

Hall Green Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Outstanding	

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 Hall Green Surgery on 19th May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Identified incidents were investigated thoroughly and improvements to practice made as a result.
- 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.
- There was evidence of quality improvement including clinical audit, although learning and improvement could be further maximised by completion of second cycle audits.
- Patients were strongly positive about their experience at the practice. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had previously hosted a carers support and awareness training session attended both by the practice's own staff as well as staff from five other local practices. The practice had been awarded a carers awareness training certificate and hosted regular carer support events on site.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they found it very easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice was proactive in its response to patients feedback in an effort to improve its patients experience of accessing healthcare. For example, it had successfully campaigned to have a pedestrian crossing installed on the busy road outside the building after a cohort of elderly patients had expressed that they felt unsafe visiting the practice.

- The practice had also facilitated community healthcare providers updating their protocols around cross boundary referrals after a number of patients experienced difficulties accessing appropriate secondary care.

The areas where the provider should make improvement are:

- Ensure practice policies contain sufficient detail and that all are readily available to staff.
- When a decision has been taken not to seek a DBS check for a member of staff, for example when a check has been recently completed by another employer, a risk assessment should be undertaken to provide clear documentation of the reasoning behind this decision.
- Ensure completion of second cycle clinical audits.

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 a system in place for reporting and recording significant events, although it would be beneficial to lower the threshold for reporting incidents in order to document the good work the practice carried out in responding to them and mitigating a repeat incident.
- The practice demonstrated it reflected on and learned from incidents. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and an apology when appropriate. 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, although the practice would benefit from documenting risk assessments to justify decisions taken not to carry out DBS checks for some staff.

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 for all areas other than the diabetes indicators. The practice was arranging additional training around diabetes for staff in order to improve performance in this area.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated some quality improvement. The practice would benefit from completing more two cycle audits in order to ensure learning is maximised and improvements maintained.
- 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for most 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Following patient feedback the practice had increased the number of healthcare assistant hours to facilitate more in house diagnostic and monitoring tests being carried out, such as a warfarin clinic, ECG (Electrocardiogram; a test to measure the heart's rhythm and electrical activity) and spirometry. This minimised the need for patients to travel to other healthcare settings for these tests to be completed.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. This was also reflected in results from the GP patient survey, where the practice scored higher than average for access to the service.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Outstanding



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had a reflective and learning culture thoroughly embedded. 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. However, we did note the recruitment policy lacked detail and staff were unaware of some policies.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. For example, in an effort to improve patient experience, the practice successfully campaigned for a pedestrian crossing to be installed outside the building to facilitate safer access for a cohort of elderly patients resident across the busy road from the surgery.
- 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice delivered services to 96 patients resident in care homes. The staff at one of these homes had previously been acknowledged as lacking training and confidence. The practice were proactive in supporting the home's staff in accessing appropriate training in order to best support their patient's needs.
- The practice held Gold Standard Framework multidisciplinary palliative care meetings every three months in order to ensure patients nearing the end of their lives received the most appropriate care.
- Non clinical and nursing staff at the practice had received training in end of life care.
- The practice offered health checks to patients over the age of 75.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice acknowledged that diabetes outcomes were lower than average but were addressing this through staff accessing training programmes to increase skills in this area.
- 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

Summary of findings

being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- The practice also offered regular anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine initiated, reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

Families, children and young people

Good



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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%.
- 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.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- Telephone consultations were available for those patients needing health advice who could not attend the practice in person.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 91% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice directly referred patients to a counsellor to ensure that patients accessed the care they required.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above national averages. A total of 244 survey forms were distributed and 120 were returned. This was a response rate of 49% and represented approximately 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% 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 26 comment cards which were all positive about the standard of care received. Many patients provided detailed comments that told us how the staff were always very helpful and welcoming, appointments were easy to access and that overall the service offered by the practice was strongly patient centred.

