

# Longton Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Longton Health Centre on 6th September 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 speak with a GP 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 three areas of outstanding practice:

- The practice provided highly responsive support to patients with dementia and their families including seeking early identification, referral to the memory clinic for diagnosis, ensuring consent to share information, running events to help them understand the disease and undertaking advanced

# Summary of findings

care plans to meet their wishes at the end of their life. Practice data indicated that referrals had doubled from 2014/15 to 2015/16 and diagnosis rates had done likewise.

- The Patient Participation Group (PPG) had supported a survey of young people and families and in response to the findings the practice had sought staff and PPG training from a local school about solvent misuse.

- An initiative had been put in place by the practice PPG to set up a car sharing scheme for patients who had mobility problems and had difficulty coming to the practice.

The areas where the provider should make improvements :

- Improve security of prescription pads by removing them from printers when they are not in use and monitoring the use of handwritten prescriptions.

**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 evidence of a process to monitor trends which might require quality improvement.
- 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 generally 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. However prescriptions were left in the printers overnight and the security of this process should be improved.

### 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



# Summary of findings

- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for several aspects of care such as 92% of respondents stated that the last time they saw or spoke to a GP the GP was good or very good at treating them with care and concern. This compared to a CCG average of 86% and a national average of 85%.
- 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, staff used easy to read information in a format suitable for patients with learning disabilities and a multi-lingual poster in order to identify what language was most appropriate to patients who did not speak English.
- We saw staff treated patients with kindness and respect, and staff did their utmost to protect patient privacy in the large open reception area.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 appointments was reviewed and the practice introduced same day GP triage whereby every patient was able to speak to a GP and if necessary was offered an appointment.
- Patients said they did not always find it easy to make an appointment however they were happy to wait for a GP of choice. There were urgent appointments available on 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 and easy to understand and evidence 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.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff was clear about the vision and their responsibilities in relation to it.

# Summary of findings

- 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 was very active.

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. Electronic hand held tablets were in use for home visits to ensure continuity of information and care.
- Practice staff visited three care homes in the area to provide house calls and confer with staff and managers. The medicine management team provided advice on medicine management. The GPs and Healthcare Assistant (HCA) worked closely with the Community Matron in the locality and ensured good continuity of care.
- Warfarin initiation and prescribing was offered so that the rural community need not travel into Preston.
- The practice had invited all patients who were over 75years for a health check and completed a care plan for all patients on the Avoidance of Unplanned Admissions at risk register
- A PPG newsletter was sent out giving details of Things to do in Longton and help to access support organisations.

### 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 and 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.
- All these patients had a named GP and a structured annual review in an extended appointment 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.
- The practice provided a BMI and blood pressure self-monitoring machine within the surgery.

# Summary of findings

- Anti-Coagulant near patient testing clinics were run for all patients on Warfarin and home visits were made to those who were are immobile.
- The practice rated highly on appropriate anticoagulation in atrial fibrillation, treating fragility fractures and recording smoking status in chronic disease.
- One of the GP partners had a special interest in diabetes and another in asthma and chronic obstructive pulmonary disease (COPD).
- Searches had been changed in the last year to date of birth recall on anybody in particular diseases group which captured all patients.
- Nurses visited patients annually who could not attend at the surgery due to long term conditions.
- Arthritis Care, the Falls Team and the Fire Brigade came to the practice to help people in their daily lives make changes to help with their condition.
- An initiative had been put in place by the practice PPG to set up a car sharing scheme for patients who had mobility problems and had difficulty coming to the practice.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and those who did not attend secondary care appointments. Cases were discussed with the GP's at an informal coffee time meeting and at multidisciplinary meetings.
- Immunisation rates were high for all standard childhood immunisation programmes achieving 100% for babies aged twelve months in 2014/15 and up to 100% for children aged two and five years. 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.
- 97% of women aged 25-64 are recorded as having had a cervical screening test in the preceding 5 years. This compared well to a CCG average of 80% and a national average of 82%.

Good





# Summary of findings

The practice also offered chlamydia screening, contraception advice, and there was a supply of free condoms available. Information for this group of people was available via the practice website with links to specific web sites.

- Appointments were available outside of school hours as were telephone consultations and the premises were suitable for children and babies. There was a breast feeding policy in place.
- We saw positive examples of joint working with midwives, health visitors and school nurses including a community well baby clinic run by health visitors and a weekly clinic for pregnant mothers.
- All parents or guardians calling with concerns about a child were offered a same day appointment.

## 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.
- The practice was proactive in offering online services including electronic prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group. The practice could offer an alternative Electronic Prescription Service to a nominated pharmacy of choice in the patients working area.
- The practice staggered appointments each day offering late afternoon appointments and running Saturday clinics to provide flexibility. Patients were rung back and offered appointments at a time slot suitable for them.
- The GPs performed minor surgery and joint injections, reducing patient waiting times and the need for any hospital admission.
- One of the GPs had significant experience in sports and musculoskeletal medicine, and provided teaching, updates and clinical reviews so that patients need not travel to secondary care appointments.
- Appointments late in the day were available for family planning, sexual health, asthma, travel vaccinations and International normalised ratio (INR) testing (for patients prescribed any blood thinning medication) during a clinic from 6.30 until 8pm on a Monday night.

