

Manor Primary Care

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Primary Care on 17 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about the services provided and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We identified the following two areas of outstanding practice:

Summary of findings

- The practice had approached EMIS administrators to create a new alert for a “Looked After Child” and this had been implemented nationally. This alert enabled staff to support the families more effectively.
- The practice reported on work practices which they identified as “Above and Beyond”. For example a patient on low income told staff they could not afford to travel to the surgery for appointments and maintain his food intake. The community matron was involved and helped to improve the patient’s social and financial circumstances by referring to appropriate agencies. In another case a child had refused to take medicine for a chest infection and the ANP saw the family each day to encourage the

child’s compliance. Another patient had been in urgent need of a prescription but could not collect it at the surgery due to mobility problems. A member of staff delivered it to a pharmacy near to the patient’s home where it could be collected by a neighbour.

The areas where the provider should make improvements :

- Record learning outcomes following the analysis of complaints and serious events at the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events however there was no log of learning outcomes.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The medicines management coordinator contributed to the safety of patients by continually reviewing repeat prescriptions and organising monthly, weekly or daily prescriptions. All repeat prescriptions were then passed to the GP's for authorisation.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits and analysis of significant events demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals including care homes to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for

Summary of findings

several aspects of care. For example, 94% of respondents stated that the last time they saw or spoke to a nurse the nurse was good or very good at treating them with care and concern. This compared to a CCG average of 92% and a national average of 91%. Also, 76% of respondents described the overall experience of making an appointment as fairly good or very good which compared with the CCG average of 73% and the national average of 73%.

- 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 including easy to read information in a format suitable for patients with learning disabilities.
- We saw staff treated patients with kindness and respect. The booking in desk was situated in the entrance area separate to the waiting room which meant patient privacy was protected.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example following feedback from the GP Survey in January 2016 access to appointment was reviewed. The practice introduced triage both by telephone and face to face with the Advanced Nurse Practitioner (ANP) and call waiting on the telephone system. Reception staff were now aware that other patients were waiting on the line.
- Patients said they did not always find it easy to make an appointment first thing in the morning however there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available in the patient information pack and was easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. All partners had clearly defined key areas of responsibility.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had recently started to meet together and were keen to support the practice with any potential improvements.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a visiting service to three local care homes and offered organisational and clinical support as part of the intermediate care service at one of them.
- The practice worked to reduce the number of patients who accessed hospital care unnecessarily by reviewing the list of those patients at risk and informing patients about their same-day telephone appointment access and putting plans put in place to reduce the risk of emergency health need. There was a system whereby people discharged from hospital on this list were flagged by named administrative staff, contacted and further review arranged where necessary. This system was overseen by one of the GP's.
- Electronic prescribing was encouraged if convenient including repeat dispensing. Repeat prescriptions could also be ordered by telephone and the attached pharmacy provided home delivery.
- Patients reported liking the "family feel" of being known to two generations of doctors at the surgery.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management including asthma, Chronic Obstructive Pulmonary Disease (COPD) and diabetes. Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and 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.
- There was local access to community specialist teams (heart failure, respiratory, diabetes, anticoagulation, palliative) and practice representation at CCG level was focussed on increasing local provision..
- One of the GP partners had a special interest in gastroenterology. They provided a weekly clinic at an adjacent location and regular teaching and updates for staff at the practice.

Families, children and young people

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

Good



- 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 and those who did not attend secondary care appointments.
- Immunisation rates were relatively high for all standard childhood immunisation programmes achieving up to 98% on 2014/15 figures compared to a CCG maximum of 96%. These were provided both at immunisation clinics and by appointment.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 80% of women aged 25-64 are recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 82% and a national average of 82%.
- We saw positive examples of joint working with midwives, health visitors and school nurses and the Children and Adult Mental Health Service (CAMHS) was based in the same building which meant that multidisciplinary support could be accomplished easily.
- All parents/guardians calling with concern about a child under the age of 10 were offered a same day appointment with urgent after school appointments set aside for afternoon booking.
- The practice was involved with "CCNOT pilot" (via Ormskirk Hospital) to try and reduce children hospital admissions and provide care for children closer to home.

Summary of findings

- The practice was developing links with community voluntary services including “Well Skelmersdale”, a social prescribing project aimed to boost self-management, capacity and services close to home.

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. This included appointments rolled out all day so that patients could attend from 8.30 am, at lunchtime and until 6pm two days each week. The practice was considering extended hours opening and this was likely to be a focus for collaborative working within the Skelmersdale Federation which was at planning stage.
- The practice was proactive in offering online services including electronic prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group. .
- GPs performed joint injections, reducing patient waiting times and local secondary care burden.
- Travel health and vaccination services were offered and language line was available for those of all ages who did not speak English .This catered to the (mainly) young working eastern-european population.