We spoke with 12 patients during the inspection, two of whom were also members of the practice's patient participation group (PPG). All 12 patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Patients praised the personalised care they felt they received and told us how practice staff would go out of their way to ensure patient's needs were met.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure practice policies contain sufficient detail and that all are readily available to staff.
- When a decision has been taken not to seek a DBS check for a member of staff, for example when a

check has been recently completed by another employer, a risk assessment should be undertaken to provide clear documentation of the reasoning behind this decision.

- Ensure completion of second cycle clinical audits.

Outstanding practice

We saw areas of outstanding practice:

- The practice was proactive in its response to patients feedback in an effort to improve its patients experience of accessing healthcare. For example, it had successfully campaigned to have a pedestrian crossing installed on the busy road outside the building after a cohort of elderly patients had expressed that they felt unsafe visiting the practice.

- The practice had also facilitated community healthcare providers updating their protocols around cross boundary referrals after a number of patients experienced difficulties accessing appropriate secondary care.

Hall Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hall Green Surgery

Hall Green Surgery is located in a converted detached residential property in the Upholland area of Skelmersdale. The premises have disabled access and adequate parking facilities.

The practice is part of the NHS West Lancashire Clinical Commissioning Group (CCG) and provides primary medical services to 7109 patients through a General Medical Services (GMS) contract with NHS England.

The average life expectancy of the practice population is below local and national averages for males and in line for females, with males on average living to 78 years and females to 83 years (CCG average being 79 and 82 respectively, national averages being 79 and 83 years). The practice's patient population consists of a higher proportion of older people, with 24.8% being aged 65 years and over (CCG average 20.4%, national average 17.1%), 12.5% being aged over 75 years (CCG average 8.9%, national average 7.8%) and 3% being over the age of 85 (CCG and national averages both 2.3%). The practice also caters for a slightly higher proportion of patients with a long-standing health condition at 59.7%, compared to the CCG average of 55.5% and national average of 54%.

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

The practice is staffed by three GP partners (one female and two male) and a salaried GP. The practice is a training practice and a GP registrar was present on the day of inspection. Other clinical staff includes one practice nurse, one immunisations nurse and a health care assistant (HCA). Clinical staff are supported by a practice manager, two assistant managers and a team of non-clinical staff including receptionists, secretaries, and administrators.

The practice is open from 8.30am until 6.00pm Monday to Friday with appointments available between these times. Outside normal surgery hours, patients are advised to contact the out of hours service, offered locally by the provider OWLS CIC Ltd. Out of hours support commences at 6.30pm each evening until 8.00am the following morning. For the half hour before and after opening, calls are directed back to the practice and the practice continue to take responsibility for meeting its patients needs at these times.

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 19 May 2016. During our visit we:

- Spoke with a range of staff including GPs, practice management, the practice nurse, the healthcare assistant, reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being interacted with and talked with carers and 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 a system in place for reporting and recording significant events. The practice had documented four significant event analyses that had occurred in the previous 12 months.

- 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 support, truthful information, a written apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice reflected on incidents and formulated appropriate learning outcomes as part of the analysis of the event. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a patient's sample being incorrectly labelled, labelling machines had been purchased and installed in all consultation rooms to allow labelling to be carried out immediately and therefore minimise the risk of the incident being repeated.

Staff we spoke to during the inspection demonstrated that they were aware of changes to practice that had been implemented following analysis of significant events. Staff were able to discuss some events resulting appropriate learning outcomes being identified and changes to practice implemented that had not been formally recorded as significant events. Lowering the threshold of significant

events that are recorded would facilitate ease of trend analysis over time and therefore maximise learning outcomes from the appropriate reflection that the practice engaged in.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 most had received training on safeguarding children and vulnerable adults relevant to their role. One member of non-clinical staff had not received safeguarding training. The Practice were aware of this and were taking appropriate action to ensure the training was completed swiftly. GPs were trained to child protection or child safeguarding level 3.
- 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. The practice nurse was the infection control clinical lead. 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. We saw that the practice had a needlestick injury policy. While the staff we spoke to were able to discuss the appropriate procedure for managing such an occurrence, they were not aware of the existence of the specific policy relating to it and were unable to locate it

Are services safe?

on request. We noted that sharps bins for the disposal of needles were not dated, nor appropriately colour coded for the range of vaccination types being administered on site.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. 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 legislation.
- The practice held a small stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment for staff recently taken on at the practice. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We noted that for the two nurses, appropriate checks through the Disclosure and Barring Service had been carried out just prior to commencing work at the practice by their previous employers. The practice had sought the certificates to verify the outcome of these checks but had not completed a check of their own nor risk assessed this decision. The practice informed us that they intended to complete their own DBS checks following the inspection.

