

Lilford Park Surgery

Quality Report

Lilford Park Surgery
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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 our first announced comprehensive inspection at Lilford Park Surgery on 30 September 2016 when the practice was rated as requires improvement overall. The areas where the provider was required to make improvements related to the safe, effective and well led domains. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Lilford Park Surgery on our website at www.cqc.org.uk.

We carried out this announced comprehensive inspection at Lilford Park Surgery on 25 April 2017 to check that the practice had made improvement. Improvements were demonstrated in all areas. The practice had taken action on each and every point highlighted at the inspection of 30 September 2016 and had introduced robust systems to address the concerns.

Overall the practice is now rated Good.

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

- The practice had introduced and embedded a number of systems to minimise risks to patients and staff since

our inspection in September 2016. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.

- The systems to manage risks and issues, introduced following our inspection in September 2016, demonstrated that people would be protected by a strong comprehensive safety system with a focus on openness, transparency and learning when things went wrong.
- Risks to patients were well assessed in particular those relating to medicines management, infection control, medical emergencies and staff training which had been highlighted as requiring improvement at the last inspection.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment and training was regularly monitored and updated.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with open access between 9.00am and 11.30am each 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice presented a high number of significant events that had been thoroughly investigated since our previous inspection. They demonstrated that learning was achieved and action was taken to reduce the event happening again in the future.
- Incidents and near misses were reviewed and analysed with the same importance. The whole team were aware of their responsibilities to raise concerns and were encouraged to do so. The lead GP had also shared learning from their significant events during peer review with other practices to promote good practice across the borough.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. A genuine open culture had been introduced where safety concerns were raised and discussed with all staff to promote learning and improvement.
- The whole practice team had together reviewed the risks identified for the practice following the previous CQC inspection and had taken action on each individual point. Systems had been introduced and were embedded to ensure that medicines, infection control, equipment, risks and all areas of patient safety were well managed.

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 compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. They provided a walk in surgery each morning between 9.00am and 11.30am and patients could order prescriptions over the telephone and also by fax, online and via the pharmacy.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available every day via the walk in surgery each morning or through pre-arranged appointments in the afternoons.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In more than six examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken. They also shared learning outside of the practice via peer review with other GPs in the borough.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients such as minor surgery.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services such as walk in centres, district nurses and the GP hub where patients could be seen during hours when the practice was closed.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice offered health checks for the over 75s which included memory screening and falls risks.
- Home visits were offered for elderly and frail patients who could not attend the practice, including annual reviews by clinicians at home.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data indicators showed that the practice effectively managed patients on the diabetes register. Blood glucose levels (HbA1c) in 85% of patients were within a recommended level compared to the CCG figure of 80% and the national figure of 78%

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were between 91% and 100% for all standard childhood immunisations which was higher than the required standard of 90%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics on a weekly basis.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday and Sunday appointments available through the GP borough-wide hub.

Good



Summary of findings

- A wide range of appointments were available due to open access surgery. The surgery provided 20 appointments on Tuesday evenings with a GP, advanced nurse practitioner and a practice nurse. This was 11 appointments more than the required standard for extended hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group and there was a telephone ordering service for prescriptions.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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 carried out advance care planning for patients living with dementia.
- 95% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 85% and the national average of 75%.

Good



Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Patients suffering from acute mental health episodes were able to access the open surgery to be treated or referred to appropriate services quickly. An in-house counsellor or Improved Access to Psychological Therapies (IAPT) service was able and could provide appointments within two weeks.
- Patients struggling to attend phlebotomy services were seen by the nurse or health care assistant at the practice.
- Patients with mental health needs or those having difficulties and frequent admissions were discussed on a monthly basis through multi-disciplinary team meetings.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. Patients at risk of dementia were identified and offered an assessment.
- 100% of patients with mental health needs had a recent up to date care plan and a review within the last twelve months compared to the CCG average of 91% and the national average of 89%.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 321 survey forms were distributed and 120 were returned. This represented 3% of the practice's patient list.

- 94% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which, apart from one, were all positive about the standard of care received. The comments included praise for the administration staff saying they were polite and helpful, praise for the GPs, saying they were thoughtful and kind and praise for the practice and services provided, saying they liked the open surgery.

We spoke with seven patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Lilford Park 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 Lilford Park Surgery

Following the previous inspection in September 2016 the practice was rated as requires improvement and we took regulatory action against the provider in the form of requirement notices. This inspection on 25 April 2017 was to check that improvements had been made.

Lilford Park Surgery is situated in a large purpose built health centre in the centre of Leigh. The health centre incorporates primary health care services including district nurses, health visitors, midwives and other services such as chiropody, speech therapy and dental services. The building has full disabled access, disabled toilets and specialist bariatric facilities. There is ample car parking, including disabled spaces, at the rear of the practice. The health centre is a small walk from public transport links.