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. Alerts for direct access to GPs or nursing staff were added to records of these patients.
- The practice offered longer appointments for patients with a learning disability or those with English as a second language.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, palliative care nurses and district nurses. This included multidisciplinary gold standard palliative care framework meetings to ensure palliative care patients received safe, effective and responsive care.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Concerns had been raised regarding effective information systems between social services and primary care. Action aimed to create local change and a success has been the creation of a “Looked After Child” alert which had been accepted by EMIS administrators as a valuable new alert and enabled the practice to offer families more targeted support.
- Practice staff maintained a register of carers. Information for carer’s was maintained in the waiting room including N Compass (a local voluntary sector agency which offered both individual and group support). All carers were offered the influenza vaccination.
- All patients who experienced hospital discharge, attended the Accident and Emergency Department or contacted the out of hours service were reviewed via the alerts system. These were shown directly to the safeguarding lead to decide on further action.

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).

- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared favourably with a CCG average of 86% and a national average of 88%. Safety measures such as shorter prescription length were used where there was high risk of self harm.
- 97% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This compared well with a national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. This included CAMHS, Drug and Alcohol services and the community matron service.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice referred to the local psychological services and also offered lifestyle advice including self-help guidance, exercise as a tool for improving mental health and local well-being services.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing below local and national averages. 412 survey forms were distributed and 106 were returned. This represented 2% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

Following these results the practice had reviewed access arrangements. The telephone system had been improved to introduce call waiting and a queuing system. More appointments were available, particularly for those with minor illness with the ANP. This ensured same day appointments were available for people with the greatest need.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 68 comment cards which were all very positive about the standard of care received. Patients commented that they were treated with respect and efficiency, staff were described as caring, friendly, and helpful. Patients commented the environment was very clean and hygienic and they always felt they were being listened to by staff. Patients said they were very satisfied with the service.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received. Patients told us they did not feel rushed in consultations and that staff listened to them. They said they always got an appointment the same day if it was needed. All said they would recommend the surgery to others and described the practice as very good or excellent.

We reviewed the results of Friends and Family Test feedback across 2015/16 and noted 96% of respondents were extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

Record learning outcomes following the analysis of complaints and serious events at the practice.

Outstanding practice

We identified the following two areas of outstanding practice:

- The practice had approached EMIS administrators to create a new alert for a "Looked After Child" and this had been implemented nationally. This alert enabled staff to support the families more effectively.
- The practice reported on work practices which they identified as "Above and Beyond". For example a patient on low income told staff they could not afford to travel to the surgery for appointments and maintain his food intake. The community matron was involved and helped to improve the patient's social and financial circumstances by referring to appropriate agencies. In another case a child had refused to take

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medicine for a chest infection and the ANP saw the family each day to encourage the child's compliance . Another patient had been in urgent need of a

prescription but could not collect it at the surgery due to mobility problems. A member of staff delivered it to a pharmacy near to the patients home where it could be collected by a neighbour.

Manor Primary Care

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist adviser.

Background to Manor Primary Care

Manor Primary Care is located on Tanhouse Road, one of the main roads circling Skelmersdale, Lancashire. The large modern purpose built health centre is near to the centre of the town and is owned by NHS Property Services. There is easy access to the building and disabled facilities are provided. There is a large car park on the site. The building is shared with a pharmacy, a Childrens and Adolescent Mental Health Service (CAMHS) and community matrons, district nurses, midwives and dieticians all provide services.

The practice holds a General Medical Services (GMS) contract with NHS England and forms part of West Lancashire Clinical Commissioning Group.

There are three GPs working at the practice, two of whom are partners. Both of the partners are male and the salaried GP is female. There is no use of locum GPs however local GPs from neighbourhood practices assist with sessions during periods of staff absence. There is a total of 2.5 whole time equivalent GPs available. There are two female nurses (one full time Advanced Nurse Practitioner and one part time practice nurse), and one female part time Health Care Assistant (HCA). There is a full time practice manager, a medicines management coordinator, a reception coordinator and a team of administrative staff.

The practice opening times are 8am until 6pm Monday to Friday. Appointments are available 8.30am to 2pm and 2.30 to 5.30pm Monday and Friday, 9am to 2pm, 2.30 to 6pm Tuesday, 8.30am to 12.30pm Wednesday and 8.30 to 2pm and 2.30 to 6pm Thursday.

