

Pennygate Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

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 Pennygate Medical Centre on 28 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. However during our inspection we identified a controlled drug stored in an unlocked bag. This incident was reported and closed with 24 hours.
- 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.
- Most 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.

The areas where the provider should make improvements :

- Ensure that all medicines are stored securely

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 was 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 reasonable 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.
- At the time of our visit one controlled drug was not stored securely. The practice took immediate action to resolve this situation.
- 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 was rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QoF) 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, quarterly supervision 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. 92% of respondents to the GP patient survey stated that

Summary of findings

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 Wigan Borough Clinical Commissioning Group (CCG) average of 85% and a national average of 85%.

- 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 although some patients would benefit from “easy to read” information.
- 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.
- Most patients said they found it easy to make an appointment with a GP however they had to wait to see a GP of choice. Urgent appointments were 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. However there was no overarching policy and procedure for continuous quality improvement.

Good



Summary of findings

- 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 incident regarding the storage of the controlled drug was reported the same day and closed by NHS England (the body to whom such incidents are reported) within 24 hours.
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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

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

Good



- The surgery offered patients over 75 years a health check and dementia screening.
- There was a register of patients on the Gold Standard Framework (for people at the end of life). Meetings were held monthly with the wider practice team involved in their care to ensure the needs of the patient were being met.
- The practice provided continuity of care allocating each nursing home two nominated GPs to ensure that complex cases were well understood by the visiting clinician.
- Home visits were offered for housebound patients.
- High numbers of telephone consultations were offered to allow patients with mobility problems to access care including chronic disease management.
- A Hearing Loop was available in the reception area and there was good access for people with mobility problems.
- There were district nurses on site which ensured an excellent working relationship allowing easy communication regarding concerns with patient care.
- The practice referred patients to the fire safety scheme which offered advice to ensure they were safe in their home.
- There were community link workers and health trainers in the practice who offered both social and lifestyle support.
- The Active Living Team ran two exercise sessions per week at the practice enabling patients to get fit and socialise.

People with long term conditions

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

Good



- Practice nurses held chronic disease management clinics and made referrals to specialist nurses such as for patients with diabetes.
- Longer appointments were offered for patients with multiple conditions.

Summary of findings

- The practice complied with QoF guidance for patients with long term conditions with a robust call/recall system for regular health checks.
- Home visits were undertaken for housebound patients requiring annual reviews.
- The practice was part of Wigan Federated Healthcare which had recently started to provide remote INR testing (a test which monitors Warfarin levels are safe within the patients blood).
- Patients were able to self-check their blood pressure on an easily accessible machine in the waiting area.
- Online access to records was available which had been evidenced to show it improved care and communication for patients with long term conditions.

Families, children and young people

The practice was 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 100% uptake in 2014/15.
- There was a dedicated child & adult safeguarding lead. Safeguarding training had been provided to practice staff.
- The practice offered same day access for children with urgent problems, particularly the under 5's.
- Teenage drop in clinics offered advice and support for young people including sexual health and contraception.
- The practice was piloting a paediatric INT (Integrated Neighbourhood Team) clinic run by a GP and a paediatric nurse identifying children that frequently attended hospital and worked with the family to support them. The service offered 12 week courses for new mothers which educated them on various topics and helped to build their confidence.
- Monthly meetings were held with the Health Visitor to discuss children in need, those on the child protection register and families with concerns. The clinical system flagged these records for clinicians who saw them in surgery.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 79% 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 (Royal College of Practitioners) questions. This compared to a national average of 75%.
- 82% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a national average of 82%. The practice promoted online services and text messaging to make it easier for patients who worked to access services outside of practice hours.
- Extended access appointments were available between 7am and 8am and 6.30pm and 8pm. The practice had also recently opened an extended access hub (in partnership with other practices in the neighbourhood) with appointments which run alongside clinics 6.30-8pm Monday- Friday and 10am-4pm on Saturdays.
- The practice offered telephone appointments.
- NHS health checks were available for patients over 40 years.
- Meningitis vaccinations were available for students.

