

Queen Square Medical Practice

Quality Report

Queen Square Medical Practice
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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?	Outstanding	
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 Queen Square Medical Practice on 18 November 2015. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice offered a telephone call back service.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had

the skills, knowledge and experience to deliver effective care and treatment. The practice had a strong commitment to supporting staff training and development.

- Feedback from patients about their care was consistently and strongly positive. Patients described the GP practice as excellent; staff were described as caring and professional.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met people's needs.
- 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 leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The practice was a research practice, employed a team of nurses specifically for this role, and was actively involved in a range of different research studies. The aim of these studies was to identify new or to improve current treatments.

We saw areas of outstanding practice:

- Working closely with specialists from University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) the practice provided an enhance fertility service for all NHS patients registered in the Lancashire North Clinical Commissioning Group (CCG) geographical area. This enabled patients living in the area to have local monitoring and treatment without having to travel for four hours or more to and from Manchester. Patients were taught how to self-inject hormone treatments as required.
- The practice also provided rooms free of charge to a local charity A.C.E. to support young people with their mental health and wellbeing needs.

- The practice registered and treated all the students who had complex health care needs such as cerebral palsy and associated health conditions and who lived at a local residential further education college. This enabled the practice and the college to have effective working relationships, and reassured parents of the students. Students benefited from continuity of care.

The areas where the provider should make improvements are:

- Ensure that the practice policies and protocols are reviewed, kept up to date and if required strengthened to provide clarity for staff and consistency in approach to patient services. For example, the receipt of test results protocol, the use of Choose and Book service and the monitoring of medicines held in GP bags.
- Develop practice policies for the duty of candour and the receipt and storage of prescription paper.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- People received truthful information and apology if required in response to unexpected safety incidents.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Quality and Outcomes Framework (QOF) data showed patient outcomes were consistently above average for the locality and nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice was a research practice and had been shortlisted by The North West Coast Research and Innovation Awards 2015 for the Clinical Research Individual or Team of the Year Award.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice was committed to providing quarterly study days to GPs and five day training per annum for nursing staff, and support with other staff to obtain NVQs and advanced practitioner qualifications.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice at above or at a similar level to both local and national averages for several aspects of care.

Good



Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture. Staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about the services available was easy to understand and accessible.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met people's needs.
- The practice provided additional services for gynaecology, incontinence, infertility and sexual health or genitourinary medicine (GUM).
- The practice registered all students with complex health care needs and who attended a residential further education college and provided rooms to a local charity that supported young people with emotional issues.
- There were innovative approaches to providing integrated person-centred care, patients told us how the practice organised shared care service with the local hospital and used pilot schemes effectively for the benefit of patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services because of feedback from patients and from the patient participation group.
- The practice offered early morning appointments two mornings per week, later appointments one evening per week and Saturday morning appointments once a month. GPs gave patients a 'green slip' to give to reception if they needed a follow up appointment arranging or investigations.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice responded quickly when complaints and issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for responding to notifiable safety incidents.
- The practice carried out proactive succession planning.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was a research practice, with a dedicated team working at the practice and with the wider community.

Good



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 offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Those patients on the palliative care registered had a first and second named GP to ensure consistency in care,
- Care plans were in place for those patients considered at risk of unplanned admission to hospital.

Good



People with long term conditions

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

- The practice had a large team of practice nurses and health care assistants to meet the needs of the patients. Nursing staff had lead roles in chronic disease management. They were supported by GPs who were leads at the practice.
- The practice maintained and monitored registers of patients with long term conditions including cardiovascular disease, diabetes, asthma and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patient conditions effectively and patients at risk of hospital admission were identified as a priority
- The number of patients registered with the practice with a long term condition was similar to both the Clinical Commissioning Group (CCG) and national averages.
- Longer appointments and home visits were available when needed. The practice offered early morning or later evening appointments to people with a long-term condition and those who worked through the day.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



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 A&E attendances.
- The practice provided Tier 2 services for gynaecology, incontinence, infertility and sexual health or genitourinary medicine (GUM).
- The practice registered all students with complex health care needs and who lived at a residential further education college. The practice provided rooms to a local charity that supported young people with mental health and emotional issues.
- Immunisation rates (2014/15) were higher than the Clinical Commissioning Group (CCG) rates for all but one of the standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice implemented a policy for patients over the age of 13 to access online appointments.
- Evidence of joint working with midwives, health visitors and community nurse was available.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered appointments from 7.30am on Monday and Tuesdays and late evening appointments on Wednesday, as well as one Saturday morning each month.
- Appointments were available to patients at either their main surgery or the branch surgery.
- Telephone consultations were available.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including, those with a learning disability.