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will transfer them to Out of Hours West Lancashire GP Service, an out of hours service provider, call an ambulance or suggest they attend Accident and Emergency. There are 5257 patients on the practice list. The majority of patients are white British with a small population of patients from Eastern Europe. There are a high number of patients with chronic disease prevalence. On the Index of Multiple Deprivation the practice is in the first most deprived decile.

This practice offers placements to student nurses and was about to offer placements to medical students.

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 17 August 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager, practice nurses and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough review discussion at practice meetings to agree actions required. An overall log of events was maintained to ensure that patterns were identified. Learning outcomes were not clearly recorded.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We heard evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a safety alert the medicines coordinator checked whether any patients were using a specific type of blood glucose test strips at home. No patients were found to be involved.

Following an error in the ordering of a cleaning product the procedure had been reviewed and updated to include monitoring of orders of substances hazardous to health by the GP's.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation however the practice had

experienced difficulty is receiving up to date information which had led to issues providing an effective and safe service for local families. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses' level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We saw that an infection control audit had taken place in June 2016 and an action plan was in place to carry out improvements which demonstrated competence in the management of infection control.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Repeat prescriptions were monitored by the prescription clerk. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw blank prescription forms and pads were securely stored except those left in printers during the day. There were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice held no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment.

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 with a poster in the reception office which identified local health and safety representatives. Although the building was owned and managed by NHS Property Services the practice manager kept copies of all relevant premises related information so that he could monitor requirements for updates and adherence to legislation. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for 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 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 showed the practice had attained 97% of the total number of points available. This was 2% above the CCG and national average.

Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable or better than the national average. For example the practice achieved 87% regarding patients with diabetes who had a foot examination (CCG average 81% National average 88%) and 96% who had had flu immunisations in the preceding August to March 2015 (CCG average 93% and national average 94%).
- Performance for mental health related indicators was better than the local average for example 97 % of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 86%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- There had been regular clinical audits completed in the last two years such as an audit of disease prevalence which showed evidence of staff wishing to engage in proactive healthcare. Another two cycle audit of SIP feeds (oral supplements) led to 3-6 monthly review of their use with individual patients and the use of the Malnutrition Universal Screening Tool (MUST) Tool to assess for malnutrition.

Information about outcomes for patients was used to make improvements such as the practice had implemented NICE guidelines on the management of blood found during tests for urinary tract infections. Also the practice had responded to data regarding low rates of bowel cancer screening by bringing health promotion services in to the surgery to educate patients about bowel cancer. One patient was diagnosed with early stage bowel cancer as a result.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the Advanced Nurse Practitioner (ANP) had received recent training in diabetes, asthma, and cancer. She was due to commence a masters qualification supported by the practice and had been mentored by a diabetic nurse specialist. The HCA had received training in dementia, vitamin B12 injections, female genital mutilation, the accessible information standard and frailty. Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of probationary interviews, appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and

Are services effective?

(for example, treatment is effective)

facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months with the exception of one member of staff who was recently appointed.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals such as community matrons, district nurses and health visitors on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

- The process for seeking consent was monitored through completion of consent forms held on care records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care were supported by the team following a palliative care template. The practice used the Gold Standard Framework to manage patients newly identified as nearing the end of life, practice staff ensured they became familiar with the patient and relatives, the district nursing team was involved and anticipatory drugs prescribed when appropriate. Following the bereavement GPs made contact with the family and referred to other support agencies.
- A midwife visited the practice regularly, and referrals were made to the dietician, respiratory team and smoking cessation advice was available from a support group who met on the site.
- Patients were routinely signposted to Exercise on Prescription, Walking Away from Diabetes and phone apps which helped people to engage in exercise.
- Patients who attended the learning disability review service had a one hour appointment with the practice nurse and a GP for a physical health check, screening for breast, cervical and testicular cancer and received healthy lifestyle advice.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 82% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 90% and five year olds from 86% to 98%.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. The practice had received pilot funding for 75+ health checks and this

was under review for possible extension. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The practice reported on work practices which they identified as "Above and Beyond". They encouraged staff to identify these incidents and they were congratulated by the partners) for example a patient on low income told staff they could not afford to travel to the surgery for appointments and maintain his food intake. The community matron was involved and helped to improve the patient's social and financial circumstances by referring to appropriate agencies. In another case a child had refused to take medicine for a chest infection and the ANP saw the family each day to encourage the child's compliance. Another patient had been in urgent need of a prescription but could not collect it at the surgery due to mobility problems. A member of staff delivered it to a pharmacy near to the patients home where it could be collected by a neighbour.

All of the 68 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients. They told us they sometimes found it difficult to get appointments by telephone first thing in the morning. However urgent appointments were available on the same day. The GPs were highly praised and patients felt the reception staff were friendly and helpful. Patients told us they felt fully involved in their care and staff were approachable, courteous and always listened to them.

