each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed assessments and treatment plans, in line with National Institute for Health and Care Excellence (NICE) guidelines. Thorough assessments of patients' needs had been completed and these were reviewed when appropriate.

Clinicians proactively case managed and completed long-term monitoring of patients' needs. The practice held clinical meetings where all patients on the palliative care register were discussed. Clinicians we spoke with were familiar with, and were following current best practice guidance.

Practice nurses managed all aspects of patients care and treatment. A range of clinics were provided, for example, asthma clinics, diabetes clinics and chronic obstructive pulmonary disease (COPD) reviews. The practice held a register of patients who had a learning disability and these patients were called for annual health checks.

Patients with caring responsibilities told us they received good support from GPs and support remained ongoing at an appropriate level to patients recently bereaved. The practice provided information to patients about local carers groups.

Management, monitoring and improving outcomes for people

The practice has a system in place for completing clinical audit cycles. A review of audits demonstrated that the practice was both proactive and successful in achieving positive outcomes for patients.

We saw several examples of clinical audits, which included a review of 'Do not prescribe list of drugs,' between April and June 2014. The review showed that a very low use of such drugs in comparison with 12 local practices across Wigan. Dr Spielmann and Partners was the second lowest prescriber.

Further, a review of outpatient attendance at trauma and orthopaedic clinics for the practice was the lowest in comparison with 12 other local practices across Wigan. We observed that there was a direct link and correlation to these findings following the introduction of a joint injection clinic at the practice. Audits demonstrated clear clinical benefit.

A review of the cost of COPD and Asthma medicines versus hospital respiratory admissions per 1000 patients between April 2014 and June 2014 showed that the practice was the second lowest of 12 other local practices across Wigan.

Feedback we received from a visiting professional included: 'GPs, nurses and the practice manager...reviewed the results of audits in a thorough and timely manner. When the work has been reviewed it is always actioned as soon as possible and the changes to their prescribing practice are implemented.'

The practice was proactive in contacting patients who had missed annual reviews, to ensure they attended appointments. A patient recall system was in place for patients with chronic health conditions which provided on going monitoring of patients conditions. This included patients receiving treatment for asthma and COPD.

Patients told us that GPs discussed and explained the potential side effects of medication during consultations.

The practice used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided.

Effective staffing

Staff had access to training, the majority of which was completed through e-learning. The practice manager kept a record of all training carried out by clinical and

Are services effective?

(for example, treatment is effective)

non-clinical staff to ensure staff had the right skills to carry out their work. From our discussions with staff and reviewing training records we saw all staff were appropriately qualified and competent to carry out their roles safely and effectively.

Staff told us they were able to access training and received updates when required. We saw staff had completed mandatory training in safeguarding children and adults, confidentiality, infection control, equality and diversity, basic life support and health and safety. Some staff had completed training in the Mental Capacity Act 2005 and there were plans to roll this out across the whole of the staff group.

All staff had an annual appraisal. We found that one of the strengths of the practice was the informal supervision arrangements that were in place. Staff told us that GPs and the practice manager were supportive and approachable. Senior staff within the practice told us they were confident that staff would approach them if they had any concerns or wanted to discuss training and career developments.

All GPs took part in yearly appraisal. All of the GPs in the practice complied with the appraisal process. GPs are required to be appraised annually and every five years undertake a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council.

All the patients we spoke with were complimentary about the staff. We observed staff appeared competent, comfortable and knowledgeable about the role they undertook.

Working with colleagues and other services

Strong team work, cooperation between clinical and nonclinical staff and an understanding and appreciation for each member's role in the day to day delivery of the service to patients was evident across the practice.

The practice worked with other agencies and professionals to provide continuity of care for patients and ensure care plans were in place for the most vulnerable patients. Multidisciplinary health care meetings took place at the practice and involved other health and social care professionals, for example the practice had recently started to hold regular meetings between the safeguarding lead and health visitors.

The 'work flow' system that operated within the practice ensured that patients received safe care and treatment, for example, results of blood tests and discharge letters were scanned onto patient records.

The practice kept registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication for example for mental health conditions.

