

# The Tarleton Group Practice

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to The Tarleton Group Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Tarleton Group Practice on 25th August 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 the services provided 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 did not always find it easy to make an appointment with a named GP however 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 several areas of outstanding practice:

- Parents of patients with a learning disability were encouraged to plan for the future and staff had helped them to find several patients sheltered living arrangements.

# Summary of findings

- Staff had received training from a local transgender group and ensured that they received appropriate care and support.
- The practice involves staff comprehensively to develop and improve patient care. A staff working group representing clinicians and administrative staff had been set up to develop the one stop shop approach to supporting people with long term conditions. Consultation with staff had led to emergency packs to treat patients in anaphylactic

shock in each treatment room. QOF results from the previous year were reviewed and a plan to improve them in the subsequent year was drawn up. Action included adjusting appointment times for nurses, annual reviews for patients with dementia, changes to coding particularly to identify house- bound patients.

**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 and safety reviews.
- 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 medicines management coordinator contributed to the safety of patients by continually reviewing repeat prescriptions, organising monthly, weekly or daily prescriptions and providing a medicines information service for patients.

### 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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals including care homes to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example following a recent patient survey the appointment system was reviewed and changes had resulted in more appointments available during the afternoon and a telephone call back list for patients who could be supported by a GP or a nurse by telephone.
- Some patients said they did not always find it easy to make an appointment with a named GP however 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.
- 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.

## Are services well-led?

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

Good



- 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. All partners had clearly defined key areas of responsibility.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 virtual and was consulted about surveys and proposed improvements.
- 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A health care assistant (HCA) had been appointed to offer over-75 checks, either in surgery or at home where appropriate. This had allowed the practice to address new diagnoses of diabetes, deafness and depression. Additionally carers were identified, health improvements made, vaccinations offered and support provided such as signposting to relevant agencies. Three monthly reviews were offered where needed and the HCA remained the point of contact.
- Practice staff visited two local care homes to provide ward rounds, confer with staff and managers and provide advice on medicine management. A medicines optimisation review had recently taken place supported by the Clinical Commissioning Group (CCG).
- Staff referred patients to a primary care team based in the same building including District Nurses and Community matrons so that patients could receive a seamless service to meet their needs..
- The practice had a register of housebound patients. Home visits were available from nurses for these patients.
- Medicines management pharmacists attended the practice to rationalise prescribing. There was liaison with local pharmacists where blister packs were needed.
- Practice staff signposted to other services such as University of the Third Age (U3A) and Silver Surfers for social support.

### 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. Staff aimed for a one-stop shop approach to reduce disruption for patients and save appointments.

# Summary of findings

- 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 including the community matron to deliver a multidisciplinary package of care.
- Practice staff made referrals to the local smoking cessation service.
- Blood monitoring was performed for patients with rheumatology and inflammatory bowel disease and staff liaised with specialist nurses. Staff gave injections for joint pain and hormone stabilisation.
- Blister packs and rescue packs for patients with chronic obstructive pulmonary disease (COPD) were available where needed. These helped patients to take their medication on the correct day and gave them immediate access to antibiotics and advice if they developed a chest infection.

## 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. These were provided both at immunisation clinics, by appointment or via drop in.
- 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.
- 82% of women aged 25-64 are recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 81% and a national average of 81%.
- 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.
- A texting service was used to encourage teenagers to engage with stopping smoking and asthma clinic attendance.
- The practice offered access to a comprehensive family planning services including coil fitting.

Good





# Summary of findings

- The practice website carried a message explaining confidentiality and there was a notice in the waiting-room.