Good



Summary of findings

- The practice registered all students with complex health care needs (including learning disabilities) and who lived at a residential further education college.
- A team of three named GPs supported patients' resident at a drug and alcohol rehabilitation service. The practice also provided consultation rooms (free of charge) for the shared care, drug and alcohol service to see patients from any local practice.
- The practice provided rooms for group work for the shared care drug and alcohol service.
- A first and second named GP was linked on patients' electronic records whose needs identified them as vulnerable and requiring continuity of approach and care.
- The practice offered longer appointments for patients who were vulnerable or with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice had 170 patients on their mental health register, data supplied by the practice (not yet verified), confirmed that they met all the Quality and Outcomes Framework (QOF) targets for 2014/15.
- 8.9% of the practice population had a diagnosis of depression. This was higher than the Clinical Commissioning Group (CCG) 8.4% and the England average 6.5%. (QOF data 2013/14).
- 1% of the practice population had a diagnosis of dementia, which was also higher than the CCG at 0.8%, and the England average of 0.6%. (QOF data 2013/14).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

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

297 survey forms were distributed; the response rate was 42% with 126 forms returned.

- 94% describe their overall experience of this surgery as good compared to a CCG average of 85% and a national average of 85%.
- 86% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 93% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 99% said the last appointment they got was convenient (CCG average 94%, national average 85%).

- 82% described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 75% usually waited 15 minutes or less after their appointment time to be seen (CCG average 73%, national average 65%).
- 97% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average 98% national average 97%).
- 97% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average 96% national average 95%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, all were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 17 patients during the inspection, (10 in groups and seven individually), three carers and contacted two members of the patient participation group. All spoke positively about the service they received.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that the practice policies and protocols are reviewed, kept up to date and if required strengthened to provide clarity for staff and

consistency in approach to patient services. For example, the receipt of test results protocol, the use of Choose and Book service and the monitoring of medicines held in GP bags.

- Develop practice policies for the duty of candour and the receipt and storage of prescription paper.

Outstanding practice

We saw areas of outstanding practice:

- Working closely with specialists from University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) the practice provided an enhance fertility

service for all NHS patients registered in the Lancashire North Clinical Commissioning Group (CCG) geographical area. This enabled patients living

Summary of findings

in the area to have local monitoring and treatment without having to travel for four hours or more to and from Manchester. Patients were taught how to self-inject hormone treatments as required.

- The practice also provided rooms free of charge to a local charity A.C.E. to support young people with their mental health and wellbeing needs.
- The practice registered and treated all the students who had complex health care needs such as cerebral palsy and associated health conditions and who lived at a local residential further education college. This enabled the practice and the college to have effective working relationships, and reassured parents of the students. Students benefited from continuity of care.

Queen Square Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Queen Square Medical Practice

Queen Square Medical Practice is part of the NHS Lancashire North Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice confirmed they had 13577 patients on their register.

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

The patient numbers in the different age groups were reflective of national averages; however patients who were in paid work or full time education was 58% compared to the Clinical Commissioning Group (CCG) average of 62.2% and England average 61%. There were also a higher number of patients unemployed at 7.2% (CCG average 3.3% and England average 5.5%).

The practice has ten GP partners (seven male and three female), and two associate GPs (one male and one female). The practice employs a practice director, practice manager and finance manager, a nurse practitioner, seven practice nurses (including research nurses) five healthcare assistants and 21 reception and administrative staff. In addition, the practice has the support of a part time pharmacist who is jointly employed by the CCG.

