

The Westgate Medical Practice

Quality Report

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Morecambe

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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 The Westgate Medical Centre on 4 November 2015. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients were complimentary about the staff at the practice.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult getting through to the practice on the telephone. Urgent appointments were available on the same day but patients had to wait up to three or four weeks for planned appointments with a named GP.
- The practice offered a triage and telephone call back service, calling between 50-80 patients each day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was going through a period of transition. Two GP partners and third GP had left the practice within the last two years. New partners were now in place but there remained 1¼ GP full time vacancies.
- Despite the period of transition, there was a leadership structure in place and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

Summary of findings

- Ensure all staff receive training in safeguarding appropriate to their role and responsibilities.
- Undertake an assessment of staffing capacity and an audit of patient demand to ensure there is sufficient staff to meet the increasing health care needs of the local patient population.
- Implement the practice policy consistently to monitor fridge temperatures and implement a system to ensure prescriptions not collected by patients are monitored and actioned.
- Continue to review telephone and appointment access to identify strategies to improve patient access to meet demand.
- Ensure a business strategy with clear priorities is developed and implemented to mitigate the risks of reactive management of situations.
- Develop the clinical governance of the practice by holding regular clinical meetings and implementing a planned programme of continuous clinical and internal audit to monitor quality and to make improvements.
- Ensure full team meeting are held so that all staff have the opportunity to contribute to the development of the practice.

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.

- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice at a similar level to both local and national averages 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.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- It 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. For example, the practice was one of five GP practices in Morecambe that were part of the Opening Doors pilot. This pilot offered access to a local GP between the hours of 6.30pm to 8pm every weekday and 8am to 8pm on Saturdays and Sundays. The aims of this were to reduce patients' needs to attend A & E department, to manage long-term conditions such as Asthma and Chronic Obstructive Pulmonary Disease and to support the elderly and patients with urgent mental health needs.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. A telephone triage service and a telephone consultation call back service from either a nurse or a GP were available each 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice was struggling to recruit additional GPs following the recent departure of two of its long standing GP partners. This had affected significantly on its ability to plan and prioritise the future development of the practice. The practice's current focus was striving to deliver high quality care and promote good outcomes for patients despite a shortfall in its GP staffing complement.
- There was a leadership structure in place and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held occasional governance meetings.
- The practice was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for reporting and responding to notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A rapid access telephone number was provided to those people considered at high risk
- Care plans were in place for those patients considered at risk of unplanned admission to hospital.
- 74% of over 65s had received influenza vaccine and 66% had received a shingles vaccine in 2014/15 (data supplied by the practice).
- All registered patients living in a care home had an agreed care plan in place and the care home staff had a rapid access telephone number to contact the surgery if they needed advice regarding a patient's health.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The number of patients registered with practice with a long term condition were higher than both the Clinical Commissioning Group (CCG) and national averages for example:
 1. Diabetes prevalence 8.5%, (CCG average 6.3% and England average 6.2%).
 2. Chronic Obstructive Pulmonary Disease 3.1%, (CCG average 2.2% and England average 1.8%).
 3. Hypertension 18%, (CCG average 13.4% and England average 13.7%).
- Longer appointments and home visits were available when needed. The practice offered evening appointments to people with a long-term condition and those who worked through the day.

Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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.
- Good community links were established with a local children's centre. The practice and the children's centre coordinated service to improve access and availability of services such as sexual health advice and support for parents.
- Immunisation rates reflected the Clinical Commissioning Group (CCG) rates for all standard childhood immunisations.
- Cervical screening data from 2013/14 for women aged 25-64 was 74.9%, which was slightly below the CCG 75.5% and England 76.9% average. However, the practice's exception rate was lower at 3.6% compared with 5.2% and 6% respectively. Data supplied by the practice for 2014/15 showed that 73% of women received cervical screening
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of 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. For example, the practice was open until 8pm Monday, Tuesday and Thursday. Nursing appointments were also available during these times.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told 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.

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).

