

Dr Mark Webster


Quality Report

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Date of inspection visit: 11 May 2017
Date of publication: 19/06/2017

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 effective?	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 Dr Mark Webster also known as Frenchwood surgery on 19 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 19 September 2016 inspection can be found by selecting the 'all reports' link for Dr Mark Webster on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 19 September 2016.

At this inspection we found that sufficient improvement had been achieved to update the rating for provision of effective and well-led services to good. The practice had addressed the breaches of regulation and was now compliant with all regulations. This report covers our findings in relation to those improvements and also additional findings at this inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The GP was working with a pharmacist from the clinical commissioning group (CCG) medicines management team to improve prescribing trends within the practice.
- Medication reviews were up to date and reviews for patients with long term conditions were carried out monthly.
- Consent policy guidance had been developed.
- Improvements had been made to the clinical audit system. Audits were linked to improvements in patient care.
- The practice had signed up to the NHS Resilience Programme. This is a system of professional support and mentoring that helps practices to develop and improve.
- The practice nurse received clinical supervision and met with the GP at the start of her surgery to discuss the patient list.
- 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.

Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect and felt they were involved in their care and decisions about their treatment.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Continue to record patient consent in line with the practice consent policy.
- Discuss clinical based significant events with a GP peer.

- Continue with efforts to increase the membership of the patient participation group.
- Continue efforts to improve the uptake of bowel and breast screening for patients.
- Continue to sustain the improvements made to the overall governance of the practice.
- Record that a chaperone has been offered even if this is refused.

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 effective?

The practice is rated as good for providing effective services.

- 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 systems had been improved and there was evidence to demonstrate 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.
- Consent to care and treatment was not consistently recorded in patient records.
- The offer of a chaperone was not recorded in patient records.

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.
- 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.
- Reviews of patients with long term conditions had been undertaken to ensure that those patients were called in for regular reviews, support and advice.
- There was a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice was looking at ways to improve membership of the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- The practice was supported by a pharmacist from the CCG to ensure prescribing was in line with best practice guidelines for safe prescribing.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved the concerns for effective and well-led identified at our inspection on 19 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Dr Mark Webster on our website at www.cqc.org.uk.

Good



People with long term conditions

The provider had resolved the concerns for effective and well-led identified at our inspection on 19 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Dr Mark Webster on our website at www.cqc.org.uk.

Good



Families, children and young people

The provider had resolved the concerns for effective and well-led identified at our inspection on 19 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Dr Mark Webster on our website at www.cqc.org.uk.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for effective and well-led identified at our inspection on 19 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Dr Mark Webster on our website at www.cqc.org.uk.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective and well-led identified at our inspection on 19 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

The specific findings on these groups can be found by selecting the 'all reports' link for Dr Mark Webster on our website at www.cqc.org.uk.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective and well-led identified at our inspection on 19 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Dr Mark Webster on our website at www.cqc.org.uk.

Good



Dr Mark Webster

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a second CQC inspector.

Background to Dr Mark Webster

Dr Webster's practice is based in a large converted premises close to the centre of Preston, Lancashire. The practice is fitted with ramp access to assist people with limited mobility.

The practice is situated within a residential area and can be easily accessed by public transport.

Data reflected a practice list size of 1969 patients.

Primary medical care is provided under a general medical services (GMS) contract within NHS Greater Preston Clinical Commissioning Group (CCG).

Dr Mark Webster is the only GP at the practice and he carries out 10 sessions a week. This is an additional session since the last inspection. He is supported by a practice nurse, working 20 hours per week, a part time practice manager, working 20 hours per week and two part time receptionists.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 12 noon

every morning and 3.30pm to 6pm every afternoon. Telephone consultations are available each day from 3pm until 3.30pm before the start of afternoon surgery. The practice is closed on Saturday and Sunday. Out of hours (OOH) service is provided by GotoDoc.

