

The Surgery Chorley

Quality Report

The Surgery Chorley
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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 The Surgery Chorley on 12 July 2017.

The practice had undergone changes in its registration and the current GP partnership took over the leadership and management at the practice in April 2016. However the data referred to in this report for the Quality and Outcomes Framework (QOF) refers to data collected and collated between April 2015 and March 2016. This was a period of significant change at the practice.

Overall the practice is rated as good.

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

- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice had undergone a period of change which had resulted in improved services for patients. The practice had a strong vision, which put working with patients to ensure high quality care and treatment as its top priority.
- The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice was committed to evidence based practice to improve the quality of care and treatment. Clinical auditing was based on up to date guidance and research to reflect innovation and the changing clinical needs of patients.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice had an online patient participation group (PPG) and plans were in place to develop this further to promote and encourage patient participation in the ongoing development and improvement of the practice.

Summary of findings

- The practice was aware of the shortfalls in the building and facilities and had taken action to try to improve these.
- The GP was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

An area where the provider should make improvement is:

- Continue to identify and support patients who are also carers

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



- Evidence was available that demonstrated the practice had an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The practice also monitored and analysed trends in significant events, complaints and performance indicators as a tool to drive continuous improvement.

Are services effective?

The practice is rated as good for providing effective services.

Good



- There were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Evidence was available that demonstrated the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways.
- The data referred to in this report refers to data collected between April 2015 and March 2016. The current GP partners were registered in April 2016 to provide GP services. Therefore the data from the Quality and Outcomes Framework (QOF) referred to in this report do not reflect the practice's performance since April 2016.

Summary of findings

- The practice was committed to improving the effectiveness of the service they provided. They provided data that demonstrated the actions they had implemented following multi-disciplinary review of vulnerable and frail patients had resulted in a reduction in the number of patients attending emergency departments or out of hour's health care services.
- Staff were supported to develop their skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey published July 2017 showed patients rated the practice in some aspects of its service delivery similarly to or slightly below that of the CCG and England average. The 2016 data collection period was a period of significant change at the practice.
- The provider had worked hard since they took over at the practice to ensure patients received a quality service. This included responding to patient feedback.
- Patients' said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had reviewed patient access to appointments and implemented a planned programme to improve access. This included offering daily drop in appointments for urgent health care needs and enabling patients to book online appointments with a GP or a practice nurse for reviews of chronic health care conditions. One patient we spoke with found this a very useful service.

Good



Summary of findings

- The practice was located within an older building managed and maintained by NHS Property Services. The building and facilities required some modernisation and updating. The practice was aware of this and evidence was available that demonstrated they had repeatedly requested improvements be made.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- Communication channels within the practice had been reviewed and streamlined to improve effectiveness and efficiency. A thorough structure of internal and external meetings were embedded and ensured information and learning was disseminated and feedback gathered proactively.
- Governance arrangements were effective and included regular review and analysis of patient feedback, performance outcomes and significant events. Action was implemented where shortfalls or improvements were identified. This ensured patients received person centred, safe and effective care and promoted continuous learning and development within both clinical and administration teams.
- There was a high level of constructive engagement with staff. They told us that they were encouraged to make suggestions and recommendations for the practice.
- The practice gathered feedback from patients and was working to improve its patient participation group to seek feedback and improve service delivery further.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage those older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice had effectively introduced regular multidisciplinary team meetings to review all those patients assessed as vulnerable or frail and ensured proactive management of these patients to offer more support to them.

People with long term conditions

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

Good



- The practice had a team of nurses which included advanced nurse practitioners, practice nurses and health care assistants. Nursing staff had lead roles in the management of long-term disease and worked closely with community and secondary care health professionals to provide comprehensive care to patients.
- Quality and Outcomes Framework (QOF) for 2015/16 for diabetic indicators showed the practice performed below that of the local and national averages. However this data reflects the service provided by the previous registered GP provider.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems 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.
- Data from 2015/16 indicated that immunisation rates were similar to the local average for all standard childhood immunisations.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 76% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG average of 77% and the England average of 75%. Exception reporting was lower at 2% compared with the CCG 12% and the England average of 8%.
- The practice's uptake for the cervical screening programme was 84%, which was slightly below the CCG average of 85% but was higher than the national average of 82%. Exception reporting at 4% was lower than both the CCG and England average of 7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practices maintained a register of young people who were also carers. They aimed to develop the support services further for this vulnerable group.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

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

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered flexible surgery times including, morning, afternoon and evening surgeries. The practice also opened every other Saturday morning from 8am until 11am.

