

Ash Tree House Surgery

Quality Report

Church Street

Kirkham

Preston

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ash Tree House Surgery, Kirkham, Preston on 5 April 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Thorough recruitment procedures were carried out before staff were employed.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Overall, risks to patients were assessed and well managed.
- Thorough staff recruitment procedures were followed.
- Systems were in place to safeguard patients from the risk of infection.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

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. 89% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. This compared to a national average of 85%.

Summary of findings

- 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 was available and easy to understand including an easy to read version.
- 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.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was evidence of a governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older patients.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Care plans and health checks were provided as needed with regular medicine reviews carried out.
- The practice supported five care homes in the locality with regular visits and phone calls.
- The practice offered flu, pneumonia and shingles vaccination programmes.
- There was a notice board in the waiting area which promoted dementia awareness and carer support.
- There were monthly multidisciplinary team meetings to discuss patients with complex needs.
- Referrals to other services were regularly made, for example the falls service and dietetic service. The practice contacted all patients leaving secondary care.
- Care plans were produced for all vulnerable people.
- There were longer appointments available for those patients who needed them.
- There was a named GP for all patients.

People with long term conditions

Good



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

- The practice has a robust chronic disease programme which included:
- A robust annual review call and recall programme was in place.
- There were effective systems for ensuring patients were followed up with an interim review if indicated.
- An annual medication review was offered to all patients on repeat medication, with robust procedures for non-compliant patients.
- Home visits were carried out by GPs, practice nurses and a health care assistant for house bound patients with chronic disease.

Summary of findings

- There were weekly meetings with the practice based community pharmacist to identify improvements in prescribing and safety.
- There was a failsafe procedure to ensure abnormal tests were repeated.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Post-hospital discharge care plan reviews were carried out with patients who attended A&E unnecessarily.
- Nurses trained in long term care supported patients and there were long term care 'Champions' within the team.
- The practice offered specific clinics for Asthma, Diabetes and COPD.
- Longer appointments were offered for patients with multiple conditions.
- Care plans were produced for all patients who required long term care and a Care Plan Champion coordinated their needs.
- There was an insulin initiation service for Diabetic patients.

Families, children and young people

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

- The practice had high achievement with their childhood immunisation programme achieving up to 98.5% uptake in 2014/15.
- There were systems in place to identify non- attenders for immunisations.
- The practice had links to the health visitor who is informed of all children who have joined or left the practice.
- The practice offered a private room for breastfeeding and there were baby changing facilities.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and younger patients who had a high number of A&E attendances.
- 74% of patients with asthma, on the practice register, had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. This data was unvalidated on the date of inspection.

Good



Summary of findings

- 76.5% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This data was unvalidated at the time of the inspection.
- The practice offered flexible baby clinics.
- A Family Liaison Co-ordinator acted as a point of contact to support families and ensured patients felt they had a dedicated person to help them.
- A bespoke clinic was provided at an outlying local army base with poor transport links to ensure children received appropriate vaccinations and healthcare.
- A Primary Health Care Team meeting ensured continuity of care.
- The practice participated in serious case reviews involving young patients to ensure full knowledge of their issues and appropriate support was given.

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 practice promoted online services and text messaging to make it easier for patients who work to access services outside of practice hours.
- Staff had received training on consent in young people. A leaflet about consent was in the waiting room.
- NHS health checks were routinely encouraged.
- Text messaging had been introduced as a reminder for patients to keep their appointments.
- The practice offered late opening until 8:30pm for working groups and early morning access from 8am.
- There was an all day GP and nurse triage and call back system.
- Same day appointments were available and patients could book appointments online.
- An Electronic Prescription Service meant that patients did not have to go into the Practice to order or collect prescriptions.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- All staff and doctors had regular training in child and adult safeguarding. The practice had clear procedures regarding safeguarding.
- The practice had a poster displayed in the waiting room to inform patients regarding safeguarding and how to raise concerns. There was also information on the website.
- The practice had a register of vulnerable adults and children and a review of these patients is undertaken every three months to identify any concerns that require further action.
- There was a newly introduced patient health form with a section for patients to record if they had a disability, medical condition or were a carer. These were passed to the practice manager who ensured this was clearly recorded on the record and will contact the patient to discuss their needs if indicated.
- Concerns regarding patients were discussed at practice meetings where indicated.
- The practice nurse and doctors identified vulnerable patients for discussion at MDT meetings.
- Clinical staff were trained in the Mental Capacity Act. There were procedures in place for identifying patients with a Deprivation of Liberty Safeguard in place.
- Staff had received training on consent and there is a patient information leaflet about consent.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example the practice made referrals to the AQA project to support with wellbeing and daily life and to foodbanks where appropriate

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 had a dedicated area in the waiting room with information regarding dementia and carer information.
- All patients on the mental health register were invited for an annual review.
- 87% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records, in the preceding 12 months. This compared to a national average of 88%.
- The mental health care plans were carried out with a specialist nurse.

