

Elizabeth Street Surgery

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 Elizabeth Street Surgery on 27 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

We saw two areas of outstanding practice:

- The practice had introduced an internal peer review and referral process. They used GP clinical specialties to good effect to reduce referrals to external services.

Summary of findings

- One of the practice GPs had developed a mobile smartphone application which allowed patients greater online access to the practice and provided communication facilities with the practice and patient health advice.

The areas where the provider should make improvement are:

- Ensure emergency equipment and medicines can be accessed in a timely manner in the event of an emergency situation.

- Review and update all practice clinical protocols.
- Ensure that care plans are freely available to all clinicians and that they are updated as soon as possible following review.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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.
- Risks to patients were assessed and well managed.
- The practice had good equipment and medicines to deal with patient emergency situations. However, they were located in dispersed locations which created a risk they would not be accessible in a timely manner in the event of an emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had its own clinical protocols although some were overdue for review.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, staff did not always have access to patient care plans and these were not routinely updated following patient reviews.
- The practice had introduced an internal peer review and referral process. They used individual GP clinical specialties to good effect to reduce referrals to external services.

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.
- 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 easy to understand and accessible. The practice had developed a new patient registration pack which included practice information and offered support to patients who were carers.
- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice together with other local practices was working on ways to integrate existing patient services in order to make best use of existing patient care resources.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments and a walk-in clinic 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 it.
- 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Risk assessments and audits were used to produce action plans for the development of the practice. We saw a three-year business development plan supported by a summary of goals and objectives that identified the areas of risk and quality improvement.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice audited all patient unplanned admissions to hospital and looked for ways to prevent future admissions.
- A national charitable organisation visited the practice twice a week to provide advice on patient social care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance achievement for the care of diabetic patients was comparable to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The clinical commissioning group (CCG) had supported the practice to be the first in the country to treat a patient with diabetes with a new medication that resulted in improved outcomes.

Good



Families, children and young people

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

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was lower than the clinical commissioning group (CCG) and the national averages and the practice was working to address this. For example an additional member of staff was training to be able to carry out cervical screening and the system to call patients for screening had been reviewed and amended.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice supported the national initiative to reduce stillbirth and pregnant women were given targeted health information at antenatal appointments.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- One of the practice GPs had developed a mobile smartphone application which had been piloted with 120 patients and was shortly to be freely available to all patients. This application allowed patients greater online access to the practice and provided communication facilities with the practice and patient health advice.

People whose circumstances may make them vulnerable

Good



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.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.
- The practice leaflet was available in Braille and was being translated into Polish and Romanian.
- The practice had a guide dog policy and one member of staff was able to use sign language to communicate with patients with hearing difficulties.
- The practice had been recognised as being lesbian, gay, bisexual and transgender (LGBT) friendly following assessment by the Blackpool LGBT group.

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).

- 90% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record which was comparable to the local average of 93% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing generally in line with local and national averages. 358 survey forms were distributed and 105 were returned. This represented 2.2% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 77% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients praised the high level of service at the practice and the professionalism and friendliness of the staff. Patients also commented on the support they received in difficult circumstances.

We spoke with 19 patients during the inspection including three members of the practice patient participation group (PPG). All 19 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure emergency equipment and medicines can be accessed in a timely manner in the event of an emergency situation.
- Review and update all practice clinical protocols.
- Ensure that care plans are freely available to all clinicians and that they are updated as soon as possible following review.

Outstanding practice

- The practice had introduced an internal peer review and referral process. They used GP clinical specialties to good effect to reduce referrals to external services.
- One of the practice GPs had developed a mobile smartphone application which allowed patients greater online access to the practice and provided communication facilities with the practice and patient health advice.

Elizabeth Street 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, a practice nurse specialist adviser and an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care services and who has received training in the CQC inspection methodology.