## 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.
- The practice was proactive in offering online services including electronic appointment booking and prescription ordering.
- The practice referred patients for physiotherapy and exercise on prescription.
- Surgeries began at 8.40am and appointments could be booked until 5.30pm. Appointments were also available at lunchtime.
- Urgent appointments were offered from 11am and there was an on-call doctor in the afternoons with 12 appointments only released after lunch. The duty doctor was available till 6.30pm.
- The practice was involved in proposals for a pilot scheme for seven day access.
- Two of the GP's had attended training on the use of fit notes to encourage patients returning to work.
- Joint injections were offered to provide immediate treatment close to home, avoiding unnecessary referrals and travel.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability including physical checks. A patient-held booklet, "My Health Action Plan" was used to ensure multi-agency understanding of the patients care plan. There was a register of patients and a range of "easy-read" leaflets. Parents of patients with a learning disability were encouraged to plan for the future and staff had helped them to find several patients sheltered living arrangements.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients

Good



# Summary of findings

including hospice staff, palliative care nurses and district nurses. These patients had comprehensive, personalised care plans which had been developed within the practice and included an alert if the patient had any safeguarding concerns.

- 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.
- Homeless people had the facility to register with a 'practice address' and put a plan in place to make future contact.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Practice staff had actively sought out 85 carers with alerts placed on patient records. A carer's information board was maintained in the waiting room and there were two carers champions who took referrals to provide support, advice and signposted to agencies such as Age UK and Lancashire Carers. A practice leaflet had been produced "Do you look after someone?" which provided information for both adult and young carers.
- Patients who repeatedly did not attend appointments were reviewed at practice meetings..
- Screen alerts flagged up patients with communication problems such as those with visual or hearing loss, or reading difficulties. Staff had recently completed the Accessible Information Standard training.
- The practice ensured that the named GP liaised with social services to keep people in their own home as long as possible.
- There was a considerable immigrant population, many from Madeira, whose social problems can be compounded by the rural area and its transport links. Language line was used by staff when necessary. A receptionist who spoke Portuguese had recently been appointed.
- There were a small number of transgender patients whose care could be complex. Practice staff had tried hard to ensure their rights were upheld and that they received appropriate care and support. Staff had received training on how to support these patients from a local transgender group.
- Regular Gold Standard Framework meetings were held with the palliative care team and district nurses to support patients identified as being at the end of their life. After bereavement, next-of-kin were contacted by the appropriate doctor to offer condolences.

# Summary of findings

## People experiencing poor mental health (including people with dementia)

Good



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

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to a CCG average of 91% and a national average of 88%.
- 96% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This compared to a CCG average of 92% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia, and provided personalised medicine management including daily prescriptions if needed.
- Dementia screening was done by HCAs in a variety of situations including home visits and advance care planning took place.
- 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 attended dementia training and identified patients to clinical staff where appropriate. They also received training on the Mental Capacity Act and carer awareness training. It was seen that there was well documented liaison with social services to provide holistic care for these patients.
- Blister packs were used to aid compliance with medication. They might be issued only one week at a time if memory problems were an issue.
- Reviews encouraged healthy lifestyles and led to referrals to exercise on prescription, dieticians and smoking cessation services.
- Staff liaised with a primary care mental health worker who offered cognitive behavioural therapy.
- The practice had increasing numbers of young patients with eating disorders and liaised closely with the child and adolescent mental health service. A template was used to capture relevant information and monitor any changes in the person's condition. GP continuity was strongly encouraged by booking the next appointments face-to-face with the doctor.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above national averages. 240 survey forms were distributed and 114 were returned. This represented 1.4% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% 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 73%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% 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 forty eight comment cards which were all positive about the standard of care received. Patients commented that they were treated with respect and professionalism, felt the practice was comfortable and clean and staff were friendly and helpful. The GP's in particular were highly praised. Patients described the practice as having good continuity of care and said they were very satisfied with the service. A small percentage (10%) commented that it was not easy to get an appointment. We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were proactive and always seeking to improve. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the surgery was clean and tidy. All said they would recommend the surgery to others.

We reviewed the results of Family and Friends Test feedback across 2015/16 and noted that 96% of patients in April 16 were extremely likely or likely to recommend the practice to others.