The age distribution of the practice patient population differs to the national average, with almost 4% more male patients aged between 25 and 60 years. The life expectancy of patients is slightly lower at 76 years for males and 80 years for females, compared to 79 years national average for male, 78 years for the CCG and 83 years national average for females, 82 years for the CCG.

The practice has a higher proportion of patients with a long standing health condition at 58.8% compared to the CCG and national averages of 54%.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Mark Webster on 19 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. The full comprehensive report following the inspection on 19 September 2016 can be found by selecting the 'all reports' link for Dr Mark Webster on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Mark Webster on 11 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Dr Mark Webster on 11 May 2017.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 September 2016.

During our visit we:

- Spoke with all staff employed at the practice during the inspection.
- Spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- We observed how reception staff communicated with patients.
- Reviewed a range of information including staff records and other documentation used to manage the practice.

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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of medication reviews particularly for patients with multiple and frequently prescribed medicines, were not adequate. In addition prescribing trends for the practice were not in line with local and national trends and there was no evidence of any strategy to improve this. The practice did not have any policy guidance relating to consent and there was evidence that clinical audit resulted in quality improvements.

These arrangements had sufficiently improved when we undertook a follow up inspection on 11 May 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

At this inspection we found that the practice staff had access to up to date evidence based guidelines and protocols. The practice was able to assess needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

There was evidence that clinical staff training was up to date, relevant continued update training was available. We found improvements had been made in relation to clinical audits and some evidence that these were improving outcomes for patients.

Management, monitoring and improving outcomes for people

The practice continued to use 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 showed the practice achieved 70.3% of the total number of points available (100%) compared with 93.7% clinical commissioning group (CCG) average and 95.3% national average, with 4.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the

patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). During the inspection the practice provided unverified data to demonstrate they had achieved 98.01% of the total number of points available for the current period (2017).

A CCG pharmacist was working with the practice to review prescribing trends with the aim of optimising medicines use and ensuring cost-effective prescribing. Audits included a review of a medication commonly used as treatment to prevent a stroke, to treat abnormal heart rhythm or treat patients with blood clots. The audit checked if prescribing was in line with local and national guidance, including on transfer of information from hospital to the GP practice. A member of the reception team had attended medicines management training and was given a lead role as medicines coordinator.

A review of patients prescribed benzodiazepines was underway. Benzodiazepines are a type of sedative prescribed to treat short-term relief of severe anxiety and can also be used to treat patients with a drug or alcohol dependency.

Patient medication reviews had been undertaken and a system was in place to review 10 patients per month.

Performance for diabetes related indicators was below the local and national averages. For example;

- The percentage of patients with diabetes, on the register, in whom the last IFCCbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 50.53% compared to the CCG and national average of 78%. The practice provided unverified data to show this had increased to 77% for the current period (2017).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 55.79% compared to 79.67% CCG average and the national average of 77.58%. Unverified data provided by the practice showed this figure had increased to 87% for the current period (2017).
- The percentage of patients with diabetes, on the register, whose last measured

Are services effective?

(for example, treatment is effective)

total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less

(01/04/2015 to 31/03/2016) was 45.56% compared to 78.27% CCG and national average of 80.22%. Unverified data provided by the practice showed the figures for the current period (2017) had increased to 74%.

The practice team held regular meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice nurse co-ordinated the review of patients with long-term conditions and provided some health promotion measures in house. The practice nurse had attended updated training in diabetes management, administering vaccines and a competency assessment was completed for cervical screening. The practice was attempting to secure funding for the practice nurse to attend nurse practitioner training. A nurse practitioner is a nurse qualified to treat certain medical conditions without the direct supervision of a doctor.

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. The practice had access to the NHS integrated clinical environment system (ICE). This system enabled the practice to electronically request patients' pathology tests results.
- 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 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.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

The practice had developed policy guidance relating to consent and this was available to all staff. Staff sought patients' consent to care and treatment in line with legislation and guidance. However, the process for seeking and gaining verbal consent was not consistently recorded in patient records.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice nurse was able to explain when providing care and treatment for children and young people, how they carried out assessments of capacity in regards to consent in line with relevant national 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 and mental health issues. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84.16 %, which was similar to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The

Are services effective?