Good



Summary of findings

- 95 % of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This compared to a national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Most of the practice staff were Dementia Friends trained.
- There was an in house Psychological Wellbeing Team for direct referrals.
- Educational updates were provided for clinical staff by the psychological wellbeing team
- Helpline phone numbers were given to patients and were available in all GP rooms and on notice boards in the waiting room.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 81 % of patients found it easy to get through to this surgery by phone compared to the national average of 73%.
- 79 % of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 92% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 85% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients considered

they were treated with care and respect by all staff at the practice and the service was repeatedly described as excellent. They said the environment was clean and hygienic.

We spoke with twelve patients during the inspection. All twelve patients said they were satisfied with the service they received and thought the reception staff were helpful. The GPs were described as very thorough and forward thinking.

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2016. This indicated that overall, 94% of patients were 'extremely likely' to recommend the practice to their friends and family. The practice also encouraged patients to provide their feedback using "I want great care". This was a web based survey which allowed patients to provide anonymous feedback about their experience of the practice. Reviews gave an overall score of four out of five points during 2015/16. Patients commented upon restricted privacy in the reception area, friendly and helpful reception staff and fantastic service.

Ash Tree House Surgery

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 and a Practice Nurse specialist adviser

Background to Ash Tree House Surgery

Ash Tree House Surgery is located in Church Street Kirkham, Preston, Lancashire. The practice is located in a large house in the centre of the town. There is easy access to the building and disabled facilities are provided. There is a car park behind the practice. There are seven GPs working at the practice. Six GPs are partners, four male and two female and one female GP is salaried. There are five part time practice nurses, one part time trainee nurse practitioner, two part time health care assistants (all female) and one part time phlebotomist. There is a full time practice manager, two assistant practice managers and a team of administrative staff.

The practice opening times are Monday 8am until 8.30pm and Tuesday to Friday 8am to 6.30pm. The practice appointment times are;

Monday: 8am to 8.30pm

Tuesday to Friday: 8am to 6.30pm

Patients requiring a GP outside of normal working hours are advised to call Preston Primary Care using the usual surgery number and the call will be re-directed to the out-of-hours service.

There are 10,779 patients on the practice list. The majority of patients are white British with a high number of elderly patients and patients with chronic disease prevalence. The practice is part of Fylde and Wyre Clinical Commissioning Group and provides primary medical services under a General Medical Services contract with NHS England .

This practice has been accredited as a GP Training Practice and has qualified Doctors attached to it training to specialise in General Practice. It also offers placements to nursing students.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Fylde and Wyre Clinical Commissioning Group to share what they knew. We carried out an announced visit on 5 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, the practice manager, the practice nurse, a health care assistant and two admin and reception staff.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Carried out face to face interviews with twelve patients.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and information was reviewed annually to identify trends. We saw that action plans were drawn up to demonstrate learning and changes made to practice. One example of action taken in response to an administrative error in patient identification led to a new protocol for checking patient details and a reminder system as a back-up requesting staff to recheck people's date of birth.
- We reviewed safety alerts received by GPs. These were discussed during practice meetings, displayed on the staff notice board and E mailed to all clinical staff. We looked at one example whereby GPs had developed a new protocol, and produced a patient leaflet in response to guidance on managing high blood pressure.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies provided contact information for further guidance if staff had concerns about a patient's welfare including the Local Authority Designated Officer.
- The GPs attended safeguarding meetings and provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs, nurses and managers at the practice were trained to Safeguarding level three.
- Notices 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. She was assisted by a practice nurse and an assistant practice manager. There was an infection control protocol in place. All staff had received up to date training and the last infection control audit was undertaken in December 2015.
- in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the practice based pharmacist and non-medical prescriber, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed three staff personnel files and found that full recruitment checks had been undertaken prior to employment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
 - Where risk assessments had identified that patients had displayed abusive behaviour towards staff in the past this was alerted at consultations and staff did not work with the patient on their own.
 - 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 a supply of oxygen. A first aid kit and accident book was 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 fit for use.
 - The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 96% of the total number of points available. Data from 2014/2015 showed the following:

- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average. For example, 75% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less

Effective needs assessment

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The most recent published results were 96% of the total number of points available. Data from 2014/2015 showed the following:

- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average. For example, 75% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (01/04/2014 to 31/03/2015). This compared to a national average of 84%. GP's told us this score related to a change of staffing. We saw evidence at the practice that the 2015/16 score would be 81% against a target of 80%.
- Performance for mental health related indicators was similar to the national average. For example, 89% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a national average of 94%.

Clinical audits demonstrated quality improvement.