## Outstanding practice

- Parents of patients with a learning disability were encouraged to plan for the future and staff had helped them to find several patients sheltered living arrangements.
- Staff had received training from a local transgender group to ensure patients received appropriate care and support.
- A template had been developed for use with young patients with eating disorders. Staff worked closely with mental health services and continuity of care was maintained.
- The practice had developed a proforma for staff of how to gain and record consent to treatment. Patients were given a leaflet in advance of the procedure to explain the process.
- The practice involves staff comprehensively to develop and improve patient care. A staff working group representing clinicians and administrative staff had been set up to develop the one stop shop approach to supporting people with long term conditions. Consultation with staff had led to emergency packs to treat patients in anaphylactic shock in each treatment room. QOF results from the previous year were reviewed and a plan to improve them in the subsequent year was drawn up. Action included adjusting appointment times for nurses, annual reviews for patients with dementia, changes to coding particularly to identify house-bound patients.

# The Tarleton Group 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 adviser and a second CQC inspector.

## Background to The Tarleton Group Practice

The Tarleton Group Practice is located in Tarleton Health Centre which is in the centre of Tarleton village, a semi-rural area of the south of Preston, in Lancashire. The large modern health centre is owned and managed by NHS Property Services and patients can also access many other clinics and services on the site such as podiatry, district nursing and health visitors. There is easy access to the building and disabled facilities are provided. There is an onsite car park serving all of the medical facilities on the site.

There are six GPs working at the practice. All of the GPs are partners, three male and three female and there is one male GP registrar. There is a total of 4.00 whole time equivalent GPs available. There are two female nurses, both part-time and two part-time female health care assistants. There is a full time practice manager, a medicines management coordinator, and a team of administrative staff.

The practice holds a General Medical Services contract with NHS England. It forms part of West Lancashire Clinical Commissioning Group.

The practice opening times are 8.30am until 6pm Monday to Friday. Appointments are available 8.40am to 11.00am and 3.00pm to 5.30pm each day.

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will transfer them to the Out of Hours GP Service for West Lancashire (OWLS). There are 8113 patients on the practice list. The majority of patients are white British with a small community of East European and Portuguese patients. There are a proportionately high number of elderly patients and patients with chronic disease prevalence. On the Index of Multiple Deprivation the practice is in the least deprived decile.

This practice has been accredited as a GP training practice and has qualified doctors attached to it training to specialise in general practice.

## 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 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.

# Detailed findings

## 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 25 August 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager, practice nurses and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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. 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 significant events and these were discussed at a safety review within practice meetings to share learning and agree actions required.

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, staff told us and we saw a significant event summary which showed that during 2015/16 eight events or incidents were recorded, analysed and discussed at staff meetings, learning was identified and were reviewed both short term and at an annual meeting.

### 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:

The practice had signed up to "Sign up to Safety" a campaign which encouraged safe practice and regular safety reviews.

- 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 was a lead member 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 3 and nurses level 2.

- 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead and 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. 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice employed a medicines management coordinator who oversaw these processes and procedures including handling repeat prescriptions and the review of high risk medicines. The practice nurse and medicines coordinator met weekly to undertake a stock take of the quantity and dates of drugs and vaccinations and ensure sufficient supplies were available. The practice carried out regular medicines audits 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with



## Are services safe?

legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from the practice nurses.

- The practice held no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed three personnel files and found 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.

### 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 which identified local health and safety representatives. The practice had up to date fire risk assessments completed via NHS Property Services who managed the building 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had attained 96.4% of the total number of points available. This is 0.3% above the CCG average and 1.1% above the England average.

Data from 2015/16 showed:

- Performance for diabetes related indicators was below the national average. For example the practice achieved 82% regarding patients with diabetes who had a foot examination ( CCG average 84%, national average 88%) and 85% who had had flu immunisations in the preceding August to March 2015 (CCG average 94% and National average 94%). An action plan had been put in place to improve take up of foot care reviews by patients with diabetes following QOF results in 2014/15 and following considerable improvement in that year staff intended to continue those measures in order to improve care further.
- Performance for mental health related indicators was comparable with the national average for example 91%

of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 91%, national average 88%).