People whose circumstances may make them vulnerable

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

- Patients with a learning disability(LD) or other significant disability had an alert on their medical record, this allowed all staff to quickly identify when dealing with a patient that they may require additional assistance. The practice had a good working relationship with the LD team and regularly did joint patient reviews with them. Clinical staff were trained in the Mental Capacity Act. There were procedures in place for identifying patients with a DoLS (Deprivation of Liberty Safeguard) in place.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A register for military veterans and patients active in the armed forces was held which flagged their records.
- The practice worked closely with the adult and children's safeguarding team and one of the GP's was the named children's safeguarding doctor for the CCG.
- Staff had received training to improve their awareness of the LGBT(Lesbian, Gay, Bisexual and Transgender) community. With

Good



Summary of findings

the patient's permission data regarding their sexual identity was recorded in order to improve their healthcare. One of the GP's had recently appeared in the media to discuss the lack of services for transgender patients in the area.

People experiencing poor mental health (including people with dementia)

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

- Practice nurses held a dementia clinic which identified patients with memory problems, provided a healthcheck and referred them to occupational therapists or back to the GP where required.
- The practice had a dedicated area in the waiting room with information regarding dementia and carer information.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to a national average of 88%.
- 78% 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 offered mental health and learning disability reviews in line with QoF guidance.
- When appropriate consent was gained to contact a carer or nominated individual on behalf of the patient.
- Patients had a named nurse.
- All staff had dementia awareness training to help in their understanding the condition and meeting the needs of the patients.
- All records for this group of patients had an alert on the clinical system in order to make staff aware of the patient's vulnerability/condition

Good



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 broadly in line with local and national averages. 301 forms were distributed and 106 were returned. This represented 0.6% of the practice's patient list.

- 65% of patients found it easy to get through to this surgery by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 89% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 87% 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 24 comment cards which were all positive about the standard of care received. Some patients considered they had to wait a long time to get an appointment but all said the staff were very good and treated them with respect and dignity. Many cards commented that the surgery was safe and clean.

We spoke with nine patients during the inspection. All nine patients said they were pleased with the service they received and thought staff were willing to listen to them. They commented that it could be a delay of up to two weeks to see a doctor of choice but an appointment was always available that day if the matter was urgent. One mother we spoke with had been offered an appointment for her sick baby within one hour.

Pennygate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a Practice Nurse specialist advisor.

Background to Pennygate Medical Centre

Pennygate Medical Centre is located in Hindley, Wigan, Lancashire. The practice is located in a large modern building which also houses a pharmacy and includes a gym. There is easy access to the building and disabled facilities are provided. There is a large car park serving the practice. Primary medical services are provided under a Personal Medical Services (PMS) contract with NHS England and the practice is part of the Wigan Borough Clinical Commissioning Group.

There are nine GPs working at the practice. Eight GPs are partners, four male and five female and one male, salaried GP. There is one advanced nurse practitioner (full time), five practice nurses (all part time) and one part time health care assistant (all female). There is a full time practice manager, an assistant practice manager and a team of administrative and reception staff.

The practice opening times are Monday 7am to 8pm, Tuesday 8am to 8pm, Wednesday 7am to 1pm, Thursday 8am to 8pm and Friday 8am to 6.30pm. The practice appointment times are Monday to Friday 8am to 12pm and 3pm to 6pm except Wednesday which is 8am to 12pm.

Patients requiring a GP outside of normal working hours are advised to call NHS 111 who may refer Bridgewater Community Healthcare.

The practice offers teaching and placements to medical students and trains GP's.

There are 16,882 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. There is a small number of Polish and Russian /Eastern European patients.

Why we carried out this inspection

We inspected this service as part of our new 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 Wigan Borough Commissioning Group to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, the practice manager, practice nurses, a health care assistant 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 nine 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. Also a review of the measures implemented was completed to ensure the new procedure was safe and effective.
- Examples of action taken in response to significant events were to contact bereaved families to offer support, to update the cold chain procedure and to offer training to administrative staff in keeping medicines safe.

We reviewed safety alerts received by GPs. These were discussed during practice meetings, and emailed to all clinical staff. We looked at one example whereby the practice protocol for diabetic patients had been changed due to updated NICE guidelines.

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 to safeguard children and vulnerable adults from abuse that reflected relevant legislation. There were two GP safeguarding leads one of whom was the Safeguarding lead for the CCG. The policy in use was that of Wigan Borough CCG and was not individualised to the needs of the practice. It provided contact information for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs were trained to Safeguarding level 3.

- The practice had completed a safeguarding assessment tool kit provided by the CCG to ensure all aspects of the safeguarding procedure and staff training was adhered to.
- 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 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 and the advanced nurse practitioner were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. All staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security) apart from one controlled drug found to be stored in an unlocked bag. This was immediately rectified and reported appropriately. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, 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 five 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

Are services safe?