Good



- The practice took part in the Closing the Gap dementia screening project and screened 264 patients. As a result the practice dementia register increased by 15 to 113 patients.
- The practice had 64 patients on their mental health register and confirmed that they met all the Quality and Outcomes Framework (QOF) targets for 2014/15.
- 8.6% of the practice population had a diagnosis of depression. This was higher than the Clinical Commissioning Group (CCG) 8.4% and the England average 6.5%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 local community mental health service use the practice consulting rooms in an evening to see patients.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 2 July 2015. The results showed the practice was performing below the local and national averages for accessing the service but were similar to local and national averages for the quality of care and treatment received.

286 survey forms were distributed; the response rate was 34.6% with 99 forms returned. This represents approximately 1.19% of the patient population registered at the practice.

- 26% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 74% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 94%, national average 85%).
- 58% described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 68% usually waited 15 minutes or less after their appointment time to be seen (CCG average 73%, national average 65%).

- 99% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average 98% national average 97%).
- 90% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 89%, national average 90%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards, all were positive about the standard of care received. Seven out of the eight cards praised the GPs, nurses and reception staff, and commented on the quality of treatment they received and staff helpfulness. Three of the cards also identified issues around getting through to the practice on the telephone and one comment card referred to their dissatisfaction with obtaining repeat prescriptions.

We spoke with two patients during the inspection, who were also members of the patient participation group. Both patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Both confirmed that they were aware of the high demands on the service and that the practice had discussed and consulted with them on how they could improve telephone access for patients.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all staff receive training in safeguarding appropriate to their role and responsibilities.
- Undertake an assessment of staffing capacity and an audit of patient demand to ensure there is sufficient staff to meet the increasing health care needs of the local patient population.
- Implement the practice policy consistently to monitor fridge temperatures and implement a system to ensure prescriptions not collected by patients are monitored and actioned.
- Continue to review telephone and appointment access to identify strategies to improve patient access to meet demand.
- Ensure a business strategy with clear priorities is developed and implemented to mitigate the risks of reactive management of situations.
- Develop the clinical governance of the practice by holding regular clinical meetings and implementing a planned programme of continuous clinical and internal audit to monitor quality and to make improvements.

Summary of findings

- Ensure full team meeting are held so that all staff have the opportunity to contribute to the development of the practice.

The Westgate Medical Practice

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, a second CQC inspector, and a specialist advisor with practice management experience.

Background to The Westgate Medical Practice

The Westgate Medical Practice is part of the NHS Lancashire North Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice has 8300 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is below the England average for males at 78 years and 82 years for females (England average 79 and 83 respectively).

National data showed that the healthcare needs and demands of the practice patient population were significantly higher than the averages for the CCG and England. The patient population over the age of 65 was significantly higher (23.2%) than the CCG average at 16.7% and the population for the over 75s (10.9%) was also higher than the CCG at 7.6%. The number of patients with health

related problems in daily life (63.2%) was also significantly higher than the England average (48.8%). In addition, 72 per 1000 patients were claiming disability allowance compared with England average of 50.3 and the practice had a higher proportion of patients living within a nursing home at 1.1% compared to the 0.5% England average (data from 2010/11). Data also identified that the prevalence of patients with a long-term condition was also significantly higher than local and England averages.

The practice has three part time GP partners (two female and one male), two female salaried GPs, and one male long-term locum GP. The practice employed a nurse team leader, a triage/minor illness nurse, two practice nurses, three health care assistants, a phlebotomist, a practice manager, a deputy practice manager, an administrative office manager, two prescription officers and a team of receptionists, admin assistants and a secretary. In addition, the practice has the support of a part time pharmacist who is employed by the CCG.

The practice is a teaching practice and supports undergraduate medical and nursing students. The practice is a training practice for experienced qualified doctors who are training to be a GP.

The practice opens Monday Tuesday and Thursday 8am to 8pm and Wednesday and Fridays 8am until 6.30pm. The evening surgeries from 6.30-8pm are for pre booked appointments only. Emergency calls from 6.30pm are managed by the Out of Hours service provided by Bay Urgent Care, and contacted by ringing NHS 111.

The practice provides online patient access that allows patients to book appointments and order prescriptions.

Detailed findings

The practice is housed in a purpose built building that is accessible to people with disabilities.