Summary of findings

- The practice had promoted the patient online access so that patients could now make GP and practice nurse appointments including long term condition review appointments. Feedback from patients was that they liked this service.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Learning disability training for three staff was arranged for September 2017.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed 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.

Good



People experiencing poor mental health (including people with dementia)

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

- Patients at risk of dementia were identified and offered an assessment.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- The practice was aware that data from the period before they took over the service showed that only 46% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan in place. They had worked to improve this and offered and encouraged all patients with a mental health condition to attend an appointment to review their healthcare needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published in July 2017. Results showed patients rated the practice in some aspects of its service delivery similar to or slightly below that of the CCG and England average. However the data recorded below refers to data collected and collated in the year 2016. This was a period of significant change at the practice, including a change of GPs.

A total of 269 survey forms were distributed, and 104 were returned. This was a return rate of 39% and represented approximately 2.7% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 70%. The national average was 71%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 84%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 77%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, all of which were extremely positive about the standard of care and service received. Comment cards repeatedly complimented the

GPs and some reception team members. The comment cards described the service as 'excellent', 'outstanding' and 'brilliant'. One comment card stated the service provided had now 'settled down' with easier access to appointments with 'helpful' and 'respectful staff'.

We spoke with one patient who was also a representative of the patient participation group (PPG) just after the inspection. They stated that things were unsettled initially with the new GPs and staff but this had now settled down. They were very complimentary about the quality of care they received from the GPs, and provided specific examples of the patient centred quality of palliative care and treatment provided to a family member and to their children.

Their comments reflected the information we received from the CQC comment cards. Patients said they could get urgent appointments when needed, and they praised the staff team.

The practice collected Friends and Family feedback each month and collated and displayed the results from these. These showed that the majority of patients who responded each month would recommend the practice to their friends and family.

The practice had an online patient participation group (PPG) and the patient we spoke was a member of this group. They told us that they had not been as involved recently but were hoping to participate more in the future.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to identify and support patients who are also carers

The Surgery Chorley

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Surgery Chorley

The Surgery Chorley, Chorley Health Centre, Collison Avenue, Chorley, Lancashire is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has approximately 3836 patients on their register.

The practice building is an older building maintained by NHS Property Services. The practice is located on the ground floor. There is one other GP practice located within the building along with a range of other NHS services including podiatry and fall prevention. A hearing loop to assist people with hearing impairment is available. Limited car parking is available at the practice,

The practice is a registered partnership between two male GPs and one female GP. The practice also employs two male salaried GPs, a practice manager, two assistant practice managers, one nurse manager, one advanced nurse practitioner, three practice nurses and two health care assistants. In addition a number of reception, administration and secretarial staff are also employed. The GP partnership has another GP surgery within the same CCG area and the majority of staff work between both registered GP practices.

The practice reception is open from 8am until 6.30pm Monday to Friday; and from 8am until 11am on alternate Saturdays.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average male life expectancy in the practice geographical area is 79 years and is reflective of both the England and CCG averages. Female life expectancy is 82 years which is below the CCG and England average of 83 years. The practice has a slightly larger number of patients under the age of 18 years and a slightly lower number of patients over the age of 75 years when compared with both the local and national averages. Approximately 7% of the local patient population is unemployed, which is higher than the local average of 3% and national average of 4%.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 July 2017.

During our visit we:

- Spoke with a range of staff including two GP partners, one salaried GP, the nurse manager and a health care assistant, the practice manager and both assistant practice managers, the secretary and a receptionist.
- Spoke with one patient the day after the inspection.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the CQC at that time. However the practice had undergone changes in its registration and the current GP partnership took over in April 2016. The data referred to in this report for the QOF refers to data collected and collated between April 2015 and March 2016.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Different staff told us of incidents which they were aware of. They confirmed there was an open, safe environment to raise issues. A policy was in place to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. All incidents and some complaints were also investigated as significant events. A log of significant events was maintained and each incident was supported by a detailed record of the investigation into the incident. Weekly management meetings, monthly clinical team meetings and monthly admin team meetings were held where learning from significant events and complaints was shared as appropriate.
- We reviewed safety records, incident reports and patient safety alerts. GPs and nurses we spoke with provided examples of significant events and the action taken as the result of analysis. Minutes of meetings provided evidence that significant events were discussed.
- The practice also monitored trends in significant events as a tool to drive continuous improvement. The significant events were analysed and findings were shared in power point presentations to the staff teams to promote and support learning and development.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Each consultation room and