The practice itself is on the first floor and is accessible by stairs and a lift for patients with difficulty using the stairs. Since our previous inspection, temporary signage had been erected to direct patients to the practice which had changed its name in 2010 when the previous founder had retired.

The practice provides a service to 3,800 patients in the surrounding areas of Leigh under a General Medical Services Contract run by Wigan Clinical Commissioning

Group. This number of patients had increased by around 200 since our previous inspection. The building is situated in the third most deprived area in the country and the practice has a small number (around 4%) of black and Asian minority ethnic groups.

There are two GP partners, one male and one female and a male advanced nurse practitioner who is able to prescribe medicines. The nursing team comprises of a part time practice nurse (30 hours a week) and a part time health care assistant. The clinicians are supported by a practice manager and three reception/administration staff. They are a training practice and currently have a GP trainee in post that works 20 hours per week and is able to see patients under supervision.

The practice staff have access to a range of community staff and other services based in the health centre.

The practice is open

Monday 8am to 6.30pm

Tuesday 8am to 8pm

Wednesday 8am to 5pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

A walk in service is available every morning between 9am and 11.30am and appointments in the afternoon can be pre-booked by telephone and on-line. On Wednesday afternoons the telephone lines are closed, but the reception is open for the collection of prescriptions and general enquiries. In addition, the surgery works in conjunction with the Wigan Federation working together HUB scheme and patients can access the service via the Hub booking centre. When the practice is closed, patients are directed to the out of hours service and the Walk In service is based in the same building.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Lilford Park Surgery on 30 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for safe and well led services and we issued requirement notices under Regulation 12, Safe Care and Treatment, Regulation 17, Information Governance and Regulation 18 Staffing. The full comprehensive report of the 10 October 2016 can be found by selecting the 'all reports' link for Lilford Park Surgery on our website at www.cqc.org.uk

We carried out this 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 had made improvements and is now 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 held about the practice. We carried out an announced visit on 25 April 2017. During our visit we:

- Spoke with a range of staff including the GP partners, advanced nurse practitioner, GP registrar, health care assistant, managers, reception and administration staff.
- Spoke with patients who used the service and who were also members of the patient participation group (PPG).

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients under the supervision of practice staff.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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

At our inspection on 30 September 2016 we rated the practice as requires improvement for providing safe services as arrangements in respect of risk were not well managed. Although risks to patients who used services were assessed, the systems and processes to address those risks were not implemented well enough to ensure that patients were kept safe. They included training and staff management, medicines management, management of unforeseen circumstances, infection control and dealing with emergencies.

At this inspection we found that the systems that had been introduced and embedded since September 2016 demonstrated that people were protected by a strong and comprehensive safety system. There was a focus on openness, transparency and learning by all team members when things went wrong. The practice presented a high number of significant events that had been thoroughly investigated since our previous inspection. They demonstrated that learning was achieved and action was taken to reduce the event happening again in the future. A genuine open culture had been introduced where safety concerns were raised and discussed with all staff to promote learning and improvement. Incidents and near misses were reviewed and analysed with the same importance. The whole team were aware of their responsibilities to raise concerns and were encouraged to do so. The lead GP had also shared learning from their significant events during peer review with other practices to promote good practice across the borough.

Safe track record and learning

There was a system for reporting and recording significant events.

- From the high number of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, each significant event was discussed at staff meetings; best practice guidelines relating to each event

were identified, researched and discussed. As a result of highlighting one incident, another similar case was recognised, and prompt action was able to be taken because of the learning that had been identified.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The practice also monitored trends in significant events and evaluated any action taken.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Overview of safety systems and processes

The practice had introduced clearly defined systems, processes and practices to minimise risks to patient safety. Since our inspection in September 2016 it was evident that those systems were embedded and were being followed.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of monthly practice meetings and the documented safeguarding example we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing and other clinical staff were trained to the appropriate levels.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

Are services safe?

(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.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- Since our last inspection, the practice nurse had undergone refresher training of the E-learning module in infection control and now held full responsibility for completing infection control audits and risk assessments. The practice manager and the practice nurse (infection control lead) had joined the CCG Preventing Infection Together (PIT) programme working group. The CCG lead for that group had also agreed to attend the practice to review and advise on further practice specific infection control interventions that may be required. The practice nurse had also attended CCG Infection Control meetings and had conducted a further audit and risk assessment where areas for improvement were identified. They had been discussed and actioned through practice meetings and we saw evidence of this.