At the time of our visit, the practice was in the process of updating its registration with the CQC, as required by The Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009. One registered partner had left the practice and required removing from the registration and two partners required registration. The main partner was also in the process of registering as the registered manager.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015.

During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, the nurse team leader, the deputy practice manager, a practice nurse, a health care assistant, the pharmacist, a senior receptionist and a receptionist.

- Spoke with two patients who were members of the patient participation group and we spoke with one children's social care professional who visited the practice specifically to speak with the inspection team.
- Observed how people were being cared for and observed the practice's systems for recording patient information.
- Reviewed work place records and staff records.
- 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 are provided for specific groups of people and what good care looks 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example following an incident where a patient passed a used needle over to a receptionist, protective gloves and a sharps box was placed in reception to ensure the safe disposal of sharps such as needles and to minimise the risk of injury and cross infection.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Easy read flow diagrams with contact telephone numbers were displayed in treatment and consultations rooms. There was a lead member of staff for safeguarding and regular (quarterly) safeguarding meetings were held at the practice with health visitors and school nurses. This had improved information sharing and enabled better monitoring of children at risk. The GPs attended external safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities in relation to safeguarding. However not all staff had received training relevant to their role and not all GPs were trained to Safeguarding level 3. The practice was aware this shortfall and this training was planned.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we saw that the fridge temperatures were not monitored consistently every day in accordance with the practice policy and a procedure to review and action uncollected prescriptions was also needed. The practice received a significant number of complaints about its repeat prescription service and in response to this they had surveyed the patient population about the prescription service. Actions in response to the survey included the introduction of an electronic prescribing service, and the production of information posters explaining to patients when their prescription should be ready for collection. However, the electronic prescribing service was introduced recently at the practice and some patients had experienced problems with this new service. The practice carried out regular medicines audits, with the practice based Clinical Commissioning Group (CCG) pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed a sample of personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The recruitment of locums GPs was discussed with the practice manager to ensure awareness of the requirement to undertake the same pre-employment checks as required by legislation.

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 also 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.
- The practice staff we spoke with confirmed that they were struggling to recruit two GPs to work as permanent members of staff to the team. The practice used locum GPs (one of which was a long term locum and so provided some continuity of care). There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. However, some staff felt that staffing levels were no longer sufficient to

meet the needs of the patient population. Discussion with the practice manager identified that a review of staffing capacity and an audit of patient demand had not carried out for about two years. An audit of staff capacity and patient demand would assist in identifying gaps in staffing and service delivery. This would enable the practice to seek and implement solutions to meet patient demand.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 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 peoples' 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 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 (April 2013 to March 2014) showed the practice achieved 99.4% of the total number of points available, with 6.8% exception reporting. Data supplied by the practice (not yet validated) for April 2014 to March 2015 showed that practice had sustained its achievement to meet QOF targets and scored 99.79%. The practice was not an outlier for any QOF (or other national) clinical targets. QOF data from April 2013 to March 2014 showed;

- Performance for diabetes related indicators was 8.5%; higher than the Clinical Commission Group (CCG) at 6.3% and the England average of 6.2%. Exception reporting was 13.6. % for the practice which was higher than the England average at 8.9% but similar to the CCG (11.3%). 89.9% of newly diagnosed diabetic patients were referred to an education programme within nine months compared to the England average 84.4%.
- The percentage of patients with hypertension having regular blood pressure tests were slightly below the CCG and the England average at 76.7%, 78 % and 79.2% respectively.

- Performance for mental health related and hypertension indicators were slightly higher at 90.3% than the CCG (82%) and the England average (82.9%).
- Patients who had a diagnosis of dementia who's care had been reviewed in the last 12 months was lower 68.7% than the CCG average at 77.1% and the England average at 77.9%.

Clinical audits demonstrated quality improvement.

- There had been 16 clinical audits undertaken in the last two years. Good evidence from two of these completed audits was available which demonstrated the improvements were implemented and monitored. However, a proactive planned programme of continuous clinical audit was not available.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a 6-8 week baby check audit in September 2014 resulted in a streamlining of services for new young babies and their mothers, combining baby checks, post-natal checks and immunisations at one visit where possible as opposed to three visits. A re-audit in April 2015 identified that 100% of babies in the preceding six month period had received a baby check before they were ten weeks old.