.There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been regular clinical audits completed in the last two years such as a four cycle audit of patients who have had their spleen removed (splenectomy), a review of medications at a care home, a three cycle audit of patients with diabetes and an audit of the drug used for treatment of stomach disorders following a safety alert. We saw that where the improvements were required they were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken following the care home review was a list of 80 interventions to alter medication regimes.
- In response to the published 2014/15 QOF results the practice had targeted diabetic care, mental health care and footcare reviews. The QOF result for 2015/16 had improved to 96.4%. This compared with the CCG average of 96.1% and the England average of 95.3% of total points available.

Information about outcomes for patients was used to make improvements such as reviewing the safety of patients following splenectomy and ensuring appropriate medication and vaccination.

### 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 topics such 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, the practice nurse had received regular

# Are services effective?

## (for example, treatment is effective)

updates in cytology and infection control. They also attended practice nurse forums at which educational sessions were delivered and they had the opportunity to share practice with peers.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, facilitation and support for revalidating nurses and 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 e-learning training modules and in-house training provided by their medical insurance provider.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Standard Framework(GSF) meetings were held which involved palliative care nurses ,district nurses and community matrons. These patients had comprehensive, personalised care plans which had been developed within 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 recorded the outcome of the assessment.
- The practice had developed a proforma for staff with illustrations of how to gain and record consent to treatment such as joint injections. Patients were given a leaflet developed by the practice in advance of the procedure to explain the process for which they were giving consent.
- The process for seeking consent was monitored through patient records audits.

### 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 were supported by the team following a GSF template. Patients and carers were offered a practice developed guidance leaflet on "Advance Directives" if they wished to choose in advance what treatments they required at the end of life. The practice held regular meetings to discuss patients newly identified as nearing the end of life. Practice staff ensured they became familiar with the patient and relatives and the district nursing team was involved and anticipatory drugs prescribed when appropriate. Following the bereavement GPs made contact with the family by telephone and referred to other support agencies. Staff told us about a patient who was afraid of hospitalisation and had a terminal diagnosis. The

# Are services effective?

(for example, treatment is effective)

practice staff arranged for the patient to attend for treatment with a relative at a time best suited to them. They also arranged for spiritual support and provided care at the patients home until they passed away. Staff supported the family after their bereavement.

- Visiting staff included a midwife, ultrasound and diagnostic cardiology and a breast screening unit. Referrals were made to the dietician, podiatrist, Lancashire Wellbeing, Children and Adolescent Mental Health Service, Minds Matters and smoking cessation advice was available from a local support group.
- Patients who attended the learning disability review service had their physical health check, were screened for breast, cervical and testicular cancer, received healthy lifestyle advice and a person-held care health plan was produced. This document could be used by all health and social care agencies to ensure continuity of care.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 81% and the national average of 81%. 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 using information in different languages. 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.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93 to 98.5% and five year olds from 93% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice also carried out health checks for patients aged over 74 years involving the GPs and HCAs. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified such as referrals to the memory clinic.

# 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. Some patients commented on the open waiting room with the window direct to the reception staff saying that privacy could be compromised if others were waiting behind them.
- The practice website carried a message explaining confidentiality and there was a notice in the waiting-room.

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

We spoke with two members of the virtual patient participation group (PPG). They told us they felt the service was very good. One patient commented he could not praise them highly enough. Comment cards highlighted that staff were helpful, listened to them and responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 95% 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 90%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

We saw that care plans had been developed by practice staff and were comprehensive and personalised with physical capacity assessment, communication assessment, details of carers and an agreement to share information across agencies. Patients who were at risk of hospital admission were given a leaflet "Do you need a little extra help?" to explain the support available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

## Are services caring?

- 96% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

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. We did not see notices in the reception areas informing patients this service was available. However we saw GPs had them in their consulting rooms.
- Information leaflets were available in easy read format.

