

# Riverside Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverside Medical Centre on 20 December 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.
  - Infection control procedures were in place.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear approach to working with others to improve care outcomes with a clear strategy and objectives including engaging with other key partners in providing health services.
- There was a clear leadership structure and staff were well supported by the GP partners.
  - Staff were supervised, felt involved and worked as a team.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider should make improvements, these were:

- Practice policies should be reviewed in a timely manner.

# Summary of findings

- Review security arrangements as patients currently have unobstructed access to some private parts of the practice.
- Medicine fridges should be connected so that they may not be inadvertently be switched off.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national averages.
- Exception reporting figures were slightly lower than local and national averages.
- 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### 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 around average and higher than others for several aspects of care. For example, 88% of respondents to the survey said the last GP they saw or spoke to was good at treating them

Good



# Summary of findings

with care and concern (compared to a national average of 85%) and 92% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 91%).

- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, in care pathways, dementia, long term conditions and elderly care and the care of those at risk of unplanned admissions to hospital.
- The practice was part of a group of three local practices which shared some services, information and best practice. The three practices employed a nurse who had met the needs of local care homes.
- 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 and incidents was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice staff were clear about their values with which to provide care and services and their responsibilities in relation to them.
- There was a clear leadership structure and staff were well supported by the GP partners.
- Staff were supervised, felt involved and worked as a team.
- The practice had a number of policies and procedures to govern activity which were reviewed and revised when needed, some of these were overdue for review.
- The practice held a variety of regular meetings at which information and learning was disseminated

Good



# Summary of findings

- Arrangements were in place to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

The practice had an elderly population similar to the national and local clinical commissioning group (CCG) average number of elderly patients with 16% over the age of 65 (national average 17%).

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned hospital admissions, dementia, and end of life care.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The practice nurse made scheduled weekly rounds in local nursing homes, providing dedicated clinical time and mentoring to staff at each home.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 85% and above the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was 100% and higher than the CCG and national average.
- All the older patients had a named GP who coordinated their care and contacted patients over 75 following discharge from an unplanned hospital admission.

Good



### People with long term conditions

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

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the 2015/2016 QOF performance showed the practice achieved 99% of the total points available for all performance indicators. This was above the CCG and national average. For

Good



# Summary of findings

example, the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80mmHg or less was 89%. The CCG average was 84% and the national average was 84%.

- Longer appointments and home visits were available when needed for patients with long term conditions and multiple conditions.
- All these patients were monitored and had a structured annual review to check their health and medicines needs were being met.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

## 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 good for all standard childhood immunisations with immunisations uptake for all children aged five and under at 97%.
- 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.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in target period was 83% (CCG average being 72%, national average being 74%).
- Appointments were available outside of school hours. There were also plans for a practice Facebook page to provide information via social media. One member of staff had recently been trained in social media opportunities.

Good



## Working age people (including those recently retired and students)

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

Good





# Summary of findings

- 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 offered online bookings of appointments and prescription requests and telephone consultations. Appointments could be pre-booked or booked on the day and emergency appointments were also available daily for those in need and children.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old.

## 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 those with substance or alcohol misuse and those with a learning disability. Alerts on medical records identified when a patient was vulnerable or was living in vulnerable circumstances.
- The practice had 43 patients with a learning disability registered and offered longer appointments for these. We saw good examples of where care was personalised to the individual needs.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.
- The practice worked with and 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.

Good



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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which was above the national average of 78% and CCG average of 80%.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations and could signpost to relevant specialist services.
- 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

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line and above local and national averages. Two hundred and forty six survey forms were distributed and 111 were returned (a 45% response rate). This represented 1% of the practice's patient list. Results showed, for example;

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 74%.
- 86% 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 85% and CCG average of 84%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 87%.

- 93% 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 78% and CCG average of 80%.

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 positive about the standard of care received. Comments told us patients found they received a very good service and that staff were responsive to their needs; friendly, courteous and respectful. Numerous cards referred to the practice staff, both clinical and non-clinical being very caring.