Information Sharing

Information received from other agencies, for example accident and emergency or hospital outpatient departments was read and actioned by GPs on the same day. Information was scanned onto electronic patient records in a timely manner. Systems were in place for managing blood results and recording information from outpatient's appointments.

All staff were required to sign a confidentiality agreement as part of their terms and conditions of employment at the practice. Staff fully understood the importance of keeping patient information in confidence and the implications for patient care if confidentiality was breached.

Professionals linked to the practice reported a positive working relationship with all staff. The practice provided us with a number of written testimonials from health professionals who provided services and support to patients of the surgery. One testimonial said: 'I have been working with the staff team. All the staff have been very receptive to the work I am doing. I have been given opportunities to meet with GPs to discuss my role.' And 'I have found the surgery a happy, easy and collaborative place to work.'

Consent to care and treatment

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Patients' verbal consent was recorded on their patient record for routine examinations.

GPs and clinicians ensured consent was obtained and recorded for all treatment. Where people lacked capacity they ensured the requirements of the Mental Capacity Act 2005 were adhered to.

Are services effective?

(for example, treatment is effective)

It was the practice that for the majority of treatments patients gave implied or informed consent and arrangements were in place for parents to sign consent forms for certain treatments in respect of their children, for example, child immunisation and vaccination programmes. Where patients were under 16 years of age clinicians considered Gillick guidance.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity. Patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted.

Health Promotion & Prevention

All new patients were offered an initial health check with the practice nurse when a new patient assessment was completed; this included a review of the patient's lifestyle including family medical history and a review of their smoking and alcohol activity.

A health trainer worked at the practice every Wednesday and provided a number of 'health promotion' clinics. These included smoking cessation, reducing alcohol consumption, weight loss and exercise advice.

Practice nurses also ran a number of chronic diseases clinics including Chronic Obstructive Pulmonary Disease (COPD) and diabetes clinics.

We saw a range of written information available for patients in the waiting area, on health related issues, local services and health promotion and carer's information.

The practice also supported patients to manage their health and well-being. This included national screening programmes, vaccination programmes and long term condition reviews.

The practice also provided patients with information about other health and social care services such as carers' support.

Due to the restraints of the tenancy agreement for the premises, the practice was limited in how much information could be displayed, because of this health promotion information and advice was stored in a folder and located on a table in the patient waiting area.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed staff speaking with patients respectfully throughout the time we spent at the practice. We observed reception staff speaking to patients in a respectful way and we heard staff during telephone discussions also speaking in a courteous manner.

Facilities were available within the surgery and upon request for patients who wanted to speak in private. It was the practice that calls would be transferred to the back office if more personal patient information was required.

A large proportion of CQC patient comment cards we received indicated that patients had been treated with dignity and respect by all staff employed at the practice.

We looked at a sample of consultation rooms, treatment rooms and clinical areas, all areas had privacy curtains to maintain patient dignity and privacy whilst they were undergoing examination or treatment.

The practice offered patients a chaperone service. Information about having a chaperone was in the waiting area. Staff we spoke with were knowledgeable about the role of the chaperone and only clinical staff undertook this role. Patients told us that they felt the staff and doctors effectively maintained their privacy and dignity.

We looked at 15 CQC comment cards that patients had completed as part of the inspection and spoke with six patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity. Patients we spoke with told us they had enough time to discuss things fully with the GP and patients told us GPs listened to them. Patients told us they were fully involved in decisions made about any treatments recommended.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they had been consulted about their care and treatment. They told us that GPs and other staff had explained their treatment to them, including diagnosis and if further tests or referrals to secondary care were required.

We found that patients understood their care including the arrangements in respect of referrals to secondary care appointments at local and other hospitals and clinics.

Patients told us they were happy to see any GP and the nurses as they felt all were competent and knowledgeable.

Patients told us they usually got to see the GP of their choice when they made an appointment and other patients said they were happy to any of the GPs at the practice as they believed they were all 'good.'