### **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 85 patients as carers (1% of the practice list). Identified carers were coded on the system so that staff could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check. Staff had attended awareness sessions on identification and support of carers. Patients were offered the practice leaflet "Do you look after someone?" and were signposted to Carers Support-West Lancashire and Age UK who provided advice and practical, financial and emotional support. Written information was available in leaflets and posters in the reception area to direct carers to other avenues of support available to them. All registered carers were offered influenza vaccination and the HCA offered direct support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included two care homes where nominated GP's undertook home visits and case conferences were held for patients with complex needs. Meetings were held with the home managers and the nurse and GP's visited as needed to offer advice to the staff and review condition management.
- Same day appointments were available for children and those patients with medical problems that required urgent consultation.
- Staff had received joint training with other practices from a Lesbian, Gay, Bisexual and Transgender (LGBTG) group in how best to support people.
- Staff had attended dementia training and identified patients to clinical staff where appropriate. They also received training on the Mental Capacity Act and carer awareness training. It was seen that there was well documented liaison with social services to provide holistic care for these patients.
- Appointments were bookable four weeks in advance to help people who were working to schedule appointments or to book with a specific doctor.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Patients who were diagnosed with dementia and had failed to attend appointments three times were discussed at a practice meeting. The GP responsible did a home visit to review the patient with the involvement of the next of kin where appropriate. The family were referred to appropriate support services including social services and voluntary agencies such as The Alzheimer's Society.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.40am to 11.00am every morning and 3.00pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them on the same day.

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.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

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

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.
- 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 which included posters and a guidance leaflet in the reception area. During 2015/16 the practice had received two formal complaints which were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. The practice also recorded written concerns, comments from the NHS Choices website and verbal concerns. We saw that lessons were learnt from

# Are services responsive to people's needs?

(for example, to feedback?)

individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. These were discussed at staff meetings and at an annual complaints review meeting.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had 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.
- A comprehensive understanding of the performance of the practice was maintained including a display of the results of the Friends and Family Test in the waiting room.
- 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 and implementing mitigating actions.

### 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. Each partner had an area of responsibility within the practice. For example individual GPs led on complaints and health and safety, information governance, patient participation and safeguarding. 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 monthly team meetings and we saw the minutes of these. They included opportunities for learning as a team.
- 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 social events were held to boost team building.
- 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. A working group had been set up to develop the one stop shop approach to supporting people with long term conditions. The group included clinicians and receptionists.
- The partners sent cards of appreciation to staff for specific contributions to the service.

### 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



# Are services well-led?

Good 

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

through surveys and complaints received. The virtual PPG were consulted about the content and results of surveys and submitted proposals for improvements to the practice management team. For example, surveys had been carried out in July 2016. The PPG had helped to review the newsletter and had suggested improvements to telephone access. Posters and leaflets were in the surgery to encourage new members to join this group and the practice newsletter encouraged patients to contact the GP lead in this area for a discussion by phone, letter or email.

- The practice had gathered feedback from staff through staff meetings, presentations, and training afternoons and generally through, appraisals and discussion. For example consultation with staff had led to emergency packs to treat patients in anaphylactic shock in each treatment room. 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 such as a care home medication review and introducing a care coordinator for patients over 75 years on the admission avoidance register.
- The partners met monthly with the practice manager to monitor the impact of new initiatives, the progress of new staff, QOF results, CCG & CQC visits and action required, and listen to feedback from other meetings and education sessions.

- Action plans were produced following any surveys carried out. Improvements introduced included greater access to prebookable appointments, guaranteed same day appointments and a telephone back list for queries, concerns and assessing risk.
- A meeting was held in April to review the QOF results from the previous year and plan to improve them in the subsequent year. This meeting was attended by both clinicians and administrative staff. The practice targeted asthma reviews, patients with mental health problems, patients diagnosed with dementia and diabetic foot screening in particular. Action included adjusting appointment times for nurses, annual reviews for patients with dementia changes to coding particularly to identify house-bound patients.
- The practice had produced a draft business plan in November 2015 which was being updated for 2016. Intentions for 2016 included plans to increase the workforce and development of the role of the PPG.
- The practice had meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team and had recently delivered a presentation on how the new care plans and care coordination approach which had been developed within the practice had helped with the management and support of vulnerable patients with complex problems.