We spoke to 15 patients on the day of the inspection (including one member of the patient participation group). All said they were pleased with the care they received. They told us they were treated with dignity, compassion and respect. The PPG member told us that the engagement with practice management had increased significantly since the appointment of the new practice manager and they now felt that real progress was being made to respond to patient's suggestions.

## Areas for improvement

### Action the service SHOULD take to improve

- Practice policies should be reviewed in a timely manner.
- Review security arrangements as patients currently have unobstructed access to some private parts of the practice.
- Medicine fridges should be connected so that they may not be inadvertently be switched off.

# Riverside Medical Centre

## 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 specialist advisor practice manager and an expert by experience (a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive).

## Background to Riverside Medical Centre

Riverside Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 11,500 patients living in Walton-le Dale, Preston and the surrounding rural area. The practice is sited in purpose-built premises with its own dispensary. The practice has two female GPs, four male GPs, four nurses, administration and reception staff and a practice management team. Riverside Medical Centre holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday to Friday 8am to 6pm (6.15pm on Mondays)

A Sunday surgery is held weekly between 9am and 3pm.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Greater Preston Clinical Commissioning Group (CCG) and is situated in a more affluent area in Walton-le Dale. The practice population is made up of population groups similar in age to the national averages. For example, 16% of people are over 65 years compared to a national average of 17%. Forty five percent of the patient population has a long-standing health condition which is lower than the CCG and national averages of 54%. Life expectancy for both males and females is around the CCG and national average of 79 years for males and 83 years for females.

The practice does not provide out of hours services. When the surgery is closed, patients are directed to the local GP out of hours service and NHS 111. Information regarding out of hours services was displayed on the website, on the practice answering machine and in the practice information leaflet.

## 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.

Framework data, this relates to the most recent information available to the CQC at that time.

# 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 20 December 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, reception and administration staff and the practice management team) and spoke with patients who used the service and PPG members.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording incidents and significant events.

- Staff told us they would inform the practice manager and partners 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 looked at several examples of significant events that had been recorded, investigated, responded to and changes made to prevent re-occurrence.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and/or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. These events were discussed at regular practice meetings and were reviewed to identify any trends and learning available. The results of analysis of events were disseminated to all staff at the practice.
- 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.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice referred to the local authority's safeguarding policies and procedures (Greater Preston) that were available on the intranet.
- We saw "what to do in the event of concerns" flowcharts that were displayed in the staff rooms and in consultation rooms for reference and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead and deputy for safeguarding. The GPs provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP and deputy were trained in safeguarding adults and to child safeguarding level 3. When we spoke with staff they were able to provide us with examples of when they had made referrals to the local authority.

- We looked at the practice whistleblowing policy which was comprehensive and provided the contact number for staff to ring the whistleblowing line. Staff we spoke to were clear on their responsibilities in relation to whistleblowing and told us they would not hesitate to raise concerns should they have any.
- A notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. Only staff who had been trained acted as chaperones 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).
- We observed the premises to be clean and tidy. There was a cleaning schedule and we saw evidence that this was used or completed by the cleaning staff, however this was not monitored by the practice. The practice manager told us that they would introduce an audit to check that cleaning schedules were being followed. One of the nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and associated procedures in place and staff had received up to date training. We saw evidence of an infection control audit having been undertaken recently. We saw evidence that actions identified as needing improvement had been acted upon.
- The arrangements for managing medicines, including emergency medicines and temperature sensitive medicines such as vaccines, in the practice kept patients safe. This included the obtaining, prescribing, recording, handling, storing, security and disposal of medicines. We noted the variety of emergency drugs was limited, we spoke to the lead GP and the practice manager about this and they told us that this would be reviewed and adjusted accordingly. The medicines storage fridges were monitored and maintained to ensure that

## Are services safe?

temperature sensitive medicines were stored appropriately. We noted that three of the four fridges had been “hard wired” however a switch had been fitted to each of these, somewhat defeating the object. One fridge had not been “hard wired”, however the plug was clearly marked so as it was not inadvertently switched off. There had been a significant event recorded where one fridge had been switched off. We spoke to the practice manager about this and we were told that all four fridges would have their power supply re-assessed in line with current guidance.