Background to Elizabeth Street Surgery

Elizabeth Street Surgery is based in a residential area close to Blackpool town centre. There is onsite parking available and the practice is close to public transport. The surgery is housed in a purpose-built, two-storey building comprising of consulting and treatment rooms, administrative office space and two patient waiting areas. On the first floor there are midwifery, baby immunisation and minor surgery facilities. The practice provides services to 4770 patients.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS). There are two male GP partners and one male regular locum GP. The practice also employs a pharmacist, two practice nurses and a health care assistant. Non-clinical staff consisting of a practice manager and eight administrative and reception staff support the practice. The practice is a training practice for medical students.

The practice is open between 8am and 6.30pm on Monday to Friday and offers extended opening hours on a Monday until 8pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice has a larger proportion of patients aged between 50 and 65 years of age compared to the national average and fewer patients aged between 35 and 45 years of age. The practice is similar to national averages for all other patient age groups.

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

The practice caters for a lower proportion of patients experiencing a long-standing health condition (53% compared to the local average of 63% and national average of 54%). The proportion of patients who are in paid work or full time education is also lower (47%) than the CCG average of 52% and the national average of 62% and unemployment figures are higher, 13% compared to the CCG average of 7% and the national average of 5%.

The practice provides level access to the building and is adapted to assist people with mobility problems. The building has two floors, with the majority of the consulting rooms being on the ground floor. Patients can access the consulting rooms on the first floor by using the stairs and there is a lift for those patients who need it.

Why we carried out this inspection

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

Detailed findings

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 to share what they knew. We carried out an announced visit on 27 May 2016. During our visit we:

- Spoke with a range of staff including two GPs, the practice pharmacist, the practice manager, two practice nurses, a health care assistant and four members of the practice administrative team.
- Spoke with 19 patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 an effective 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 and in paper form. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice referred the wrong patient to the mental health counselling service. The practice apologised to both patients involved in the incident and discussed the distress caused by the mistake at a practice meeting. Staff at the practice then undertook further training on information governance and patient confidentiality.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.

- 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. (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 protocol specified that only clinical staff could act as chaperones and we saw evidence that staff followed this protocol.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice health care assistant was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken at least every six months and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice pharmacist carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) medicines management 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 in place to monitor their use. The practice pharmacist provided a stop smoking service to patients and could prescribe for these patients. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and these were all in date.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 computers in all the consultation and treatment rooms which alerted staff to any emergency and staff were aware of the procedure for raising an alarm.
- All staff received annual basic life support training and there were emergency medicines available in a treatment room downstairs and also in clinic rooms upstairs.
- 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 accessible to staff in a secure area of the practice and all staff knew of their location. We noted that when the room was empty, two keys were necessary to access the emergency medicines and that these medicines were kept separately from the defibrillator and oxygen which were kept in the reception office.
- All the medicines we checked were in date and stored securely.
- 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 used computer software that indicated best practice pathways of care for patients and linked to guidelines from NICE. This information was used to deliver care and treatment that met patients' needs and to provide printed information for patients at the time of their consultation. The practice had its own clinical protocols for use in the practice although some of these were overdue for review. The practice told us that they planned to use the computer software to review and update these protocols where necessary.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.3% of the total number of points available with 11% 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).

This practice was not an outlier for any QOF (or other national) clinical targets although practice performance achievement was sometimes below local and national averages. Data from 2014-2015 showed:

- Performance for diabetes related indicators was generally lower than the national averages. For example blood measurements for diabetic patients showed that only 68% of patients had well controlled blood sugar levels compared with the national average of 78%. Also, the percentage of diabetic patients with recommended

blood pressure levels was 76% compared to the national average of 78%. However, exception reporting for these two indicators was only half of the national rates.

- The percentage of patients with atrial fibrillation (a heart condition) who were treated with recommended medication was 100% compared to the clinical commissioning group (CCG) average of 99% and the national average of 98% with a similar exception reporting rate.
- Performance for mental health related indicators was similar to or lower than the national averages. 90% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record which was comparable to the local average of 93% and the national average of 88%. However, 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the local and national averages of 85% and 84% respectively. Exception reporting for this indicator was also high, 16% compared to the national average of 8%.