Monitoring risks to patients

Risks to patients were assessed and mostly well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- In addition to the GPs carrying out home visits, the practice nurse and healthcare assistant also visited patients in their place of residence. However, the practice did not have a lone working policy in place documenting the procedure for this.
- 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 contractors and suppliers.

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 audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.3% of the total number of points available, with an exception reporting rate of 4% for the clinical domains (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for diabetes related indicators was generally lower than the national averages. For example:
 - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 70% compared to the national average of 78%.
 - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 82%, compared to the national average of 78%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 76% compared to the national average of 81%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 87% compared to the national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 65% compared to the national average of 88%. The practice was an outlier for this indicator.
- The practice demonstrated that it was aware of below average performance for the diabetes related indicators; the practice nurse had received training in the previous 18 months around diabetes foot examinations and we saw evidence that the practice were attempting to enrol the nurse onto a diabetes mentorship programme with the local specialist diabetes nurse in order to increase her skills further in this area.
- Performance for mental health related indicators was generally in line with the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 91% compared to the national average of 88%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 85% compared to the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 86% compared to the national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 86% compared to the national average of 84%.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- The practice's audit plan indicated that there had been 23 clinical audits completed in the last two years. We were shown one of these that was a completed audit cycle where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit around chronic kidney disease demonstrated that the practice had improved its identification of the condition in patients and was therefore able to offer these patients the most clinically appropriate care.

Information about patients' outcomes was used to make improvements. For example following a regular audit of cervical smear results, it had been identified that a coding error meant that a number were not showing up on the system as expected. This was rectified and a manual recording system put in place as a failsafe to ensure it did not happen again.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were given the opportunity to shadow more experienced colleagues in order to familiarise themselves with the role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, the practice nurse was able to demonstrate that she had attended regular update courses and we saw the training certificates to verify this.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 every three months when care plans were routinely reviewed and updated for patients with complex needs. The practice had devised a new form for care homes to use to ensure they included the appropriate information when requesting a review of a patient's dressing.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- A dietician was available on the premises and a smoking cessation advice clinic was also offered on site.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. The practice nurse told us how she would offer smear tests opportunistically to patients attending for other reasons in an effort to maximise uptake. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker

was available. 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. Uptake was either in line with or above local and national averages. For example 55% of patients aged 60-69 had attended for bowel cancer screening within six months of being invited, compared to the CCG average of 54% and national average of 55%. The percentage of female patients aged 50-70 who had been screened for breast cancer within the last 36 months was 74%, compared to the CCG average of 70% and national average of 72%.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 92% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40-74 as well as health checks for those patients aged over 75 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

All of the 26 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 12 patients, two of whom were also members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, with staff frequently going out of their way to ensure the needs of patients were met.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 97% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% 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. All of the 12 patients we spoke to 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. One patient did give an example where a GP had been dismissive during a consultation, but they did make it clear it was only one instance where this had occurred and they were otherwise very positive about their experience of the surgery. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and there was involvement from the patient when they were drawn up.

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:

- 90% 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%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Are services caring?

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 saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A pre-health check pack for patients with learning disabilities had been prepared and included pictures to supplement text in order to support the patient's understanding of what was involved in the health check.

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 133 patients as carers (almost 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had previously hosted a carers support and awareness training session attended both by the practice's own staff as well as staff from five other local practices. The practice had been awarded a carers awareness training certificate and hosted regular carer support events on site.

Staff told us that if families had suffered bereavement, contact was made with the family to offer advice on how to find a support service if required. Staff also told us where there had been bereavement, alerts were put in the other family members' patient records to alert staff and to ensure they did not inappropriately ask how the patient was.

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.