- We looked at two clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit of opioid medication future rationale and standards were discussed in January 2016, an action plan was drawn up and there was a re-audit in March 2016. This demonstrated improvements in practise.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- Staff were provided with role-specific training and updating, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had been included in an assessment of competence. Staff who administered vaccinations demonstrated 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from senior staff, one-to-one meetings and appraisals for revalidating GPs. All staff had participated in an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- GPs attended monthly peer group meetings with other local GPs to share experience and learning

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice employed a care coordinator who worked across the practice and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw that referrals were made to a variety of voluntary organisations, multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 younger patients, 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81.5% which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98.5% and five year olds from 91.5% to 97%. Within the CCG rates for two year olds ranged from 93% to 97% and for five year olds from 87% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and confidentiality was maintained
- Patient feedback included comments about restricted privacy in the reception area. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients considered they were treated with care and respect by all staff at the practice and the service was repeatedly described as excellent. They said the environment was clean and hygienic.

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

- 90% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time (CCG average 89% national average 87%).
- 98.5% of patients said they had confidence and trust in the last GP they saw (CCG average 96% national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.5%).
- 88% of patients said they found the receptionists at the practice helpful (CCG average 85.5% national average 87%).

Care planning and involvement in decisions about care and treatment

Patients 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 on 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 in line with local and national averages. For example:

- 90 % 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%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting area told patients how to access a number of community support groups and organisations such as those supporting good mental health and physical health care needs such as cancer.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers register which identified eighty eight patients were carers of vulnerable people.
- Written information was available to direct carers to signpost them to the various avenues of support available to them.
- Carers were being identified within the practice and were offered an annual health check.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and for patients with multiple conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious or urgent medical conditions.
- The practice supported five care homes in the locality with regular visits and phone calls.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- An in house physiotherapy team supported patients at the practice to ensure care was provided as close to home as possible.
- The practice offered an ophthalmology service which shortened waiting times for treatment.
- There were disabled facilities and translation services available including a hearing loop.
- We saw there were "Easy read" leaflets suitable for people with learning disabilities.

Access to the service

The practice was open between 8.00am to 8.30pm Monday and 8.00am to 6.30pm Tuesday to Friday. Appointments were available from 8.00 am to 8.30pm Monday and 8.00am until 6.30 Tuesday to Friday.

Patients requiring a GP outside of normal working hours were advised to call Preston Primary Care using the usual surgery number and the call would be directed to the out-of-hours service.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 81% of patients said they could get through easily to the surgery by phone (national average 73%).
- 37% of patients said they always or almost always see or speak to the GP they prefer. This data was unvalidated at the time of the inspection.

Patients told us that they were able to get appointments when they needed them and whilst they acknowledged that they could not always see their doctor of choice immediately they were happy either to wait to do so or to see another GP.

The practice had worked to improve access to services for vulnerable patients.

- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- In one case an older patient had been ringing the practice several times each day, calling for ambulances, the out of hours service and presenting at the local Accident and Emergency department. Discussions with the ambulance service led to a GP undertaking a weekly home visit and following further care assessment the person was admitted to twenty four hour care. Staff kept a register of patients who were seen at Accident and Emergency or admitted to hospital and subsequently discharged. These patients were added to the telephone triage list each day and followed up as needed.

Listening and learning from concerns and complaints

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

- The 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.
- The practice had received 13 complaints during 2014/15. These had all received appropriate and timely responses.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear 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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. These documents were reviewed regularly with future review dates set.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and was clearly described in a quality assurance policy.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were very approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology

- They kept written records of verbal interactions as well as written correspondence.

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

- We saw evidence that the practice held regular team meetings, strategic partners meetings, business meetings, clinical meetings and educational meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, involved and supported, particularly by the GPs and Practice Manager.
- All staff were involved in discussions about how to run and develop the practice. The practice also held annual events during which the GPs encouraged all members of staff to bring their partners and family. Staff told us these events and the attitude of the GP's made them feel valued and part of the team.
- The practice offered an apprenticeship scheme to local young people who wanted to learn about healthcare.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) which operated virtually. We met with three representative of the PPG. They told us the group communicated by email and carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had now been invited to meet as a group from April 2016 which representatives welcomed.
- We saw a suggestion box and a comments book in the reception area, and there was an online newsletter which encouraged patient feedback.
- We noted an "I want great care..." poster in the waiting areas. This encouraged patients to provide their feedback via this website. We saw the results of the feedback which were largely positive but did mention restricted privacy in the reception area. Staff told us

Are services well-led?

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patients were now encouraged to stand back from the reception counter whilst other people were receiving help and no identification details were mentioned during phone calls taken at the reception desk.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and wanted to reduce exception reporting and had channelled one of the HCAs to home visits with the housebound to ensure more reviews were accomplished.
- The rapidly rising size of the practice meant that all available space on the site had been used and a new build plan had been prepared to provide ground floor access and a more community based environment.
- Following concerns raised from a transgender patient the practice was striving to achieve the Lesbian, Gay, Bisexual and Transgender kite mark.
- The practice had meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team so they could influence local services, review the needs of its local population and secure improvements to services where these were identified.