The practice is a training practice for qualified doctors who are training to be a GP.

The GP practice provides services from one registered location at Queen Square Medical Practice in Lancaster. In addition to this, the practice provides services from the Healthhub, which is next door to Queen Square Surgery and is used to provide Tier 2 services such as sexual health, infertility and dermatology and from the Caton branch surgery at Caton Health Centre, Hornby Road, Caton. The Caton branch surgery provides GP appointments, nurse led health screening clinics and a weekly baby clinic. We did not visit this branch surgery. Patients can request appointments at either the main surgery or the branch surgery.

The Queen Square Medical Practice is open Monday and Tuesday from 7.30am to 6.30pm, Wednesday 8am to 8pm, Thursday 8am to 6.30pm, Friday 9.30am to 6.30pm (between 8am and 9.30am a GP triage service is available for urgent calls) and the second Saturday every month from 8.30am to midday.

The Caton branch surgery is open 8.30am to 1pm then 3pm to 6pm on Mondays and Thursdays, 8.30am to 1pm on Tuesdays, 8.30am to 5.30pm on Wednesdays and 9.45am to 1pm and 3pm to 6pm on Fridays.

Detailed findings

Out of Hours services are provided by Bay Urgent Care, and contacted by ringing NHS 111.

The practice provides online patient access that allows patients to book appointments and order prescriptions and review some of their medical records.

The practice buildings have been adapted so they are accessible to people with disabilities.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 November 2015.

During our visit we:

- Spoke with a range of staff including four GPs, the practice director (strategic manager), practice manager, finance manager, the nurse team leader, two practice nurses, two research nurses, a health care assistant, the pharmacist, two receptionists, one secretary and the admin IT lead.

- Spoke with 17 patients during the inspection, (10 in groups and seven individually), three carers and contacted two members of the patient participation group.
- Observed how people were being cared for and observed the practice's systems for recording patient information.
- Reviewed work place records and staff records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or practice director of any incidents. The practice had recently introduced a new recording form accessible on the practice's intranet. In addition, the practice reported to the Clinical Commissioning Group (CCG) issues and concerns relating to patient safety and experience using a nationally recognised reporting tool. This enabled issues and concerns to be shared regionally so that learning and development could also be shared.
- The practice carried out a thorough analysis of the significant events. Non clinical and clinical significant events were logged and analysed separately. Any learning identified was shared with the relevant staff.

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.

When there were unintended or unexpected safety incidents, people received appropriate support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies, although past their review date outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and all GPs were all trained appropriately to level three in childhood safeguarding. The lead GP for safeguarding also provided six monthly update and refresher training to all GPs. Regular (quarterly) safeguarding meetings were held at the practice with health visitors. The

practice had developed their own safeguarding template that risk assessed the severity of the concern and this was flagged on the patient record so that concerns were easily identifiable to clinicians. GPs attended external safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding.

- A notice in the waiting room advised patients that staff were available to act as chaperones, if required. All staff who acted as chaperones were trained for the role. Chaperones and clinicians documented in patients records when they provided this support. The majority of staff who undertook the chaperone role had a DBS check in place, however the practice's chaperone policy was clear that staff members without a DBS check were not to be left unsupervised in a room with a patient. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the pharmacist who worked there, to ensure prescribing was safe and in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. However, a specific policy was not in place. GPs were responsible for ensuring medicines held in their doctors' bags remained in date and were fit for use. The practice nursing team sent out reminders to the GPs to do this, however no recorded formal check on the medicines was undertaken. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed a sample of personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had a policy in place to DBS check all new employees. The practice did not use locum GPs.