- The practice offered early morning appointments from 8.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All consultation and treatment rooms were accessible on the ground floor of the building.
- Telephone consultations were available for those patients requiring medical advice but who could not attend the practice in person.
- Patients could access a range of services online, such as booking appointments and ordering prescriptions.
- The practice also offered regular anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine initiated, reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.
- The practice responded to patient feedback that the service they received from a local pharmacy when collecting medication had deteriorated. The practice management arranged to meet the area manager of the pharmacy in order to highlight and address the concerns and the practice told us that since this meeting the service had drastically improved.

- The practice allowed their facilities to be used by the community physiotherapist to host clinics, meaning their patients did not need to travel further afield to access this service. A specialist diabetes dietician also held regular clinics on site.
- The practice had an active PPG which offered feedback as well as conducted patient surveys to gain an insight into the views of the broader patient population. We saw that the practice responded positively to patient feedback. For example, when patients expressed a wish that a greater range of services were offered in house by the practice, we saw that the practice had increased HCA hours in order to facilitate increased services such as the warfarin clinic, ECG (Electrocardiogram; a test to measure the heart's rhythm and electrical activity) and spirometry.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Appointments available between these times daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. At the time of inspection, the next available pre-bookable appointment was in five days' time. Urgent appointments were still available on the day of inspection.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 85% of patients said the last time they wanted to see their GP or nurse, they were able to get an appointment, compared to the national average of 76%.
- 83% of patients said that they do not normally have to wait too long to be seen, compared to the CCG average of 59% and national average of 58%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system both on the practice website and in the practice leaflet.

There had been 14 complaints received in the last 12 months. We looked at a sample of these in detail and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a patient's complaint regarding the timescales of a referral, the practice had installed a digital dictation system in order to speed up the referral process.

Are services well-led?

Outstanding



(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, patient centred care and promote good outcomes for patients. There was an embedded culture of reflective practice which served to improve patient care and outcomes.

- Staff knew and understood the values of this vision.
- 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. However, the staff were unaware of the existence of the needlestick injury policy and were unable to locate it when asked. We also noted that the recruitment policy lacked sufficient detail to support effective governance of the recruitment procedure.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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, patient centred and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, truthful information and a verbal and written apology as appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- 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.
- 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced the facility of booking appointments up to six weeks in advance as a result of suggestions from

Are services well-led?

Outstanding



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

patients, as well as increasing HCA hours in order to facilitate a greater amount of in house diagnostics such as electrocardiograms and spirometry following patients requesting these services.

- The practice had also previously become aware that elderly patients residing across the busy road from the practice felt unsafe accessing the surgery due to the traffic. The practice responded to this by successfully campaigning to their local councillor and Highways Management to have a pedestrian crossing installed outside the building to facilitate ease of access for these patients and others.
- The practice had also met with community healthcare service providers in order to resolve gaps in healthcare provision being experienced by a cohort of patients resident in the Wigan area. They had been experiencing difficulties with local services not accepting cross border referrals, therefore with the practice being situated in Lancashire the services they could access were limited. The practice told us that following this meeting communication and referral protocols have improved resulting in more streamlined access to community healthcare services for approximately 2000 of its patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Administrative staff told us how as a result of their feedback to management, they now had ring-fenced time in order to contact patients to inform

them of test results. They had felt this would streamline this task and ensure patients received the information in a timely manner. 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. The practice management were proactive in facilitating information sharing between other local practices and community healthcare services in order to streamline services and improve outcomes for patients. The practice had formulated a business plan in 2012 and as a result was awarded funding to trial online patient access for a year. This successful pilot resulted in the system being rolled out to all practices in 2015.

The practice were also involved in another pilot scheme at the time of inspection and were involved in testing a new prescribing tool to assist clinicians in effective prescribing.

The practice worked closely with a number of care homes in which their patients were resident. It had acknowledged that the staff at one of these homes had gaps in training and lacked confidence. The practice had responded to this by inviting the care home staff to visit the practice where they offered training and support.

Staff told us how the practice supported their career development, facilitating the attainment of NVQ qualifications for non-clinical staff and attendance at training for one of the receptionists to develop skills to become a HCA.