office had easy read flow diagrams displayed with the relevant safeguarding body's contact details. One GP partner was the designated lead for safeguarding and they were supported by another GP partner who was the deputy lead. The GPs and nursing staff we spoke with gave us different examples of where they had raised safeguarding concerns to the external safeguarding teams. GPs confirmed that they attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices displayed at the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse manager and one of the assistant practice managers were the infection prevention and control (IPC) leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice was located within a NHS property services building, therefore some aspects of the building maintenance was out of the control of the GP partners. Evidence was available showing the practice had been in frequent contact with the landlords for the building to request improvements. Where improvements were still required the practice ensured potential risks to patients were minimised.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice

Are services safe?

minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). A comprehensive prescribing protocol was available and implemented.

- There were processes for handling repeat prescriptions which included the review of high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs) and medicines to thin blood such as Warfarin. A sample check on patient records showed that these patients received all the required health checks such as blood tests to ensure the medicines were safe for continued use.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred and a system to check prescriptions had been collected by patients was implemented.
- The practice was training a member of staff to be the medicines optimisation coordinator. The medicines optimisation coordinator from the GP partnership's other practice was supporting The Surgery Chorley while the staff member was being trained. Regular medicines audits were undertaken with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and health care assistants were trained to administer vaccines against a patient specific direction from a prescriber.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

The practice did not use locum GPs.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a comprehensive health and safety policy available.

- The practice landlord supplied the practice with copies of the building's fire risk assessment and we saw evidence that weekly fire alarm checks were undertaken. The practice had designated staff that were trained as fire marshals.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice landlord supplied a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, safe methods of working and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs were established. The practice had reviewed the services it provided to patients and implemented changes to systems to improve effectiveness for both staff and the staff teams. Staff had been involved in this process and had been supported and trained to achieve this.

Arrangements to deal with emergencies and major incidents

The practice had arrangements 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 clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. Non clinical staff received basic life support training periodically and the practice was reviewing this to increase the frequency of this training.
- The practice had their own defibrillator available and oxygen with adult and children's masks was available and shared with the neighbouring GP practice. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. A comprehensive record to monitor stock and expiry dates was maintained.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or

Are services safe?

building damage. The plan included emergency contact numbers for staff. Parts of the plan had recently been implemented effectively in response to the national NHS cyber-attack.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/16 showed the practice achieved 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. However clinical exception reporting overall was 6%, lower than the CCG rate of 11% and the England rate of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Please note the data referred to in this report for the QOF refers to information collected and collated between April 2015 and March 2016. The current GP partnership was registered in April 2016 with CQC and therefore the QOF results are not a true reflection of this practice's performance.

Unverified data supplied by the practice for the period 2016/17 showed that the practice had achieved 100% of the total points available. However the practice was unable to obtain data regarding the level of exception reporting it had.

Data from 2015/16 before the GP partners took over showed:

- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months was 76%, compared to the CCG average of 81% and the England average of 78%. The practice had a lower rate of exception reporting at 4% compared to the CCG average of 12% and the England average 12 %.
- The percentage of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 60%, which was 20% lower than the CCG average and 18% lower than the England average. Exception reporting was lower at 4% (CCG 8% and England average 9%).
- The percentage of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 82%, which was above the CCG and England average of 80%. However exception reporting was 13%, just below the CCG average of 15% and similar to England average.
- 84% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average of 87% and the England average of 89%. Exception reporting was lower at 3% compared to the CCG 13% and England 8% averages.

Other data from 2015/16 showed the practice performance for that period was similar to or lower than the local and England averages. For example:

- 79% of patients with hypertension had their blood pressure measured as less than 150/90 mmHg in the preceding 12 months compared to the CCG average of 84% and the England average of 82%. Exception reporting was 3% compared to the CCG and England average of 4%.
- 76% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG average of 77% and the England average of 75%. Exception reporting was lower at 2% compared with the CCG 12% and the England average of 8%.
- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 90% and the England average of 84%. Exception reporting was also higher at 9, almost 3% higher than the CCG and England averages.
- 46% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months,

Are services effective?