- Medicines were dispensed at the practice for patients who did not live near a pharmacy and this was appropriately managed. Dispensing staff showed us the standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines) and they covered all aspects of the process and were fit for purpose. Dispensing staff at the practice were aware prescriptions should be signed before being dispensed and there was a robust process in place to ensure that this occurred. A barcode scanning system was in use for dispensing providing additional dispensing accuracy assurances.
- We saw records showing all members of staff involved in the dispensing process had received appropriate training. There were records of on-going competency assessments. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs had been carried out regularly. We saw significant event records relating to the dispensary, and were told all dispensary staff met every month to discuss these. We checked medicines stored in the dispensary and medicine refrigerators and found they were stored appropriately with access restricted to authorised staff.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored. Nurses at the practice were able to administer certain medicines in line with legislation.

- We reviewed five staff personnel files and found the required 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. We noted that one file did not contain photographic proof of identity. The practice manager told us that this would be remedied.
- Paper patient records were stored securely, and staff were trained in information governance and knew how to keep personal data safe.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was calibrated and checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) 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. The GPs operated a system to ensure appropriate cover and the practice regularly monitored staffing levels to ensure they met the needs of patients. The GP partners covered for each other’s absences and locum GPs were rarely used.

### 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 reception, consultation and treatment rooms and panic button alarms which alerted staff to any emergency.

## Are services safe?

- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with one adult and children's masks. We noted that there were no paediatric electrode pads for the defibrillator. The practice told us they would purchase additional pads. Emergency equipment was checked and maintained. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a clinical area the practice and all staff knew of their location. We noted that on several occasions clinical staff left their treatment room doors unlocked when they left the room, we saw smart cards were left in the computers and screens were unlocked. These doors were visible to reception and dispensary staff. We spoke to the lead GP and practice management team about this. We were told that the matter would be raised formally at the next staff meeting and that all staff would be advised to lock computer screens and doors when rooms were not occupied.
- 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 peoples' needs. Any updates in NICE guidance were discussed at clinical meetings.

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

### 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 (published October 2015) showed the practice had achieved 98% of the total number of points available, which is higher than local CCG and national average. Exception reporting was slightly above average at 12% overall, the CCG average being 11% and the national average 10%. 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. We spoke to the GPs about this and they told us it was probably due to the high levels of older patients, especially those living in local nursing homes.

This practice was not an outlier for any QOF clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the local CCG and national averages. For example:

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 75% compared to the national average of 78% and CCG average of 81%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the national average of 88% and CCG average of 87%.

- Performance for mental health related indicators was better than the national average. For example:

90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, national average 88% and CCG average of 92%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 83% compared to the national average of 84% and CCG average of 86%.

There was evidence of quality improvement including clinical audit. The practice did not have an audit timetable prioritising audits according to national and local priorities/guidelines, however we saw some good examples of clinical audits having been undertaken and included re auditing. One example we looked at related to the prescribing of Olanzapine (an antipsychotic medicine) and related blood tests, it demonstrated improved outcomes for patients.

### 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 and included a period of supervision/mentorship.
- 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 and diabetes care. One of the nurses took the lead for reviews of patients with diabetes and was supported in this by the GPs. We looked at the diabetes care pathway that was used and saw it was appropriate and provided excellent guidance and structure.

# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They could also demonstrate how they stayed up to date for example by access to on line resources, face to face training and discussion at 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, and support for revalidating GPs. Staff received an appraisal annually. We talked with three members of staff about their appraisals and they told us they felt they contributed to the process, gave them development opportunities and were aligned to the values and aims of the practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Some staff member's basic life support training required updating, we were told this was in hand. Staff had access to protected learning time (monthly half day rolling programme of education) and in-house face to face training. We saw that training was planned in advance and was structured to benefit staff in the areas where they would most benefit. The practice manager told us that further work on the training plan was ongoing.
- The practice worked with two other local practices of the same size to provide consistent services to the area. One example was the employment of one nurse practitioner funded equally between the three practices. This nurse had specific responsibility for nursing and care homes in the area covered by the three practices. This meant that consistent care and services were provided to all the patients at these locations. The nurse provided training to staff at the homes and was able to deal with many of the minor ailments without the need for a GP to attend.
- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had introduced an anti-coagulation clinic 18 months previously, this had proved popular and effective. Patients were no longer forced to travel to the main Preston hospital for blood tests and the results were immediately available on the patients record after the test had been completed.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice signposted and referred patients to the local support networks.
- 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. Multi-disciplinary meetings took place with other health and social care professionals where care plans were routinely reviewed and updated for patients with complex needs. This included when caring for patients with a terminal illness at the end stage of their life. We looked at the minutes of some of these meetings and saw that they were well attended and comprehensively documented. Communication with out of hour's providers was effective with any updates of patients' conditions and treatments being available in a short period of time.

### 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.

### 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

### 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.

## Are services effective? (for example, treatment is effective)

care, carers, those at risk of developing a long-term condition and those requiring advice on diet, smoking cessation and alcohol consumption. The practice was able to signpost patients to local support groups - for example, smoking cessation and weight management. Nurses also provided advice on healthier living.

The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 74% and the national average of 76%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. There were 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. Cervical screening tests were monitored to ensure the sample taker was proficient in obtaining suitable samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates were above the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 59% (national average 58%, CCG average 58%). Breast cancer screening was below the national average but above the CCG average with 69% of females (aged 50-70) screened for breast cancer in the last 36 months (national 72% and CCG average 67%). This data was published in March 2015.

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

Other services were available within the building delivered by other providers, including physiotherapy and phlebotomy.

# 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. We observed staff knocking on doors before entering, even when they suspected them to be unoccupied.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

The 26 patient Care Quality Commission comment cards we received were positive about the care and treatment they experienced. Comments told us patients felt the practice offered a good service and staff were courteous, friendly, caring and treated them with dignity and respect. Many of the comments on the cards were particularly praising on the caring nature of both clinical and non-clinical staff.

We spoke with fifteen patients including one member of the patient participation group (PPG). They also told us they were happy with the care provided by the practice and said their dignity and privacy was respected. The PPG member was particularly pleased with the improved engagement of the management team over the last year; they told us the practice really seemed to care about the patients it provided service to.

Although the practice did not provide a delivery service for patients' medicines, dispensary staff regularly made informal deliveries on their journey home to patients who found it difficult to attend the practice themselves.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 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 making decisions about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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.
- Information leaflets were available about the practice and the services provided.
- The practice facilities were all located over two floors, although all patient facilities were located on the ground floor. Disabled accessible toilet facilities were available on both ground and first floors.

### **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 92 patients as carers (1% of the practice list). The practice manager told us that there were more carers at the practice and that the team were in the process of extracting carer information from care plans and adding them to the register on patient notes. Written information was available to direct carers to the various avenues of support available to them. There were plans to have a carers' champion.

Records alerted staff to family members who had suffered bereavement and they would be cared for appropriately. GPs would make a telephone call to the next of kin and offer support and an appointment if it was requested. The practice maintained a bereavement list to ensure all members of staff were aware.

