

Drs. Sangster, Huxley, Horsfield & Smith

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 21 April 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The practice was aware of and complied with the requirements of the duty of candour (being open and transparent with people who use the service, in relation to care and treatment provided). The partners encouraged a culture of openness and honesty, which was reflected in their approach to safety.
- All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.
- There was a clear leadership structure and a stable workforce in place. Staff were aware of their roles and responsibilities and told us the GPs and practice manager were accessible and supportive.

- Risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information regarding the services provided by the practice was available for patients.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients were positive about access to the service. They said they found it easy to make both emergency and routine appointments.

Summary of findings

- The practice sought patient views about how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and their patient participation group (PPG).

We saw areas of outstanding practice:

- The team trained together for annual updates of safeguarding training and the training session were provided by the local safeguarding team using a 'case study' approach to enhance understanding and learning. In addition the practice completing safeguarding audits to identify where the practice could improve in the protection of vulnerable children and adults.
- Scheduled appointments for all patients were a minimum of 15 minutes in duration and longer appointments were available as required.
- The practice have developed a proactive approach to encourage patients with a learning disability to use their services. Information has been developed for patients to aid their understanding including use of plain English, large print and pictures. The named GP and health care assistant had proactively engaged with individuals to offer flexible and tailored appointments, explain the service, reassure and build up a relationship. This had resulted in all patients completing a health check with the practice and accessing additional services.

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



- Risks to patients were assessed and well managed.
- There was a nominated lead and systems in place for reporting and recording significant events. Monthly significant events meetings were held and lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents.
- Systems were in place to keep patients and staff safeguarded from abuse. There was a nominated lead in place for both safeguarding children and adults.
- There were processes in place for safe medicines management.
- We found that systems were in place for checking that equipment was used at the practice was safe.
- The health care assistant was lead for infection prevention and control. An infection control audit had been completed identifying actions and improvements made.
- The clinical pharmacist employed by the practice provided regular monthly updates to staff regarding medicine safety alerts and relevant medication updates.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with current evidence based guidance.
- Monthly clinical meetings were held between the GPs and nursing staff to discuss patient care and complex cases.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to both local and national figures.
- The practice worked effectively with the local neighbourhood teams and local nursing and care homes to reduce overall hospital admissions.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Information for patients about the services available was easy to understand and accessible.
- Data from the National GP patient survey showed that patients rated the practice positively. Patients we spoke with and comments we received were all extremely positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- National GP patient survey responses and patients we spoke with said they found it easy to make an appointment.
- All urgent care patients were seen on the same day as requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The appointment system was continually reviewed to provide prompt access to patients. The system had introduced triage and changed the consultation times to give GPs a balanced working day.
- The practice had also employed a clinical pharmacist to increase flexibility to review medication and enable greater access for patients.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was shared with staff and other stakeholders.
- All patients had a named GP.
- All patients were given a 15 minute scheduled appointment as a minimum.
- The triage system ensured that all emergency appointments were seen on the same day.

Good



Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.

Good



Summary of findings

- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The provider was aware of and complied with the requirements of the duty of candour (being open and transparent with people who use the service, in relation to care and treatment provided). The partners encouraged a culture of openness and honesty.
- There were systems in place for being aware of notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice had a positive and productive relationship with the PPG.
- 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 provided proactive, responsive and personalised care to meet the needs of the older and vulnerable people in its population. Home visits and urgent appointments were available for those patients in need.
- The practice worked closely with other health and social care professionals, such as the health visitors, district nurses and local neighbourhood teams, to ensure vulnerable and housebound patients received the care and support they needed.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

People with long term conditions

Good



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

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- 71 % patients diagnosed with asthma had received an asthma review in the last 12 months, compared to 75% nationally.
- 95% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 90% nationally.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good



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

Summary of findings

- 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 accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with health visitors to support the needs of this population group. For example the GP and practice nurse offered weekly baby clinic appointments which was at the same time as the drop in/ open access health visitor clinics to ensure mothers and babies can be seen effectively.
- Sexual health and contraceptive and cervical screening services were provided at the practice.
- 80% of women aged 25-64 had received cervical screening, compared to 80% both locally and nationally.

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 these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening, early detection of chronic obstructive pulmonary disease (a disease of the lungs) for patients aged 40 and above who were known to be smokers or ex-smokers.
- Appointments could be made on line, text reminders were available and access to patients on line records were facilitated.