(for example, treatment is effective)

which was much lower than the CCG average of 92% and the England average of 89%. Exception reporting was lower at 0% compared to the CCG and England average of 13%.

There was evidence of quality improvement including clinical audit.

- The practice had an audit plan, which identified monthly the different areas that were to be reviewed. The practice was a GP training practice and trainee GPs were actively supported and involved in clinical auditing.
- There were several audits available and we noted the practice used power point presentations as a learning tool to share results. Recent presentations included one for prescribable oral nutritional supplements (sip feeds). The learning identified from this resulted in one of the assistant practice managers developing and importing a malnutrition universal screening tool (MUST) into the practice's patient electronic record, so that GPs could more accurately assess a patient's nutritional status to support clinical decision making when prescribing these type of supplements.
- Other clinical audits we reviewed included one for the prescribing of benzodiazepines (potentially addictive sedative/tranquilliser medicines). The initial audit was undertaken by the practice in May 2016, just after they had taken over the service provision. This identified several areas requiring improvement and that the practice prescribing rate was in the top quarter of all GP practices within the CCG. The re-audit in May 2017 identified a significant reduction in the number of patients requiring a medicine review, a reduction in prescribing of these type of medicines and the practice was no longer in the top quarter of GP practices prescribing these medicines.
- The GP partner's Leyland Surgery had won an award for Research and Innovation for their piloting and ongoing work implementing a multidisciplinary team (MDT) service for vulnerable patients. This identified specific patient groups including patients assessed as high risk of admission to hospital, over 75 years of age with a moderate risk or above identified in a frailty assessment and those who were frequent users of emergency departments and out of hour's health care services. The MDT then worked with patients to actively support them at home to reduce the need to use emergency and out of hour's services. The partners had introduced the MDT

service at this practice. Following the implementation of this service an audit showed a reduction in the use of emergency and out of hour's services from 31 contacts down to eight within the first three months since initiation.

- The practice had systems in place to monitor all patients requiring a two week referral to secondary care (hospital or specialist health service). If an appointment was not provided within the required two week timescale then the practice followed this up with the patient and or the secondary care service.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had worked hard since acquiring this surgery to align staff's terms and conditions of service to ensure staff were employed fairly and equitably.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Role specific induction training was comprehensive.
- Staff also received regular training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The clinical nursing team received role-specific training and updating to ensure they provided up to date care and treatment to patients.
- The practice was committed to working with and developing the skills and abilities of the staff team. Annual appraisal and personal development plans were reviewed collectively and used to develop an annual training plan. Regular team meetings included designated learning and development time and the practice used power point presentations to support learning and development.
- Practice staff confirmed they had access to online training as well as face to face training. Staff told us also about specific training to support their development. The advanced nurse practitioners had monthly tutorials with a GP and the nurse manager supported and trained the health care assistants and practice nurses to the

Are services effective?

(for example, treatment is effective)

high standards they required. Non clinical staff were also supported and one staff member was being trained as the medicines optimisation coordinator and other planned training included learning disability awareness.

- The practice was a GP training practice and confirmed that all trainee GPs who wished to work at the practice were accommodated.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice held monthly MDT meetings to review the support and care needs of high risk patients. In addition the practice reviewed all its patients on the palliative care register; patients assessed as vulnerable, those on the safeguarding register and all deaths.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals including health visitors, school nurses and Macmillan nurses.

The practice reviewed and monitored their patients to assist early identification of patients who required palliative care. This ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 (MCA).

A power point presentation had been used at the practice to raise awareness of patients who were vulnerable and may not have capacity to consent. This referred to relevant legislation such as MCA 2005 and the deprivation of liberty safeguards (DoLS)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits of patient records.

Supporting patients to live healthier lives

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking were supported by the practice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 85% and the national average of 82%. Exception reporting at 4% was lower than both the CCG and England average of 7%.

The practice also encouraged its patients to participate in the national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was similar or slightly below the CCG and national average. For example data from 2015/16 showed that 74% of females aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months which was slightly higher than the CCG average of 73% and the England average of 72%. Data showed screening for bowel cancer at 49% was lower than the CCG's 56% average and 58% England average.

Data available for childhood immunisation rates for the vaccinations given in 2015/16 indicated that the practice was achieving similarly to the CCG and England averages. For example data from 2015/16 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 94% compared to the England range of 73% to 95% and rates for five year olds ranged from 85% to 97% compared to the England range of 82% to 95%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a compassionate and responsive service and staff were helpful, caring and treated them with dignity and respect. Comment cards repeatedly complimented the GPs and some reception team members. The comment cards described the service as 'excellent', 'outstanding' and 'brilliant'. One comment card stated the service provided had now 'settled down' with easier access to appointments with 'helpful' and 'respectful' staff.