The practice had reviewed the higher rates of exception reporting and had addressed them by providing additional staff training and by changing the way that the practice called patients to attend appointments for reviews of their health condition.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice also regularly used computer software to identify patients with specific health conditions and ensure that their treatment was appropriate and their medical records accurate and complete.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The CCG had supported the practice to be the first in the country to use a new drug to treat a patient with diabetes to good effect.
- Findings were used by the practice to improve services. For example, as a result of an audit of patient referrals to

Are services effective?

(for example, treatment is effective)

other services, the practice introduced an internal peer review and referral process. The practice used GP clinical expertise in areas of patient care to good effect to reduce referrals to external services.

- The practice reviewed all patients who had had an unplanned admission to hospital and looked for ways to prevent further admissions.

Information about patients' outcomes was used to make improvements such as ensuring that all patients who attended the practice for minor surgery were followed up by the practice four weeks after their procedure to assess the outcome of the surgery.

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. 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. The practice had comprehensive training records for individual staff members. We saw evidence that the practice was about to introduce a computerised learning system that would provide individual staff training relevant to their role and also provide an overall summary of staff training.
- 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, external training and discussion at practice meetings and nurse forums.
- 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. 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 external training courses and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was generally 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. However, staff demonstrated that they did not always have access to care plans for patients with learning disabilities or receiving palliative care. This meant that these plans were not always updated by the practice following reviews.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and for out of hours care.

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. The practice reported all patients who had had an unplanned admission to hospital to the CCG and they included a full review of these patients in the report. Meetings took place with other health care professionals on a two-monthly basis and safeguarding meetings every two months. Patients with complex needs were reviewed, further care planned and information shared.

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.

Are services effective?

(for example, treatment is effective)

- 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 those in need of social care support. Patients were signposted to the relevant service.
- Midwife and health visiting clinics were available on the premises and smoking cessation advice and treatment was available from the practice pharmacist. The practice supported the national initiative to reduce baby stillbirth and pregnant women were given targeted health information at antenatal appointments.

The practice's uptake for the cervical screening programme was 58%, which was worse than the CCG average of 71% and the national average of 82%. The practice had recognised that this figure was low and was working to address this. An additional member of staff was training to be able to carry out cervical screening and the system to call patients for screening had been reviewed and amended. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by the use of patient

information leaflets and they ensured that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Members of the screening service team had attended the practice and discussed ways to improve patient uptake of the service. There were failsafe systems in place 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.

Childhood immunisation rates for the vaccinations given were variable when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 93% compared to the CCG rates of 92% to 97%, however those for five year olds varied from 91% to 100% compared to the CCG rates of 87% to 97%.

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

The practice had developed a new patient registration pack that contained information about the practice, offered patient support and encouraged patients to report their health conditions and other relevant information to the practice, such as whether the patient was a carer.

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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There were notices in reception that advertised this to patients.
- There was a notice in the waiting area asking patients to speak to reception staff if they had been waiting over ten minutes for their appointment. We were told by patients that they seldom waited, or if they did, reception staff kept them advised of the reason for the wait.

All of the 16 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. There were no negative comments expressed and patients commended the professional care that they received from the practice.

We spoke with sixteen patients and three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 92% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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.

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 generally in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national averages of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

We saw notices in the reception areas informing patients this service was available. At the time of inspection, the CCG was arranging to translate the practice leaflet into Polish and Romanian.

- Information leaflets were available in easy read format. The practice leaflet was available in Braille.
- The practice was working with other practices in the neighbourhood to develop information for people with a disability, impairment or sensory loss.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (0.8% of the practice list). The practice had recognised that this number was low and was working to review whether patients had been recorded accurately as being carers on the practice computer system. They had also developed a new patient registration pack which included a sheet that asked each new patient if they were a carer and, with their consent, referred them to carers' services. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a personalised bereavement letter. This contact 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 reviewed the needs of its local population and engaged with the NHS England Area Team (AT) and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice met with other neighbouring practices, the CCG, the AT and representatives from other community and social care services every two months to discuss the integration of patient services to ensure the best use of available resources.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice had a guide dog policy and one of the practice staff was able to use sign language to communicate with patients with hearing difficulties. The practice was equipped with a lift to improve access to consultation rooms on the first floor.
- The local service for patients experiencing drug and alcohol problems had run a pilot at the practice to provide a walk-in clinic every week. This ended because of the lack of patients using the service. However, it resulted in attendance at the practice patient participation group (PPG) meeting by one of the service user patients who saw the PPG meeting advertised in the practice.
- The practice held the Navajo Charter Mark (an award given to a service that is lesbian, gay, bisexual and transgender (LGBT) friendly) until it ended in Lancashire