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 fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella.
- 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 that enough staff were on duty. The staff teams reviewed at

regular intervals future staff availability and seasonal demand to ensure sufficient staff were available to meet patient demand. All staff teams worked flexibly to cover sudden absences or to enable staff training.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The QOF data from 2010 onwards showed that the practice consistently achieved more points than the Clinical Commissioning Group (CCG) and England average. The most recent published results (April 2013 to March 2014) showed the practice achieved 99.2% of the total number of points available, with 3.6% exception reporting. Data supplied by the practice (not yet validated) for April 2014 to March 2015 showed that practice had sustained its achievement to meet QOF targets and scored 99.3%. The practice was not an outlier for any QOF (or other national) clinical targets. QOF data from April 2013 to March 2014 showed;

- Performance for diabetes related QOF indicators was 6.3%, which reflected the CCG and England averages (6.3% and 6.2% respectively). Exception reporting was 6.3 % for the practice, which was significantly lower than the CCG at 11.3% and the England average of 8.9%. The practice achieved higher percentages in all the QOF diabetic indicators for 2013/14 when compared to the CCG and the England averages.

- The practice also monitored its performance within the CCG. Data supplied for 2014/15 showed that Queen Street Surgery performed well, with higher percentage achievement for diabetic indicators when compared with other GP practices within the CCG.
- The percentage of patients with hypertension having regular blood pressure tests were higher than the CCG and the England average at 83.6%, 78 % and 79.2% respectively. (QOF data).
- Performance for mental health related and hypertension indicators were higher at 86.2% than the CCG (82%) and the England average (82.9%). (QOF data).
- Patients who had a diagnosis of dementia who's care had been reviewed in the last 12 months was lower at 73.98%% than the national average at 83.82%. (CQC intelligent monitoring data 2013/14).

Clinical audits demonstrated quality improvement.

- Good evidence from clinical audits was available and these were linked to national guidelines such as NICE. We saw evidence from two of these completed audits, which demonstrated improvements were identified, implemented and monitored. Clinical audits included the use antibiotics for recurrent urinary tract infections in adult females and assessment of depression in primary care.
- The practice was a successful research practice with a dedicated team of nurses and was led by one of the GP partners. The research subjects covered many different areas such as asthma, hypertension and carpal tunnel syndrome. The practice worked closely with other local GP practices and was the central 'hub' for the locality. The practice was a consistent high achiever at recruiting patients to join research study groups.
- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. Findings from audits and benchmarking were used by the practice to improve services.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice ensured role-specific training and updating for relevant staff was provided. For example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff were supported to develop their skills and abilities. For example, GPs had one full training day per quarter, which could only be used within that designated quarter and for training and development. Nurses had up to five days training each year. Health care assistants were supported to obtain NVQs and the practice pharmacist was undertaking an advanced practitioner qualification. Staff we spoke with told us of the recent training they had received including immunisations and vaccinations and sexual health training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice used a 360 degree appraisal system. (360 degree is a performance appraisal method that gathers feedback on an individual from a number of sources, typically between eight and ten people complete questionnaires or provide structured feedback describing the performance of the individual under review). Staff confirmed that they were involved in developing the questions used for the 360 degree feedback.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included e-learning training modules and in-house training, appraisals, coaching and mentoring, team meetings, clinical supervision and facilitation and support for the revalidation of doctors.
- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services and special patient notes were used to inform Out of Hours providers of patients with specific needs for example when nearing end of life.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital.
- Good community links and health support were provided to a residential further education college that supported students with complex health care needs. This promoted continuity of care and treatment, productive working relationships and reassured parents of the students living at the college.
- We saw evidence that multi-disciplinary team meetings took place on a regular basis. For example, palliative care and safeguarding meetings were held quarterly with the appropriate health care professionals.
- 3% of the patient population had a care plan in place.

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. One GP had attended a recent update on the Mental Capacity Act and evidence was available that showed that this learning had been shared with other GPs at the practice.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

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)

Health promotion and prevention

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

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. Data from CQC's intelligent monitoring for 2013/14 for women aged 25-64 showed that the practice's uptake for the cervical screening programme was 81.39%, which was comparable to the national uptake of 81.88%. Patients who did not attend for their cervical screening test were sent reminders and offered flexible appointment times convenient for them.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In addition, patients identified at potential risk of developing lung or bowel cancer were

asked to join Cancer Diagnosis Decision rules study (CANDID). This research study collects data with an aim of eventually identifying a way to identify quickly patients who were at high risk of developing these cancers.

Childhood immunisation rates for the vaccinations given were higher or comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.9% to 98.8% and five year olds from 75% to 97.7%.