We met representatives from the PPG who had recently begun meeting on a quarterly basis. They were very keen to work with the practice staff. They felt listened to and stated they felt the partners ran a good practice. We saw notices in the reception area to encourage patients to volunteer for this role.

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

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 90%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

Are services caring?

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

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

- Staff told us that there were very few patients who did not speak English, however translation services were available if required. We saw notices in the reception areas informing patients this service was available and there were leaflets in other languages. We also saw communication charts suitable for use with patients with learning disabilities. All staff had recently attended training in the Accessible Information Standard and alerts had been placed on the records of any patient known to have communication problems so that staff could support them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 83 patients as carers (1.6% of the practice list). Identified carers were coded on the system so that staff could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check. Written information was available in leaflets and posters in the reception area to direct carers to the various avenues of support available to them. This included N Compass, a voluntary agency who provided support to carers in the Lancashire area. All registered carers were offered influenza vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them and this was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included three care homes where the GP or nurse visited to undertake consultations. The Intermediate Care Unit based at a nearby nursing home was supported by both GP's and the ANP to carry out ward rounds, plan discharges and undertake case conferences for patients with complex needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Where patients were diagnosed with dementia or were known to be vulnerable and had failed to attend appointments the GP or practice nurse did a home visit to review the patient with the involvement of the next of kin where appropriate. The family were referred to appropriate support services including social services, the community matron and voluntary agencies such as the Alzheimer's Society.
- The practice was involved in the 'Well Skelmersdale' initiative which was introducing social prescribing to improve self management, coping skills and support people toward employment.
- A federation of GP practices was under development which it was hoped would introduce enhanced services, extend appointment times and bring care closer to home.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as midwifery clinics, phlebotomy, smoking cessation, and referrals to CAMHS, all on the same site.

Access to the service

The practice opening times are 8am until 6pm Monday to Friday. Appointments are available 8.30am to 2pm and 2.30 to 5.30pm Monday and Friday, 9am to 2pm, 2.30 to 6pm Tuesday, 8.30am to 12.30pm Wednesday and 8.30 to 2pm and 2.30 to 6pm Thursday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the same day.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 71% of patients stated the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment (CCG average 74% national average 76%)

Action taken by the practice included extending the hours when patients could be triaged by the ANP and introducing a call waiting signal on the phone line.

- We saw that practice staff had carried out another survey in June 2016 and 78% of respondents now found it easy to book ahead for a non-urgent appointment. Further improvement was imminent as regards the telephone system, a call queuing mechanism would help patients judge their waiting time.

People told us on the day of the inspection that they were able to get appointments when they needed them. If appointments were not available on the day the ANP triaged patients by telephone to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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 had introduced a booklet held at reception to record verbal complaints which was scrutinised by the practice manager and action was taken when appropriate.

We saw that information was available to help patients understand the complaints system which included posters in the reception area. We looked at four complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. These were discussed at staff meetings and with the management team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which 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.
- A comprehensive understanding of the performance of the practice was maintained and results displayed in the waiting area.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Each partner and senior staff had an area of responsibility within the practice. For example the practice manager led on complaints and health and safety, one partner led on safeguarding, incident reporting and information governance and the ANP led on First Aid, and

infection control. Staff told us the partners were approachable and always took the time to listen to all members of staff. All staff spoke positively of the teamwork and mutual support at the practice.

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:-

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

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

- Staff told us the practice held regular team meetings and we saw the minutes of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The patient participation group (PPG) had just begun to meet regularly and we saw notices in the waiting room asking patients to volunteer for this role. The PPG members we met were enthusiastic, thought highly of the practice and wanted to represent the community & support the practice to widen its services to meet all local needs.

Are services well-led?

Good 

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

- The practice collected feedback through surveys and complaints received. We saw telephone triage was introduced in response to this feedback and that telephone access had been improved. The practice had gathered feedback from staff through staff training afternoons and 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as avoiding unplanned admissions.
- The partners met fortnightly with the practice manager to monitor the impact of new initiatives, the progress of

new staff, QOF results, CCG & CQC visits and action required, and listened to feedback from other meetings and education sessions. All actions were brought forward and reviewed at the next meeting.

- Action plans were produced following any surveys carried out. Improvements introduced included the introduction of the new telephone system, and more access to on the day appointments.
- The GP's met regularly with other local practices to benefit from peer review and share learning. They were part of an early pilot to form a federation of practices across Skelmersdale.

The practice attended monthly meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team. The practice had delivered a presentation to the CCG meeting to share their good practice in avoiding unplanned admissions