Summary of findings

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 and regularly worked with multidisciplinary teams in the case management of this population group.
- Longer appointments were given to those patients identified as needing them.
- The practice had identified a small number of vulnerable patients with complex needs, who were to be fast tracked for appointments and access to a clinician. All staff were aware of these patients.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice liaised closely with social services for those children identified at risk and contributed toward child protection plans (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- A palliative care register was available and used to provide a weekly update of patients for the weekly clinical meeting. The practice also met regularly with the Macmillan nurses and district nursing teams.
- One of the GPs was the cancer care lead and works at the local hospice providing all staff with links to this service and regular updates in cancer care.
- Regular health checks were in place for patients who had a learning disability. The patients were coded on the system, which enabled additional support to be provided as needed.
- Information was provided on how to access various local support groups and voluntary organisations.
- The practice had a proactive approach to encouraging patients with a learning disability to use their services. The GP and health care assistant has actively engaged with

Summary of findings

individuals to offer flexible and tailored appointments, explain the service, reassure and build up a relationship. This resulted in all patients completing a health check with the practice and accessing additional services.

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).

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- The practice were proactive with the pre-screening in dementia and referrals to the memory assessment unit.
- One GP is vice chair of the Pendle Dementia Action Alliance and the practice was 'dementia friendly'. The staff had completed training in dementia, wore dementia friendly name badges and contacted patients by telephone to remind them of their appointments.
- 82% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, compared to the national average of 84%.
- 98% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was significantly in excess of both the local and national average of 88%.
- 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 distributed 252 survey forms of which 115 were returned. This was a response rate of 45.6% which represented 1.42 % of the practice's patient list. The results published in January 2016 showed the practice was performing above average compared to local CCG and national averages. For example: 97% of respondents described their overall experience of the practice as fairly or very good (local CCG 85%, nationally 85%)
- 94% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local CCG 78%, nationally 78%)
- 94% of respondents described their experience of making an appointment as good (local CCG 91%, nationally 73%)
- 93% of respondents said they found the receptionists at the practice helpful (local CCG 83%, nationally 87%)
- 97% of respondents said they had confidence and trust in the last GP they saw or spoke to (local CCG 94%, nationally 95%)
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (local CCG 97%, nationally 97%)

During the inspection we spoke with four patients of mixed age and gender all of whom were positive about the practice. We also spoke with members of the patient representative group who told us how the practice engaged with them. Their views and comments were also positive and they felt that the practice were compassionate, caring and well led.

The results of the most recent NHS Friend and Family Test (January 2016) showed that 96% of respondents said they would recommend Earby surgery to friends and family if they needed care or treatment.

Normally the practice would receive patients comment cards from the CQC for patients to complete. The results would form part of this report. Unfortunately due to an administrative error the comment cards were not received by the practice.

Drs. Sangster, Huxley, Horsfield & Smith

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector with a GP specialist advisor.

Background to Drs. Sangster, Huxley, Horsfield & Smith

Drs. Sangster, Huxley, Horsfield & Smith also known as the Earby surgery is based in the centre of Earby and is part of the East Lancashire Clinical Commissioning Group (CCG). It provides a service to patients in the West Craven, Colne and Barrowford areas. The practice area also covers parts of North Yorkshire (Thornton-in Craven, East and West Marton) and works with other local CCG's across those boundaries.

The building consists of consulting rooms, a large waiting area, disabled toilet and baby changing and breast feeding facilities. There is easy access into and throughout the building with automatic doors at the entrance of the building and a lift to the reception level; to facilitate easier access. There is a car park adjacent to the practice.

The practice has a patient list size of 8048 with a higher than national average of patients who are aged between 50 to 80 years. A high proportion of the over 80's live within their own homes and are supported with their medical needs by the practice.

The practice is open Monday to Friday 8 am to 6:30 pm. There are four female GPs and four male GPs (five of whom are partners). There is also a clinical pharmacist, two practice nurses (female), a health care assistant and phlebotomist (a clinical worker who takes blood samples).. The practice is supported by the practice manager and a team of administration and reception staff. Two of the reception staff are also phlebotomists.

The practice is also a GP training practice, providing support and guidance to trainee GPs.

General Medical Services (GMS) are provided under a contract with NHS England.

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 that we hold about the practice and asked other organisations, such as NHS England and NHS East Lancashire CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 21 April 2016. During our visit we:

- Spoke with a range of staff, which included GPs, trainee GPs, nurse, health care assistant, the practice manager, and administrative staff.
- Spoke with patients who were all extremely positive about the practice and the care they received.
- Observed in the reception area how patients/carers/family members were treated.
- Spoke with members of the patient participation group, who informed us how well the practice engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice computer system.
- The practice met monthly with staff to discuss and analyse incidents and significant events. This shared learning heightened overall awareness and increased transparency.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a medical emergency had occurred on the premises the practice reviewed the ease of access to emergency equipment.