Data from CQC intelligent monitoring for 2013 to 2014 showed that the uptake of seasonal flu vaccination for the over 65s was 83.82% and at risk groups 67.88% These were higher than the national average figures at 73.24% and 52.29% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 45–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 42 CQC comment cards we received were extremely positive about the service they experienced from staff including GPs, nurses and reception staff. Patients said staff were helpful, compassionate, caring and treated them with dignity and respect. Many cards described the service as excellent. A number of the comment cards detailed specific examples where GPs had helped them with a range of health care needs including cancer diagnosis, bereavement and, shared care with hospital consultants.

We spoke with groups of patients and seven individual patients and three carers during the inspection. We also spoke with two members of the patient participation group (PPG). All were complimentary about the care provided by the practice. They said their dignity and privacy was respected and they were involved in their care. Members of the PPG told us that the practice asked for their opinion on a range of subjects and that at the twice yearly meeting their received information about the local health economy and the impact of health care legislation on the availability of local services.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored higher for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 86%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 96% said the last nurse they saw or spoke to was good listening to them (CCG average 92%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

The practice sent out their own survey in October and November 2014. They received 408 responses, 51% rated the practice excellent, 31% very good, 9% good, 3% fair and 4% no response.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients were satisfied with their involvement in planning and making decisions about their care and treatment. Results were reflective or above local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. GPs told us following a bereavement they may visit a patient or write to them. A consistent approach though was not evident.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team, the Clinical Commissioning Group (CCG) and other resources to secure improvements to services where these were identified. For example, GP partners were also CCG leads for research, urgent care and gynaecology.

- The practice monitored patient appointment availability to ensure there were sufficient appointments available to meet demand.
- GPs gave patients (if required) a 'green slip' to give to reception if they needed a follow up appointment arranging or investigations.
- The practice implemented a policy for patients over the age of 13 to access online appointments.
- A first and second named GP was linked on patients' electronic records whose needs identified them as vulnerable and who required continuity of approach to meet their individual care needs.
- The practice registered all students with complex health care needs that included cerebral palsy and associated health conditions and who lived at a residential further education college. The practice also provided rooms to a local charity that supported young people with emotional issues.
- The practice had identified lead GPs and small hub teams to work worked closely with local care homes that accommodated patients and to a residential drug and alcohol rehabilitation service. This provided continuity of care for patients.
- The practice provided consultation rooms (free of charge) for the shared care, drug and alcohol service to see patients from their practice and other GP practices in the local area.
- The practice provided Tier 2 services for gynaecology, incontinence, infertility and sexual health or genitourinary medicine (GUM). A Tier 2 service means the practice was resourced and staff were specifically

trained to treat both their own patients and patients registered at other GP practices. In addition, a Tier 2 dermatology service was also provided from the practice.

- The enhanced infertility service was supported by the CCG and the local NHS hospital trust to provide assessment and treatment to patients living within the CCG area. The GP lead at the practice was a 'GP with a Special Interest (GPwSI)' and was supported and mentored by a local hospital consultant. Clear protocols and patient care pathways were implemented to ensure safe care to patients. One nurse at the practice was trained to teach patients to self-inject hormone treatments as required. This service enabled patients living in the area to have local monitoring, assessment and treatment without having to travel four hours or more to Manchester and back for the same care.
- The practice also offered patients access to an in house physiotherapy assessment service.
- There were innovative approaches to providing integrated person-centred care, patients told us how the practice organised shared care service with the local hospital so that patient could pick up specialist prescriptions and have regular blood tests at the GP surgery without having to travel to the hospital.
- The practice was the highest user of the pilot scheme Advice and Guidance, which promoted/facilitated GP's access to patient-specific advice from local hospital specialists via a secure two way electronic conversation. This resulted in more patients receiving treatment by their own GP.
- The practice implemented suggestions for improvements and made changes to the way it delivered services because of feedback from patients and from the patient participation group. For example the practice had consulted patients on their preference of either continuity of care or seven day opening (October /November 2014), 77% of 408 responses voted a preference for continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs including disabled facilities and translation services.