Staff were knowledgeable about how to ensure patients were involved in making decisions. Staff told us they understood and considered the requirements of the Mental Capacity Act 2005 where issues around capacity. Staff told us relatives, carers or advocates were involved in helping patients who required support with making decisions. Where required independent translators were available by phone for patients where English was their second language.

We noted where required, patients were provided with extended appointments to ensure GPs and nurses had the time to help patients be involved in decisions.

Patient/carers support to cope emotionally with care and treatment

All staff we spoke to were articulate in expressing the importance of good patient care, and having an understanding of the emotional needs as well as physical needs of patients and relatives.

The practice routinely asked patients if they had caring responsibilities. They were offered additional support and GPs were aware of local carer support groups that could be beneficial to carers registered with the practice. Information about local carers group was displayed in the surgery.

Patients who were receiving care at the end of life had been identified and joint arrangements were in place as part of a multi-disciplinary approach with the palliative care team. GPs contacted the partners of recently bereaved patients to provide support and guidance where needed. Patients could be referred to counselling services if this was thought appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence of service planning and the provision of appropriate services for different groups of patients. The GP partners had a good understanding of their patient population responded to patient need. There was good evidence of continuous review services by partner GPs to ensure services met patients' needs and preferences.

The practice offered a range of specific clinics through the GP and nurse appointment system, including diabetes reviews and COPD, (chronic obstructive pulmonary disease) reviews. Patients told us that their health needs were met whilst attending GP consultations and or nurse consultations.

There was evidence that the practice undertook more frequent chronic disease reviews and analysing the current QOF statistics the practice had totals all in excess of the national average across a wide variety of chronic disease management indicators including Asthma and smoking cessation.

The practice was proactive in making reasonable adjustments to meet people's needs. Staff and patients we spoke with provided a range of examples of how this worked, such as accommodating home visits and booking extended appointments. The practice opened between the core hours of 8:30am to 6:00pm, Monday to Friday, with extended hours two evenings per week.

The surgery operated an electronic prescribing service. This enabled prescribers to send prescriptions electronically to a local pharmacy of a patient's choice.

The practice had a Patient Participation Group (PPG) made up of 13 core members. The group met bi-monthly and were responsible for sending out an annual patient survey and analysing the findings. We met with two members of the PPG; they told us that they had good working relationships with GPs at the practice. They told us GPs listened to patient feedback and were proactive in responding to issues raised by patients. They told us as a response to patient feedback about difficulties in telephoning in the morning for an appointment, the practice had introduced on line appointment booking and had increased the number of reception staff on duty to meet patient demand.

Tackling inequity and promoting equality

The practice had taken steps to ensure equal access to patients, the website was accessible, and could be translated into different language if required.

The practice was proactive in contacting patients who failed to attend vaccination and screening programmes. Patients' electronic records contained alerts for staff regarding, for example, patients requiring additional assistance in order to ensure the length of the appointment was appropriate.

The practice provided home visits for those patients who were too ill or frail to attend in person. GPs provided telephone consultations and extended appointments were made available for any patient who required additional time.

We saw that the building was suitable for people who used a wheelchair. Disabled toilet facilities were shared with baby changing facilities. The entrance to the practice had level floor access and was suitable for wheelchair users, and a passenger lift assisted people with mobility issues to attend appointments on the first floor.

There was a comfortable waiting area for patients and ample car parking was available adjacent to the surgery.

Access to the service

Patients could access appointments by telephone, calling into the surgery and on line via the practice website.

The majority of patients reported positively about accessing appointments. Though some patients expressed frustrations at trying to make an appointment by telephone.

Patients told us that they usually got an urgent appointment on the day they contacted the surgery or within a short time frame for a routine appointment. Parents of children who were patients at the practice told us that children were always seen.

We found that the practice supported patient choice and access to appointments as much as it was practical to do so. We found that patients could choose which GP they saw, whether they saw a female or a male GP.

Receptionists and patients told us the service was particularly good at trying to find appointments when it wasn't an emergency.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns & complains

The surgery had a complaints policy and procedure. We saw a copy of the surgery's complaints policy and procedure which explained how the service responded to complaints and compliments from patients and their representatives or friends.