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.

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 telephones 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 two defibrillators available on the premises(one on the ground floor ,one on the first floor) and oxygen tanks. 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 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 99.9% of the total number of points available, the local CCG average was 96% and national average 95%. Data from 2014/2015 showed the following:

- The percentage of patients with hypertension having regular blood pressure tests was higher than the CCG and national average. For example, 93% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less. This compared well to a national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national average. For example, 91% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compares 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 the 5K data challenge during which all incidents were audited additional READ codes were introduced and patients referred to specialists where required. An audit of all smear tests was done monthly to ensure identification and follow up of abnormal results.

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.
- 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 included 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.
- Administrative 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 peer group meetings with other local GPs to share experience and learning and nurses attended practice nurse forums.

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.

Are services effective?

(for example, treatment is effective)

- 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.

Staff worked together 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 evidence that 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

The practice's uptake for the cervical screening programme was 82% which matched 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% and five year olds from 94% to 100%.

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.

The practice had a patient led walking group and held a Tai Chi class every week to contribute to patients health and welfare.

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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the twenty four 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.

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:

- 93.5% of patients said the GP was good at listening to them compared to the national average of 89%.
- 94% of patients said the GP gave them enough time (national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (national average 95%).
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90%).
- 95% of patients said they found the receptionists at the practice helpful (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 above national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 90% 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. Written information was available to direct carers to signpost them to the various avenues of support available to them.

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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. There was a hearing loop however reception staff said they rarely encountered difficulties in communicating with patients with a hearing loss. They said they could take the patient into a private room and could request British Sign Language interpreters if needed.
- We saw "Easy read" leaflets in use by practice staff which were suitable for people with learning disabilities.

Access to the service

The practice was open Monday 7am to 8pm, Tuesday 8am to 8pm, Wednesday 7am to 1pm, Thursday 8am to 8pm and Friday 8am to 6.30pm. The practice appointment times were Monday to Friday 8am to 12pm and 3pm to 6pm except Wednesday which was 8am to 12pm.

Patients requiring a GP outside of normal working hours were advised to call NHS 111 who may refer to Bridgewater Community Healthcare.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 65% of patients said they could get through easily to the surgery by phone (national average 73%).
- 53% of patients said they always or almost always see or speak to the GP they prefer (national average 36%).

Most patients told us that they were able to get appointments when they needed them, although some patients reported a delay in getting appointments.

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

- The practice supported several nursing homes in the locality. Two of the GP's provided a home visiting service and the health care assistant carried out visits with the elderly and housebound including those living in care homes. She provided chronic disease management checks, blood tests, weight and health checks. The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable..
- Patients who attended A&E were monitored and offered support and there was a dedicated telephone line for staff who were following up on unplanned admissions which contributed to continuity of care.

Listening and learning from concerns and complaints

The practice had an effective system in place 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.
- The practice had received 11 complaints in 2015/16. All of these were discussed at practice meetings, responded to appropriately and within the timescales set out in the practice complaints policy.
- We saw that information was available to help patients understand the complaints system.

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 a governance framework which supported the delivery of the strategy and good quality care. This included policies, procedures and structures to ensure that:

- 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.
- 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 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.

- Staff told us the practice held monthly team 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, valued and supported, particularly by the GPs and Practice Manager in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the GPs 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, 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 met monthly. We met with four representative of the PPG. They told us the group communicated proposals for improvements to the practice management team. The Assistant Practice Manager attended all of their monthly meetings and a GP attended if requested to do so. The group had suggested a loud speaker in the reception area, the addition of a screen showing health and practice information and announcing appointments and also a change in telephone system to improve access and reduce costs to the caller. All suggestions had been taken up.
- We saw a noticeboard encouraging patients to provide feedback about the practice and showing information about joining the PPG.
- 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

Are services well-led?

Good 

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

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 encourage self management and healthy lifestyles. To this end the Active Living Team had been introduced with individual support for patients to take regular walks, take Tai Chi classes and use the gym under supervision.
- Supporting both medical students and being a training practice for GP's meant the partners kept up to date with new approaches and could recruit to new positions .
- Staff had received training to streamline the referral process, to have an understanding of blood results and patient confidentiality as a result of feedback from significant events, complaints and surveys.
- All issues raised at the inspection were resolved within three working days.
- The practice had meetings and ongoing involvement with the Clinical Commissioning Group (CCG) so they could influence local services.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.