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

- The practice had introduced protocols for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. The practice had introduced formal mentorship and support from the medical staff for this

extended role and clinical discussions were documented, evidencing that learning was being discussed and best practice guidelines were being followed.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Improved protocols were in place to support the health care assistant who was trained to administer vaccines and medicines under patient specific prescriptions or directions from a prescriber. We saw evidence where these had been produced and appropriately managed.

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

Monitoring risks to patients

There were improved procedures for assessing, monitoring and managing risks to patient and staff safety. We saw that those procedures were well embedded and were being followed by all staff.

- There was a health and safety policy available and accessible by all staff.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Risk assessments were also documented and embedded to support staff where risks existed.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet

Are services safe?

patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. During extended hours there was a GP, advanced nurse practitioner and a nurse available.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 30 September 2016 we rated the practice as requires improvement for providing safe services as arrangements in respect of risk were not well managed. Although staff had the skills, knowledge and experience to deliver effective care and treatment they did not receive formal mentoring to ensure that their training was up to date and they were working within their competencies. There was evidence that learning needs were not always identified and monitored adequately.

At this inspection we found that all areas identified for improvement had been addressed and protocols that had been introduced since September 2016 had been embedded and were being consistently followed.

Effective needs assessment

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

- The practice had systems 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.
- We saw evidence of learning and improvement in the form of documented discussions between staff where mentorship was apparent, best practice guidelines were highlighted and discussed and appropriate action was taken when necessary.

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 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was 98% which was higher than the CCG average of 92% and the national average of 90%.
- Performance for mental health related indicators was 88% which was lower than the CCG average of 95% and the national average of 93%.

There was evidence of quality improvement including clinical audit:

- Findings were used by the practice to improve services. For example the practice had examined each area identified as required improvement at the last inspection. They had introduced protocols and responsibilities to implement improvement and also created mechanisms to monitor that those improvements were sustained. Those mechanisms included regular audit and re-audit to ensure that the improvements were maintained and we saw evidence of this.
- There had been more than three clinical audits commenced in the last two years and all of those were completed audits where the improvements made were implemented and monitored.
- There was an effective audit on anticoagulation for patients with atrial fibrillation and this had been monitored and audited over three cycles. We saw that improvements were made and changes to clinical practice were embedded to ensure that patients received the best medicines for this condition and reduced the risk of stroke.
- We saw a number of other audits that had taken place including read coding to ensure that two week waits were managed appropriately, a number of medicines audits undertaken by clinicians and a number of audits that were undertaken by administration staff. The practice included the whole team as part of the audit process to ensure that outcomes for patients were improved. The information collected was discussed and used to make changes to protocol, identify that best practice was being maintained or to introduce new and improved systems where necessary.
- The practice were one of three-out-of 64 practices in the borough to receive a grant as a result of a reduction in referral rates.

There was also evidence of improved outcomes for patients where good practice had been followed. For example :

Are services effective?

(for example, treatment is effective)

- There was low antibiotic prescribing. The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was 1% compared to the national average of 5%. This showed a large positive variation which meant that the practice were prescribing far fewer antibiotics than the local and national averages.
- Through outcome monitoring, the GPs had reduced the number of patients reliant on hypnotic medicines (sleeping pills), opioid prescriptions (morphine related painkillers) and antipsychotic (mental health related) medicines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Following the last CQC inspection in September 2016, the CCG education lead, the nurse lead and the medicines management team had attended the surgery to identify staff training needs.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits. For example we saw an audit of minor surgery/joint injections where the practice identified that good explanations of the procedure and consent of the patients were carried out.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Staff actively provided “find and treat” consultations for health checks for patients to identify or prevent undiagnosed conditions such as diabetes or heart disease.
- The health care assistant was able to provide diet and smoking cessation advice.
- The health care assistant was also the learning disabilities champion for the practice and made sure those patients received their annual health checks and any other support they might need.
- One of the reception team was the palliative care champion and made sure that all the necessary support was available for those patients both inside and outside of the practice.

The practice’s uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 84% and the national average of 82%.

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

29 of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients who were all members of the patient participation group (PPG). They told us they were more than satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 97%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. For example patients under the age of 16 could be seen without an appropriate adult if they requested and where this was appropriate. Assessment of their capacity to make decisions was carried out in accordance with the required guidelines.

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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.

Are services caring?

- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 85%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Following the previous inspection the practice had recalled all patients who were on the care plan register. Those patients were reviewed by a named clinician and their care plans were individualised and made patient centred. A copy of the care plan was given to the patient and carers where relevant.
- In addition, a clinical and non-clinical champion for care planning was nominated. They were responsible for ensuring that the register was updated and patients were reviewed regularly to ensure their care plans were kept up to date.
- Language line and interpretation services were available for patients who did not speak English. There were notices in the reception area informing patients of this service.
- Information leaflets were available in easy read format and nominated personnel were available for those patients who required extra input.