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 could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff were supported to develop their skills and abilities. For example one staff member had trained in phlebotomy (taking blood), two health care assistants had commenced their training with the University of Central Lancashire to become Assistant Practitioners,

Are services effective?

(for example, treatment is effective)

one practice nurse was undertaking mentor training and several business and administrative staff were undertaking or about to commence on NVQ training in business administration or Health and Social Care.

- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training. However, the practice acknowledged that some areas of staff training and update training such as safeguarding was behind schedule.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Good community links were established with a local children's centre. The practice and the children's centre coordinated services to improve access and availability of services such as sexual health advice and support for parents. A senior manager from the children's centre visited the GP practice to speak directly with the inspection team. They described the practice as 'forward thinking' and 'supportive' of the children's centre's objectives to support children and their parents.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services. For example, the practice had

implemented a procedure to call patients following discharge from hospital to discuss their current health, their medicines and answer any questions they may have about their health.

- We saw evidence that multi-disciplinary team meetings took place on a regular basis. For example, palliative care (Gold Standard Framework) meetings were held quarterly with MacMillan and district nursing teams. Safeguarding meetings were held quarterly with the health visitor and school nurses and midwives.
- 3% of the patient population had a care plan in place including the 90 patients living within a care home. The nurse team leader at the practice was a point of contact for care home staff to discuss the health care needs of the patients registered with the practice.

Consent to care and treatment

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

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

Health promotion and prevention

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

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 74.9% and that was comparable to the CCG average of 75.5% and the national average of 76.9%. Patients who did not attend for their cervical screening test were sent reminders. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were higher or comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.2% to 97.4% and five year olds from 81.7% to 95.7%. Flu vaccination rates (September 2013 to January 2014) for the over 65s were 78.34% and at risk groups 59.69% These were above national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.

Seven out of the eight patient CQC comment cards we received were positive about the service they experienced from staff including GPs, nurses and reception staff. Patients said staff were helpful, caring and treated them with dignity and respect. However three comment cards referred to the problems they had in getting through to the surgery on the telephone and one referred to the problems they had in obtaining a repeat prescription.

We also spoke with two members of the patient participation group. They were complimentary about 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 average for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 86%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 74% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 were satisfied with their involvement in planning and making decisions about their care and treatment. Results were slightly below local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. The practice was in the process of developing a Polish information sheet for patients with Polish as their first language. A hearing loop was available for patients who had hearing problems.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had a nurse led call back service for patients to offer a triage service as well as support, advice and reassurance with issues not requiring same day medical attention.

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, the Clinical Commissioning Group (CCG) and other resources to secure improvements to services where these were identified. For example, the practice worked with four other practices in Morecambe to provide GP access to patients seven days per week between 8am and 8pm. This was a pilot scheme called 'Opening Doors' and was funded following a competitive application process through the Kings Fund. (The King's Fund is an independent charity working to improve health and health care in England).

- The practice offered pre-bookable appointments with a GP or a practice nurse to assist people who worked. These were available from 6.30pm to 8pm Monday, Tuesday and Thursday evenings.
- The practice worked closely with the local care and nursing homes that accommodated patients to provide fast track health care advice and support.
- The nurse led triage and call back service responded to between 50 to 80 (average) patients each day. Returning calls to patients to discuss their health care needs and other concerns such as changes in medicines.
- A fast track telephone number was provided to patients assessed as at most risk from deteriorating health or those who were vulnerable such as patients on the palliative care register. This ensured these patients got access to advice, support and medical assistant quickly as required.
- Urgent access appointments were available each day for children and those with serious medical conditions. Home visits were available for older patients and patients who would benefit from these.
- People assessed as being at high risk of admission to hospital or had a diagnosis of dementia had agreed care plans in place, which were monitored and reviewed regularly.
- There were disabled facilities and translation services available.

Access to the service

The practice opened Monday Tuesday and Thursday 8am to 8pm and Wednesday and Fridays 8am until 6.30pm. The

evening surgeries from 6.30-8pm were for pre booked appointments only with either a GP or a practice nurse. Emergency calls from 6.30pm were managed by the Out of Hours service.