Access to the service



Are services responsive to people's needs?

(for example, to feedback?)

The practice offered GP appointments, nurse led clinics and baby clinics from two locations. The main surgery at Queen Square Medical Centre in Lancaster and the Caton Branch Surgery at the Caton health Centre in Caton. Patients could book appointments at either location. The Healthhub provided appointments to specialist services such as the sexual health and fertility clinics.

Extended opening hours were provided from Queen Square Medical Practice. This was open Monday and Tuesday from 7.30am to 6.30pm, Wednesday 8am to 8pm, Thursday 8am to 6.30pm, Friday 9.30am to 6.30pm, (between 8am and 9.30am a GP triage service was available for urgent calls) and the second Saturday every month from 8.30am to midday.

The Caton branch surgery was open 8.30am to 1pm then 3pm to 6pm on Mondays and Thursdays, 8.30am to 1pm on Tuesdays, 8.30am to 5.30pm on Wednesdays and 9.45am to 1pm and 3pm to 6pm on Fridays.

Emergency calls from 6.30pm were managed by the Out of Hours service.

The practice monitored carefully the number of patient appointments available and planned well in advance for staff annual leave and seasonal demand on services. Urgent appointments were available each day and appointments could be booked up to four weeks in advance. Home visits were available for older patients and patients who required these. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice also provided a telephone consultation service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them and they were satisfied with getting through to the surgery by telephone.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

- 86% of patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 82% of patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 75% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 73%, national average 58%).
- 94% describe their overall experience of this surgery as good (CCG and national average 85%).

The above results reflected the practice's own patient survey results carried out in October/ November 2014 that showed 50% of the 408 respondents were very satisfied with telephone access, 42% fairly satisfied and 5% dissatisfied. The results for the appointment system showed that 59% of respondents were very satisfied, 35% fairly satisfied and 3% were dissatisfied. The practice had responded to the feedback by publishing an action plan on how it intended to improve patient satisfaction further.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

The practice manager logged all complaints and undertook an annual analysis to identify themes and trends. We looked at the two recent complaints received. These were acknowledged and responded to in a timely manner. However, one complaint did not log all the evidence to support the decisions that were made. We discussed this and the practice director (strategic manager) confirmed that all action undertaken in response to complaints would be logged in future. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice's aims and objectives were to deliver high quality care and promote good outcomes for patients, employees and the wider local community.

- Staff spoken with knew and understood the aims and objectives of the practice and felt able to contribute to these.
- The practice had a robust strategy and supporting business plans that reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Some policies required review or strengthening to ensure a consistent approach by all staff such as the receipt of test results protocol and the use of Choose and Book for patients.
- Staff had a good understanding of the performance of the practice, and an awareness of their contribution to this.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible and took lead roles in the

practice and the Clinical Commissioning Group (CCG). Staff told us that the partners and management team were approachable and always had the time to listen to all members of staff.

A specific Duty of Candour policy was not yet in place, however our review of significant events and complaints demonstrated that the practice was open and transparent and apologised when they got something wrong.

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

- The practice held regular team meetings, including a weekly clinical meeting that were focused and planned in advance; a weekly management meeting; monthly administration and reception meetings; monthly nurse meetings, and regular partners and clinical speciality meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held approximately every year.
- Staff said they felt respected, valued and supported, by the partners and management team in the practice.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice sent out their own survey in October and November 2014. They received 408 responses, and the feedback from this was used to identify key areas of further improvement. There was an active PPG with about 25 members who joined a twice yearly meeting, this was supported by a virtual (online/email) patient participation group of 130. Members of the patient participation group confirmed their views were requested on a range of topics. They also said the practice meetings provided them with valuable information about the local and national health economy.

Are services well-led?

Good 

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

- The practice had also 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 the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The staff team were actively encouraged and supported with their personal development. This included the allocation of specific training days and access to online training materials.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients. The practice worked closely with the Clinical Commissioning Group (CCG) and provided a recognised and valued health research service.
- The practice monitored and audited the service they provided and planned ahead to ensure continuity and further development of the services it provided.
- The practice was proactive in its succession planning.