We spoke with one patient who was also a representative of the patient participation group (PPG) just after the inspection. They stated that things were unsettled initially with the new GPs and staff but this had now settled down. They were very complimentary about the quality of care they received from the GPs, and provided specific examples of the patient centred quality of palliative care and treatment provided to a family member and to their children. The practice had an online patient participation group (PPG) and the patient we spoke with was a member of this group. They told us that they had not been as involved recently but were hoping to participate more in the future.

The practice collected Friends and Family feedback each month and collated and displayed the results from these. These showed that the majority of patients who responded each month would recommend the practice to their friends and family.

Results from the national GP patient survey (published July 2017) showed patients rated the practice in some aspects of its service delivery below that of the CCG and England average. However the data recorded below refers to data collected and collated in the year 2016. This was a period of significant change at the practice, including a change of GPs.

- 85% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and the England average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the England average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the England average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the England average of 86%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the England average of 87%.

The practice reviewed several sources of patient feedback including information and feedback from patients, the patient participation group, NHS choices and the GP patient survey to identify themes and concerns about the service provided at the practice.

Care planning and involvement in decisions about care and treatment

The patient we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during

Are services caring?

consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received and the Friends and Family test results we viewed was also positive and aligned with these views.

Results from the national GP patient survey published in July 2017 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment when compared to local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

The above results did not reflect the information recorded in the patient comment cards or those expressed in the returned Friends and Family Test.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The electronic booking in screen offered a choice of several languages for patients to choose from.

- The practice had a hearing loop available for those with hearing impairments.
- The practice used a national electronic referral service, which provided patients with a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice confirmed that they were working to build up their carer's register. A carer pack was available and this contained a range of information sign posting people to avenues of support. The practice had identified 24 patients who were also carers and 44 patients who had a carer (the carer was registered with different GPs). This equated to just over 0.5% of the patient population. The practice confirmed they monitored this and were actively seeking out patients who were also carers.

The practice also maintained a register of young patient who were also carers. The practice had future plans in place to develop a supportive network for young carers.

Staff told us that if families had received a significant diagnosis and or suffered bereavement, then the patient's named GP called the patient or the patient's relative to offer support and advice in accordance with the patient's preference.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice was opened alternative Saturday mornings and offered both GP and practice nurse appointments.
- A daily 'drop in' service was offered for urgent appointments.
- The practice was committed to providing continuity of care to patients. Locum GPs were no longer used and a system was implemented so that GPs could provide continuity of care to patients they saw routinely.
- There were longer appointments available for patients with a learning disability or special health care need and home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a portable hearing loop and translation services available.
- The practice added alerts on the patient clinical record for those patients who were visually impaired or had hearing difficulties.
- The practice provided a blood monitoring service for patients who were taking blood-thinning medications for heart conditions.
- The practice offered patients a treatment room services for a variety of procedures such as ear syringing and removal of sutures.
- The practice had trialled/piloted "point-of-care (POC) C-reactive protein (CRP)" testing. This was an on the spot test the GPs performed using specialised equipment to assess whether the patient required anti-biotics for a bacterial infection. The practice feedback was that this type of testing needed further development and improvement to be effective within a GP practice.
- The practice had promoted patient online access to book appointments including reviews of long term health conditions.

- A patient newsletter was available for patients which provided news and updates about the services provided.

Access to the service

The practice reception was open from 8.00am until 6.30pm Monday to Friday. The provider had carried out a comprehensive review of the appointment system when they took over at the surgery. Changes implemented included offering a daily drop in surgery between 10 am and 11am for urgent appointments with both GPs and an advanced nurse practitioner. The practice had also adapted their patient online appointment access so that patients could book routine appointments and health care condition reviews quickly and easily. One patient we spoke with said they found this service useful and they did not have to wait a long time for a routine appointment.

Results from the national GP patient survey showed patients rated the practice in some aspects of its service similarly to or slightly below that of the CCG and England average. The data recorded below refers to data collected and collated during 2016 for the GP patient survey published in July 2017. This was a period of significant change at the practice, including a change of GPs.