Urgent appointments were available each day and appointments could be booked up to four weeks in advance. However, we saw that all the pre booked appointment were booked for nearly three weeks. Comments from three of the returned comment cards indicated that they struggled to get through to the practice on the telephone. The practice was aware of this problem and had consulted with the patient participation group to discuss how they could improve telephone access for patients. As a result of this consultation, the practice installed another telephone line (to make five lines in all) and made sure that two staff were available to accept incoming calls from patients. In addition the practice had provided patients assessed as high risk (such as patients nearing end of life) with a quick access telephone number so that they could connect quickly with a health care professional.

The practice had also developed their telephone triage service, so that it now offered a call back service. The nurse team leader confirmed they returned between 50-80 calls to patients each day. Online appointment booking and prescription ordering was available and the practice used a text messaging service. The practice also had access to five appointments at the Same Day Health Centre in Morecambe, which was a minor injury/minor illness service. We heard that patients were reluctant to use this facility when offered an appointment.

Despite these measures, results from the national GP patient survey (published July 2015) showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages. In light of this, the practice should continue to review its telephone and appointment access to seek further improvements to meet patient demand.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 26% of patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 58% of patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 68% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 73%, national average 58%).

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system.

The practice manager logged all complaints and undertook an annual analysis to identify themes and trends. The analysis compared data between complaints received in 2013/14 and 2014/15 and this identified that complaints in relation to the telephone system and availability of appointments had reduced but complaints about medication had increased in 2014/15. The practice had received 27 complaints between September 2014 and 2015. We looked at the 3 most recent complaints received and these were acknowledged and responded to in a timely manner. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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's aims and objectives were to deliver high quality care and promote good outcomes for patients. The practice was striving hard to ensure patient care was of a good standard and the Quality and Outcomes Framework (QOF) data showed they were achieving their targets. However the departure of three GP partners, two of which were long standing partners within last two years had left the practice struggling to recruit permanent GPs to take lead roles and responsibilities within the practice. Two new partners had been recently recruited to the practice but there remained vacant 1¼ GP posts. It was acknowledged the departure of the former GP partners and the actions to recruit new partners and GPs had detracted from the practice's ability to prioritise and plan its strategy for its future development. The lack of a business strategy with clear priorities potentially put the practice at risk of being a reactive service. Proactive planning with clear priorities would mitigate this risk.

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.
- Practice specific policies were implemented and were available to all staff
- Staff had a good understanding of the performance of the practice, and an awareness of their contribution to this.
- Clinical and internal audits were undertaken. However a planned programme of continuous clinical and internal audit would assist the practice to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

Two new partners had recently joined the practice. Data indicated the practice was achieving good outcomes for patients. However, a partnership agreement between the

partners had not yet been agreed. A partnership agreement would ensure each partner was clear of their role, responsibilities and accountabilities in relation to managing the GP practice. Staff told us that the partners were approachable and always took the time to listen to them.

- The practice had a 'Being Open' policy that reflected the requirements of the Duty of Candour. Evidence was available to show the practice acknowledged and apologised to patients when they got things wrong.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for sharing notifiable safety incidents and alerts; however, the log of these had not been maintained in recent months. The practice manager confirmed they would recommence logging these.

Despite the recent changes in the GPs at the practice, there was a leadership structure in place and staff felt supported by management.

- Weekly meetings were held with reception staff. The nursing team held meetings every three months, meetings to review significant events were held regularly and the senior management team met weekly. However, dedicated clinical meetings had not been held regularly in recent months and some staff felt that full team meetings would be beneficial.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and they were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported in 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. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG, which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, one member of the PPG told us they were consulted on how the practice could improve telephone access to the practice.

Are services well-led?

Good 

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

Continuous improvement

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

- The staff team were actively encouraged and supported with their personal development. This included NVQ courses, nurse mentoring and training assistant practitioners to support the nursing team.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were part of the Opening Doors pilot scheme to enable better patient access to GP appointments in Morecambe.
- They had developed positive working relationships with the local children's centre to ensure services to children, and parents were accessible.