When there were unintended or unexpected safety incidents, we were informed that patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The staff told us the practice had a 'no blame' culture that encouraged staff to be open and transparent with colleagues and patients when things go wrong.

The practice was also aware of their wider duty to report incidents to external bodies such as NHS East Lancashire CCG and NHS England.

Overview of safety systems and processes

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

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly

outlined whom to contact for further guidance if staff had concerns about a patient's welfare. The senior partner acted in the capacity of safeguarding lead and had been trained to the appropriate level.

- The team trained together for annual updates of safeguarding training and the training session were provided by the local safeguarding team using a 'case study' approach to enhance understanding and learning.
- We were told the GP safeguarding lead worked closely with health visitors meeting regularly to discuss any safeguarding concerns.
- Regular safeguarding audits were undertaken to identify where the practice could improve in the protection of vulnerable children and adults. For instance the practice recognised that they did not have a policy on 'domestic abuse' and put this in place. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. The infection prevention and control (IPC) lead had completed the audit and action had been taken to address any improvements needed.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines.
- Support was provided by a clinical pharmacist employed by the practice who ensured appropriate and effective prescribing was taking place. They also reviewed medicines in line with the most recent safety updates and audit antibiotic prescribing and kept the practice updated via clinical meetings and regular emails and newsletters.
- 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

Are services safe?

women who were referred as a result of abnormal results. In addition there was a computer recall system in place to remind patients when their smear test was due.

- We reviewed two personnel files and found recruitment checks had been undertaken in line with the practice recruitment policy.

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. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

We saw all clinical equipment was regularly calibrated to ensure the equipment was in good working order.

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was emergency equipment available, which included a defibrillator. Emergency medicines were stored in the main office area, which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had an effective accident/incident recording and reporting system in place.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and in hard copy.

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. Updates were also discussed at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice worked closely with local nursing and care homes where required. They also worked collaboratively with the Airedale Partner's Vanguard site which is part of an NHS enhanced health service which provided support to patients in nursing and care homes to access consultation via tele-health. This ensured that GP visits were appropriately targeted and timed.

Each GP led in different areas of the Quality and Outcomes Framework (QOF) for the practice (QOF is a system intended to improve the quality of general practice and reward good practice). Information collected for QOF was used to monitor outcomes for patients. We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) were 99% of the total number of points available, with 9.8% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data showed:

- 80% of patients with diabetes had a HbA1c (blood sugar) test which was within normal parameters, compared to 77% nationally. (HbA1c is a blood test which can help to measure diabetes management.)

- 85% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% locally and nationally.
- 81% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 84% nationally.
- 72% of patients with dementia had received a face to face review of their care, compared to 84% nationally.

Clinical audits demonstrated quality improvement.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We looked at two clinical audits completed in the last two years. These were a gout audit and an asthma audit. Findings were used by the practice to improve services. For example in the review of asthma the findings noted that information collected needed to be extended to help ensure the right diagnosis and treatment was in place for each patient.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- Staff told us they had received mandatory training that included safeguarding, fire procedures, equality and diversity and basic life support. The staff also confirmed they had completed a structured induction programme. We saw evidence of this in the staff recruitment files.
- Staff were also supported to attend role specific training and updates, for example medicines management and learning disabilities awareness.
- Staff felt well supported and able to talk to any of the management team if they had any concerns
- We saw that all staff administrative staff had annual appraisals and clinical staff had clinical appraisals. GPs were up to date with their revalidation.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

and their intranet system. This included risk assessments, care plans, medical records, and investigation and test results. Information such as NHS patient information leaflets was also available.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on fortnightly basis and that care plans were routinely reviewed and updated.

All patients who attended accident and emergency (A&E) and had an unplanned hospital admission were reviewed and coded on the electronic records, to alert other clinicians should a follow up be required.

Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission. We also saw that these patients were prioritised as a priority for prompt access to an appointment or home visit and a dedicated phone line was given where required for urgent access.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. (This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients who:

- were in the last 12 months of their lives
- were at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- acted in the capacity of a carer and may have required additional support

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

The practice encouraged its patients to attend national screening programmes for breast cancer. The uptake rate for cervical screening was 80%, comparable to 80 % both locally and nationally.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 70% to 92% and for five year olds they ranged from 93% to 98%.

Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician. A recognised dementia identification tool was used with the patient's consent to assess any areas of concern.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- A private room was made available should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

Data from the January 2016 national GP patient survey showed respondents rated the practice higher than the local CCG and national average to the majority of questions regarding how they were treated. For example:

- 97% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 87%, nationally 89%)
- 97% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 92%, nationally 91%)

- 98% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 88%, nationally 87%).
- 97% of respondents said the last GP they spoke to was good at treating them with care and concern (local CCG 85%, nationally 85%).
- 93% of respondents said the last GP they saw was good at involving them in decisions about their care (local CCG 86%, nationally 82%)
- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care (local CCG 92%, nationally 85%)
- 94% of respondents said the last GP they saw was good at explaining tests and treatments (local CCG 84%, nationally 86%).
- 95% of respondents said the last nurse they saw or spoke to was good at explaining test results and treatments (local CCG 91%, nationally 90%)

Patient and carer support to cope emotionally with care and treatment

There was a carers' register in place and those patients had an alert on their electronic record to notify staff. Carers were offered additional support as needed and signposted to local carers' support groups.

We saw there were notices in the patient waiting area, informing patients how to access a number of support groups and organisations.

We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice engaged with the NHS England Area Team and East Lancashire Clinical Commissioning Group (CCG) to review the needs of its local population and to secure improvements to services were these were identified.

- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and patients who were in need.
- There were disabled facilities and a hearing loop in place.
- Longer appointments were given to those patients requiring additional support.

Access to the service

The practice is open Monday to Friday 8am to 6:30pm. When the practice is closed out-of-hours services are provided by calling the NHS 111 service.

GP appointments were available split into four parts, 8:30-10:30am, 11am-12:30 and 2-3:30pm and 4 -5:30pm. Telephone consultations and home visits were also available.

Appointments could be booked up to one month in advance, same day appointments were available for people that needed them. Fifty percent of available appointments were pre bookable. The practice continually monitored the waiting times for routine appointments and looked at demand and capacity on a regular basis.

Results from the national GP patient survey showed that satisfaction rates regarding how respondents could access care and treatment from the practice were comparable or higher than local CCG and national averages. For example:

- 75% of respondents were satisfied with the practice opening hours (local CCG 79%, nationally 74%). 93% of respondents said they could get through easily to the surgery by phone (local CCG 70%, nationally 73%).
- 80% of respondents were able to get an appointment to see or speak to a GP or nurse they were able to get an appointment. (Local CCG 73%, nationally 76%).
- Patients we spoke with on the day of inspection told us they were generally able to get appointments when they needed them; many of them had received an appointment for the same day as requested.

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 information displayed in the waiting area to help patients understand the complaints system and available in the patients information brochure and on the practice web site.
- The practice manager was the designated lead responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the monthly meetings.
- The practice kept a register for all written complaints.

There had been three complaints received in the last 12 months. We found they had been satisfactorily handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision, 'to deliver high quality medical services in a friendly and caring environment'. There was a statement of purpose in place which identified the practice values.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured that there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning was in place, for example training staff up to cover other roles.

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. One GP was chair of the local CCG meetings with other practices, to look at the joint needs assessment of the local area.

The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour means health care professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm.) There was a culture of openness and honesty in the practice. There were systems in place for being aware

of notifiable safety incidents. We were informed that when there were unexpected or unintended safety incidents, patients affected were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place. Staff told us the GPs and practice manager were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to identify opportunities to improve service delivery and raise concerns.

Daily informal meetings were held at lunch time with all staff. Regular formal meetings (minuted) were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. There was a stable workforce and staff said they felt respected, valued and appreciated.

The GPs promoted learning and development within the practice. Many staff told us about training they had undertaken and how they were supported to develop in their roles.

The practice had received an award for training and supporting the trainee GPs at the practice. We also spoke with trainee GPs and reviewed feedback they had provided to the surgery. All were unanimously positive about the high standard of support and education they received from staff at the practice.

The practice had received an award for their performance from the Royal college of General Practice (RCGP) 'Quality Awards'.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG), patient surveys, the NHS Friend and Family Test, complaints and compliments received.

The PPG had quarterly meetings. There was a positive collaborative relationship with the practice, the group were engaged with the practice and made recommendations, which were acted upon. For example, development and design of the practice patient survey questionnaire, review of access to appointments and redevelopment of waiting area.

Are services well-led?

Good 

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

The practice also gathered feedback through meetings and discussions with staff. Staff had access to meetings to discuss safety concerns and monthly safety meetings and clinical meetings. We spoke with staff who confirmed they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and to improve outcomes for patients they had joined the “Sign up to Safety” which is a self-audit in safe prescribing and medicines management an initiative run by NHS England.

Continuous improvement