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared with the CCG average of 70% and the national average of 71%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 84%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 58% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 66% and the national average of 58%.

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

Are services responsive to people's needs?

(for example, to feedback?)

practice implemented a system of appointment release. For example each day some routine appointment slots were released for two days' time, one weeks' time and two weeks' time. At our visit we observed that one patient was offered a choice of two routine appointments for the Friday (two days after the inspection). Patient feedback comment cards also referred to getting appointments when they needed one.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

The practice analysed and reviewed complaints to identify themes, which they used to improve the service they provided. Complaint records were maintained for both written and verbal complaints received. The complaints analysis for 2016/17 showed the practice had received six written complaints of which four were justified and two partially justified. A power point presentation was available which used the complaints as discussion material to learn, develop and improve.

We reviewed two of the written complaints and observed that they had been responded to with openness and transparency and included an apology and a full explanation around the issues identified by the complainant. One of the assistant practice managers was responsible for responding to complaints and had identified that the practice needed to include in the final letter to the complainant the details of the parliamentary health service ombudsman.

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 mission statement was "The doctors, nurses and all staff are committed to the provision of Best Practice and High Quality Patient Care..." The mission statement was underpinned by a clear vision (to be recognised as a beacon service) and was supported by a number of values including being open and accountable, listening and learning, working in partnership, being respectful, caring, honest and professional.

- The practice's objectives to provide safe and effective GP services to patients were driven by the GP partners and the management team. There was a clear understanding by all staff of the standard of service that was expected. Feedback from staff, patients and the meeting minutes we reviewed showed regular engagement took place to ensure all parties knew and understood the vision and values.
- The practice's strategy to improve and develop the service provided had transformed the practice from a vulnerable status to one that was viable and sustainable.
- There was a commitment by all the practice staff to deliver a high quality service. The practice had reviewed its management strategy and introduced a senior management team which met weekly. Members of the senior management team were allocated a portfolio of responsibilities to ensure the governance framework for the practice and services provided was implemented appropriately
- The practice held a range of regular meetings to review progress and this included regular team meetings.

Governance arrangements

The practice had a strong overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice. The weekly senior management meeting reviewed practice achievements, progress and issues. An annual schedule of meetings was established which ensured the different areas of service provision were reviewed regularly. In addition the governance framework ensured:

- There was a clear staffing structure, and staff had fair and equitable terms and conditions of employment. Staff were aware of their own roles and responsibilities and how they contributed to the practice's vision of delivering patient centred care.
- Practice specific policies and protocols were available. These were easy read documents that supported staff to undertake their duties quickly and effectively. Members of the senior management team and the GPs were involved in staff training to ensure they understood the purpose of policies and protocols.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment. The practice implemented improvement strategies and monitored and reviewed performance to evaluate effectiveness and identify further improvements.
- A comprehensive programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements. Patients were central to the provision of care and services and protocol were implemented to ensure patients received comprehensive care and support.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effectively established and this included monitoring clinical audit outcomes, significant event analysis, complaint investigations, patient feedback and outcomes data for admissions, referrals and prescribing.

Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were very approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

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

There was a clear leadership structure in place, which was further supported by a senior management team and staff felt supported by management.

- Staff told us the practice held regular team meetings. A range of meeting minutes were available.
- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager, the assistant practice managers and / or the GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

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

The practice encouraged and valued feedback from patients and staff.

- The practice had a virtual patient participation group (PPG) with approximately 135 members. Contact with the PPG had been primarily through email. The practice confirmed that they wished to develop their PPG further with more proactive engagement. Plans to develop and implement this were in place.
- The practice reviewed several sources of patient feedback including information and feedback from patients, the patient participation group, NHS choices and the GP patient survey to identify themes and concerns about the service provided at the practice and

to seek to improve the service provided. More recent feedback had been much more positive and one member of the PPG confirmed that services were now much better than when the new GPs took over.

- Interviews with staff identified a strong commitment and a shared focus on improving quality of care and people's experiences. The practice gathered and listened to feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was forward thinking and implemented action to improve outcomes for patients in the area.

- The practice recognised future challenges and opportunities and had plans in place to develop the services they provided. These included, moving to newly refurbished premises, improving patient engagement, developing the young carer's register, improving telephone access, introducing, and using IT services such as Skype and social media.
- The practice was a GP training practice and supported trainee GPs effectively. Plans were in place to broaden clinical training further to include nursing students.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.