in 2014. The practice had arranged attendance at a practice meeting for a member of the Lancashire LGBT team to advise on practice protocols and how to apply for the new LGBT quality mark.

- Members of a national charitable organisation visited the practice twice a week to provide clinics giving social care advice.

Access to the service

The practice was open between 8am and 6.30pm Tuesday to Friday and from 8am to 8pm on Monday. Appointments were from 8.30am to 5.20pm daily. Extended hours appointments were offered until 7.30pm on Mondays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. GPs telephoned all patients requesting to be seen on that day and dealt with the problem either on the telephone or by asking the patient to attend the surgery. Routine telephone appointments could also be booked in advance. In addition to bookable surgeries, GPs also had short walk-in sessions every afternoon and a longer walk-in session for patients on a Wednesday morning. We saw that the next available routine appointment with a GP was on the next working day. The practice had audited figures for patients who did not attend their appointment and had introduced a new appointment booking system. We saw evidence that from January 2016 to May 2016, the numbers of patients not attending their booked appointments had reduced by 186 compared to the figures for the same months in 2015.

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. For example, 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 86% and the national average of 78%. 63% 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%. However, patients told us on the day of the inspection that they had no difficulty in getting through to the practice on the telephone. The practice had updates to the telephone system planned for July 2016.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

When a request for a home visit was received, staff listed the request on the practice clinical computer system including the reason for the request. The GP then telephoned the patient or carer in advance to gather information. This allowed for an informed decision to be made on prioritisation according to clinical need. If staff felt that there was a pressing need for the visit, they actively brought the request to the GP's attention. 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.

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.
- We saw that information was available to help patients understand the complaints system and a complaints leaflet and policy were available in reception.

We looked at 16 complaints received in the last 12 months and found that they were handled appropriately in a timely way and with openness and transparency. Apologies were given to patients and lessons were learnt from individual concerns and complaints. The practice carried out annual analysis of trends and action was taken to as a result to improve the quality of care. For example, the clinic for minor surgery was extended when patients complained that the waiting time for surgery became over-long.

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities; all practice leads and specialties were clearly defined.
- Practice specific policies were implemented and were available to all staff both online and in printed form.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Individual risk assessments and audits were used to produce action plans for the development of the practice. We saw a three-year business development plan supported by a summary of goals and objectives that identified the areas of risk and quality improvement.

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. They told us 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 in place 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. The practice had systems in place 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 was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. There were meetings every week for the GPs and practice manager and monthly meetings for the practice as a whole.
- 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. We noted team-building events were held at least once a year and also for one weekend during the Christmas period.
- 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. The practice manager had only been in post for seven months and had been supported in making changes to practice processes and procedures.
- We saw that staff turnover at the practice was low and that many staff members had been employed at the practice for some time, one for more than 19 years.

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) and through surveys and complaints received. The PPG met

Are services well-led?

Good 

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

every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced a radio in the waiting area and a colourful patient newsletter as a result of PPG suggestions. They had also initiated a colouring competition for children at Easter.

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

Continuous improvement

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had participated in a scoping exercise for the new CCG enhanced primary care service.

One of the practice GPs had developed a mobile smartphone application which had been piloted with 120 patients and was shortly to be freely available to all patients. This application allowed patients online access to the practice in the same way as online through the practice website. It also gave patients access to health advice and literature, the ability to send and receive practice messages and notify the practice of any health measurements done outside the practice such as blood pressure readings. At the time of inspection the practice was in discussion with the CCG and Public Health England as to how the application could be put to wider use.