- The electronic referral service was used with patients as appropriate. (The electronic referral service is a national system which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 204 patients as carers (5% of the practice list). The list was regularly validated in line with standards and had reduced from 246 previously. The health care assistant offered health checks to carers and any identified issues were referred to clinical staff for further review. A number of carers were either older, or also on the long term conditions register and so double appointments were provided to make the best use of appointment time for the practice and for the patient. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an average population profile with the highest number (22%) being under the age of 18. The practice understood its population profile and had used this understanding to meet the needs of its population:

- A wide range of appointments were available due to open access surgery. The surgery provided 20 appointments on Tuesday evenings with a GP, advanced nurse practitioner and a practice nurse. This was 11 appointments more than the required standard for extended hours.
- There were longer appointments available for patients with a learning disability and those who had multiple concerns, such as carers with ongoing long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was affiliated to more than four nursing homes where they attended to review patients' care when required.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- A new clinical system had been implemented giving the practice better access and information sharing with community services. This created improved continuity of care.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- There were staff champions to assist patients with learning difficulties, carers, and any others who required extra input. Other reasonable adjustments were made and action was taken to remove barriers where patients found it difficult to use or access services.
- Prescriptions were available by telephone, fax, online and via the pharmacy and could be collected within 12-24 hours. Telephone consultations were available daily.

- The practice offered a minor surgery service to its own patients and other patients within the borough. This reduced the necessity to travel far distances for such a facility in secondary services.

Access to the service

The practice was open as follows :

Monday 8am to 6.30pm

Tuesday 8am to 8pm

Wednesday 9am to 5pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

A walk in service was available every morning between 9am and 11.30am and appointments in the afternoon could be pre-booked by telephone and on-line. On Wednesday afternoons the telephone lines were closed, but the reception was open for the collection of prescriptions and general enquiries. In addition, the surgery worked in conjunction with the Wigan Federation working together HUB scheme and patients could access the service via the Hub booking centre. When the practice was closed, patients were directed to the out of hours service and the Walk In service was based in the same building as the practice.

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

- 86% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 86% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 63% and the national average of 59%.
- 100% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them largely due to the walk in facility and the number of appointments available during extended hours.

The practice had a system to assess:

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

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

The practice had a system for handling complaints and concerns.

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

We looked at a verbal and a written complaint received since our inspection in September and saw that the matter was dealt with as per the required guidelines. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken to make improvements if required and complaints were given the same importance as significant incidents and discussed during practice meetings.

Listening and learning from concerns and complaints

Are services well-led?

Good 

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

Our findings

At our inspection on 30 September 2016 we rated the practice as requires improvement for providing well led services because the governance arrangements did not ensure that risks, training, staff monitoring and protocols and guidance were satisfactorily managed.

At this inspection there was evidence of a considerable amount of work that had been undertaken as a result of the points raised in the CQC report. Each and every area for improvement had been addressed and was being monitored to ensure that good practice was maintained.

Vision and strategy

The practice lead had a clear vision to deliver high quality care and promote good outcomes for patients and this was transferred to staff through regular communication.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had introduced an improved overarching governance framework which supported the delivery of the strategy and good quality care. It was regularly monitored and outlined the structures and procedures to ensure that :

- There was a clear staffing structure. Improvements to protocols and discussions with staff identified that they were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as safeguarding, infection control, medicines management, clinical audit and training.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. In addition, reception and administration staff had extended champion roles and were also included in audit management.

- There were improved arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as medicines management and two week waits.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. In addition the GP and advanced nurse practitioner met on a regular basis to review cases and ensure best practice was being followed. These meetings were documented and it was evident where learning was reviewed and discussed.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw that they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

From the large sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the following steps were undertaken:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings and we saw evidence of each meeting that followed a consistent agenda.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from the following sources:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. As a result of the CQC inspection in September 2016 the PPG had introduced an action plan to increase the roles and responsibilities within the group and increase communication and awareness to the practice patients.
- the NHS Friends and Family test, complaints and compliments received.

- staff through open discussions and staff meetings. 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 focus on continuous learning and improvement at all levels within the practice and in particular by the lead GP. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The surgery was committed to continuous learning and all staff are allocated seven days study leave. For the viability and sustainability of general practice, teaching and learning was at the forefront of their vision. They were a training and a teaching practice offering a teaching role to GP trainees and also mentoring student nurses. The practice nurse and advanced nurse practitioner had recently undergone training to be able to mentor students.

The senior GP partner and practice manager were CCG leads in medicines management, mental health and were part of the CCG core group/nurse group panel consultations.

There were in-house training educational sessions for the nurses such as children's respiratory education event, working alongside Wigan Primary Care Respiratory Service and shadowing other practice nurses in various practices.