# 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. For example, in order to help reduce avoidable unplanned admissions to hospital the practice was taking part in an enhanced service. Their focus was on reducing admissions by improving services particularly to those patients who were the most vulnerable or those with long term conditions. Examples showing how the practice had responded to meetings patients' needs were as follows:

- The practice offered nurse appointments for minor illnesses and long term condition treatment and reviews. Patients received diabetic health checks, health promotion and education.
- There were longer appointments available for patients with a learning disability and mental health needs. GPs led in these different areas and had expertise and enhanced knowledge.
- 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.
- There were disabled facilities and translation services available.
- The practice offered a full range of online access such as appointment booking, prescription requests, and changes of personal details.

### Access to the service

The practice was open Monday –Friday 8.30am - 6pm (6.15 on Mondays). Sunday appointments were available between 9am and 3pm.

In addition to pre-bookable appointments that could be booked in advance, urgent, same day appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was around and in some cases above local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. 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 person for handling complaints.
- We saw that information was available to help patients understand the complaints system for example a specific complaint information leaflet in the waiting area.

The practice had received seven complaints in the last 12 months which they recorded and investigated. We found these had been dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and shared with all staff. We looked at the minutes of some practice meetings and we saw they were well attended and comprehensively documented. Staff members who were not present for the meeting, were emailed the minutes so they could familiarise themselves with their content. There was no evidence of annual reviews of complaints. We talked to the

## Are services responsive to people's needs? (for example, to feedback?)

practice manager about this and the opportunity to identify trends and learning opportunities at these reviews, we were told this would become part of the annual audit regime.

# 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 vision which described what they were striving to achieve in terms of the levels of service and care they provided. Staff understood the values and vision of the practice and strived to achieve its aims.
- Staff were able to articulate their own values in addition to the practice ones.
- There was a clear approach to working with others in the health and social care community (such as the CCG, other GP practices and support agencies for long term conditions and vulnerable patients) to improve outcomes for patients. The practice was part of a three practice alliance and it was the vision of the leaders to further enhance this collaboration in the future.

### Governance arrangements

The practice had an overarching governance plan which was discussed at partner meetings which were held regularly. This plan formed the basis for how the partners saw the practice developing. The partners strived to support the delivery of the strategy and good quality care. The planning meetings and agreed objectives ensured that there was:

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained.
- Arrangements in place for identifying, recording and managing risks.
- Clinical audits were undertaken. However, there was no formal audit programme in place based on local and national priorities to ensure re auditing took place. We did see good examples of two cycle audits; for example, one relating to Olanzapine which demonstrated improved outcomes for patients.
- There were practice specific policies and procedures in place.

### 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, compassionate care and that the views of the patients were always sought. Staff told us the partners were approachable and always took the time to listen to staff. They were encouraged and felt able to contribute to the practice, improvements to service and service developments. One example provided was the introduction of a reception diary so that all reception issues were recorded and any actions were seen through to a conclusion.

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). 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, that they gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff were well supported by the partners.

- The practice held regular documented team, clinical and multi-disciplinary team meetings.
- There was an evident open culture within the practice and staff had the opportunity to raise any issues at appraisals and meetings. Staff told us they felt able to raise any issues at any time and these would be dealt with appropriately.
- Staff were respected, valued and supported by the management team as well as the patients.
- Staff told us they were happy, proud and enjoyed working at the practice.
- The practice had undergone a period of change with two practice managers having left and a new one recruited. The team had demonstrated their ability to embrace change and take advantage of new opportunities.

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

The practice gathered feedback from patients, the public and staff through suggestions and comments made in



# Are services well-led?

Good 

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

house and through the website. They also took into account feedback from the patient participation group (PPG), from the NHS friends and family test, the national GP survey and from complaints made.

The PPG were valued and had recently been more engaged with the practice. The practice manager had planned a series of regular meetings with the PPG and saw it as one of their priorities to maximise contact between the practice and its PPG. 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.

## Continuous improvement

There was a focus on learning and improvement within the practice. Business planning and progression planning took place in order that the practice could meet the future needs of their patient group. The partners recognised the future challenges, for example reduced funding and increasing patient needs with an ageing population and were considering strategic methods to meet these challenges.