(for example, treatment is effective)

practice demonstrated how they encouraged uptake of the screening programme by opportunistic screening and they ensured a female sample taker was available. The inadequate results were low.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, however; uptake for breast cancer screening was 50.3% compared to 67% CCG and 72.2% national averages and 40% for bowel screening compared with 59% CCG and 57% national averages.

Childhood immunisation rates for the 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 88.5% to 100% and five year olds from 82.4% to 88.2%.

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. The practice nurse was in the process of recalling patients over the age of 75 years for a healthcare review.

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 previous inspection on 19 September 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues and found arrangements had sufficiently improved when we undertook a follow up inspection of the service on 11 May 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a clear ethos and mission statement which was displayed in the waiting areas and staff knew and understood it. This was: "To provide quality healthcare and facilities. Participate in the creation of healthier lives within the community and a build a support team".

The staff independently told us of the work undertaken to improve the practice since the last inspection and that they wanted to ensure patients received good quality care.

Governance arrangements

A programme of clinical and internal audit had been implemented. Since the last inspection clinical audits or quality improvement activity had improved and were sufficient to assess, monitor and improve the quality of care and treatment. We looked at four audits two of which were two-cycle audits. For example, the practice had audited patient feedback which resulted in additional customer service training for some staff. Medicines audits had been carried out with the medicines management team to improve prescribing within the practice. One of the receptionists, responsible for repeat prescriptions, had attended medicines management training and was the nominated medicines coordinator.

Policy guidance had been developed in relation to obtaining consent from patients.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP and nurse had lead roles in key areas. The practice nurse led on the management of long term conditions.

There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice held monthly clinical meetings and had developed a set of standard agenda items that included safeguarding, communication within the practice, information governance, significant event reviews, complaints, clinical and medicine alerts. Since the last inspection minutes of these meetings were recorded and made available to all staff.

Leadership and culture

Staff said they felt respected and supported. All staff said felt involved in discussions about how to run and develop the practice. Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

The practice nurse told us she was supported by the GP to develop her role and had opportunities to improve the service delivered by the practice. On the days the practice nurse worked she met with the GP before surgery started to discuss any issues or concerns regarding patients.

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 GP encouraged a culture of openness and honesty. From the 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 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 had been no written complaints since the last inspection.

The practice staffing establishment was small and staff had worked at the practice for a number of years.

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

The practice continued to encourage patients to join the patient participation group (PPG) but there had been little uptake. We saw the practice had advertised six PPG meetings in the past 12 months but no patients

Are services well-led?

Good 

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

attended. A PPG meeting was advertised in the waiting room and entrance to the practice for later in May 2017. Information slips were seen in the waiting room asking patients to consider joining the PPG. The practice manager was considering writing to patients to ask if they would be interested in providing email addresses and participating in a virtual group. In addition the practice had set up a social media page to encourage communication between patients and the practice team.

The practice reviewed the results of the GP Patient Survey published in July 2016. An analysis of the results was available in the waiting room for patients to read.

Continuous improvement

The GP attended professional education and training events (PET) and fed back to the practice team

meetings. For example, the minutes of one meeting contained evidence that domestic abuse towards men had been discussed. In other meetings we saw various high profile General Medical Council (GMC) investigations had been discussed and lessons learned.

The practice had been successful in securing funding via the General Practice Resilience Programme (GPRP). This programme included access to peer support and mentoring from the Royal College of General Practitioners (RCGP) peer support programme. Support is tailored to the needs of the practice and mentors were able to offer advice on clinical audit and how to improve efficiency. The practice told us that they would use the GPRP to improve leadership and governance arrangements. In addition the practice manager had registered for an open university bookkeeping course which was funded by the GPRP.