The practice manager was mindful to respond and deal with patient's complaints as they arose in an attempt to avoid complaints escalating.

We saw that all complaints were logged and investigated by the practice manager who consulted with GPs and or nursing staff where relevant. We saw that the provider responded to complaints' in a timely manner and had taken action to resolve their complaints.

Complaints information was displayed in the waiting area and available on the website. Patients we spoke with told us they knew how to make a complaint if they felt the need to do so. Patients we spoke with told us they felt comfortable about making a complaint. They told us they were confident a complaint would be dealt with fairly.

Are services well-led?

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

Our findings

Vision and Strategy

The practice had a clear vision around patient care. Staff we spoke with knew that the surgery was committed to providing good quality primary care services for all patients, including the management of long term health conditions.

We saw evidence that demonstrated the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people. GPs attended prescribing, medicines management and safeguarding meetings and shared information within the practice.

There were plans in place to facilitate the ongoing development of the practice.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at several of the policies and saw where these had been updated they were comprehensive and reflected up to date guidance and legislation.

The practice had systems to identify, assess and manage risks related to the service including health and safety issues. Systems were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety.

These included twice monthly practice meeting which were attended by GPs and nurses sometimes attended.

The use of clinical audits was firmly embedded across the practice and results were reviewed and used to plan for patient care.

Learning from significant events took place and SEAs were discussed at practice meetings.

The practice participated in the quality and outcomes framework system (QOF). This was used to monitor the quality of services in the practice. There were systems in place to monitor services and record performance against the quality and outcomes framework.

The practice manager attended the Wigan practice manager's forum on a monthly basis. This

provided her with the opportunity to review how the service was performing in comparison to other GP practices across the Wigan area

Leadership, openness and transparency

We observed that leadership was clearly visible across the practice and with well-established lines of accountability and responsibility.

The staff group was stable one. Staff told us they enjoyed their work and had been supported since their appointment. Other staff told us they felt supported and there was good team work across the practice.

Information sharing arrangements were good and each member of staff's contribution was valued. Staff told us they would feel comfortable speaking with the registered provider or the practice manager should they have any concerns.

Practice seeks and acts on feedback from users, public and staff

The practice had a proactive patient participation group (PPG). The group began in 2011 and had 13 members and met on a bi-monthly basis. We met with two member of the group who told us the overall aims of the group were to support patients, improve outcomes for patients and to challenge the practice on behalf of patients.

The PPG send out an annual patient survey, reviewed the findings and produced a report. Reports were available the practice website. The group met with GP partners annually to provide feedback on the findings and to draw up and agree an action plan.

We were told that GPs, the practice manager and other guest speakers, for example, local stroke group and health trainers, periodically attended the group.

The group took up issues on behalf of individual patients and successfully secured a 'drop off' car parking area at a local hospital.

The group had also successfully started a 'practice walking group' that held weekly health walks in partnership with other local medical practices.

The group had also developed a quarterly newsletter in conjunction with the practice and reported on health

Are services well-led?

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

issues and developments as well as issues that affected the day to day running of the practice. For example, newsletters included information on patients that did not attend appointments, developments in dermatology services across Wigan, the role of the health trainer and dietary advice on the reduction of salt in patients diets.

The provider took complaints very seriously and systems were in place to monitor complaints and how they were responded to.

Management lead through learning & improvement

The provider had systems in place to review incidents referred to as 'significant events analysis' (SEA).

Quality assurance arrangements at the service ensured that performance was reviewed regularly.

These included periodical reviews of clinical performance data provided by the local clinical commissioning group.

Other audits included a monthly drug stock take, a review of NHS health checks and of the corresponding patient groups who had attended.

NHS patient safety alerts, for example, medicine alerts, were shared with staff.

Annual appraisal and supervision arrangements were well developed and established across all staff groups.

Staff told us that the practice supported them to maintain their clinical professional development through training. We looked at four staff files and saw that training had been recorded and appraisals had taken place. Staff told us that the practice was very supportive of training and continuing professional development.

The practice was a GP training practice, and was an accredited GP training practice by the north west deanery of postgraduate medical education.