Good



# Summary of findings

- A vaccination programme applicable to students was available before they started attending university or college.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Alerts for patients to gain 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 including an annual review with their carer. Suitable information regarding the appointment and the GP was offered. Cervical screening was offered to this group of patients at a time suitable to them.
- 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 meetings to ensure palliative care patients received continuity of care.
- 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.
- Practice staff maintained a register of carers. A carer's information board was maintained in the waiting room. All carers were offered the influenza vaccination, Carers information packs were sent out and carer's checks offered each year.
- An initiative was in place to set up a car sharing scheme for patients who had mobility problems and had difficulty getting to the practice.

## 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).

Good



# Summary of findings

- 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%.
- 91% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This compared well with a CCG average of 88% and 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.
- The practice carried out advance care planning for patients with dementia. Consent to share information with families or carers was put in place if agreed at an early stage of memory loss. The practice in conjunction with the Primary Care web tool tried to raise its dementia profile and had various initiatives to provide early diagnosis. Staff had a good understanding of how to support patients with mental health needs and dementia as training sessions had been put in place. Annually with the help of the PPG the practice ran dementia help talks for patients and their families which were well supported. Referrals to the memory clinic had doubled in numbers from 2014/15 to 2015/16 and diagnosis rate had followed the same pattern.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice staff reviewed all patients who had immediate discharges and concerns were highlighted to clinicians in order that new pathways for patients could be developed to avoid an unplanned admission in future.

# 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 comparably to national averages. 240 survey forms were distributed and 121 were returned. This represented 1.1% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% 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%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% 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%.

In response to the survey the practice had reviewed access arrangements. In April 2016 in consultation with the PPG a same day triage procedure run by a GP had been introduced. This enabled patients to speak to a GP on the telephone during which an assessment was carried out ensuring 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 24 comment cards which were all very positive about the standard of care received. Patients commented that they were treated with respect and professionalism; staff were described as caring, compassionate and helpful. Patients commented the environment was lovely and they always felt they were being listened to by staff. Three patients commented that they were continuing to have difficulty making appointments. However all of the patients who completed comment cards said they were very satisfied with the service and the care received.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the surgery was clean and tidy. All said they would recommend the surgery to others.

We reviewed the results of Friends and Family Test feedback across 2015/16 and noted 91% of respondents were extremely likely or likely to recommend the practice to others.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Improve security of prescription pads by removing them from printers when they are not in use and monitoring the use of handwritten prescriptions.

## Outstanding practice

We identified three areas of outstanding practice:

- The practice provided highly responsive support to patients with dementia and their families including seeking early identification, referral to the memory clinic for diagnosis, ensuring consent to share information, running events to help them understand the disease and undertaking advanced

care plans to meet their wishes at the end of their life. Practice data indicated that referrals had doubled from 2014/15 to 2015/16 and diagnosis rates had done likewise.

## Summary of findings

- The Patient Participation Group (PPG) had supported a survey of young people and families and in response to the findings the practice had sought staff and PPG training from a local school about solvent misuse.
- An initiative had been put in place by the practice PPG to set up a car sharing scheme for patients who had mobility problems and had difficulty coming to the practice.

# Longton Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Longton Health Centre

Longton Health Centre is located on Liverpool Road in Longton village, Lancashire approximately four miles from Preston. The large modern medical centre is near to the centre of the village. It is owned and managed by NHS Property Services and health visitors employed by Lancashire Care Trust are located there. There is easy access to the building and disabled facilities are provided. There is a car park on the site.

There are eight GPs working at the practice, six of whom are partners. Three of the partners are male and three female. There is also a female GP registrar and regular locum GP cover working up to five sessions each week. There is a total of six whole time equivalent GPs available. There are two female nurses, both who work part time for the practice. There is a full time practice manager, a medicines manager and a team of administrative staff.

The practice opening times are 8am until 6.30pm Monday to Friday. There is a session from 6.30 to 8pm on a Monday and from 8am until 11am Saturday. Appointments are available 8am to 12 midday and 2.30pm to 6pm Monday to Friday, 6.30 to 8pm Monday and 8am to 11am Saturday.

Patients requiring access to a GP outside of normal working hours are advised to call the 111 service who will transfer them to Preston Primary Care Centre, an out of hours service, call an ambulance or suggest they attend the Accident and Emergency department.

There are 10,989 patients on the practice list. The majority of patients are white British with a high number of patients over 65years (25% in comparison with 16% in the CCG as a whole and 17% nationally) and patients with chronic disease prevalence. On the Index of Multiple Deprivation the practice is in the least deprived decile with a score of ten.

The practice holds a General Medical Services (GMS) contract with NHS England and is part of Greater Preston Clinical Commissioning Group.

This practice has been accredited as a GP training practice and has qualified doctors attached to it training to specialise in general practice and also offers 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 6 September 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). The practice had developed a policy on ensuring that the duty of candour was maintained and staff demonstrated their understanding of this.
- 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 share learning and agree actions required. However there was no system in place to ensure that patterns were identified.

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 regarding a faulty speculum (an instrument used for carrying out cervical smears) was received and staff discussed this at a team meeting and responded by changing the brand of speculum in use. All alerts were emailed to all clinical staff and action taken was recorded.

### 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 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. 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 3 and nurses' level 2.

- A notice in the waiting room and in consulting rooms 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 practice 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 including to wall mount sharps bins and to carry out a hand hygiene audit. This 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 stored in the reception area or left in printers overnight. There were systems in place to monitor the use of printed prescriptions but handwritten prescriptions were not always monitored for use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.



## Are services safe?

- The practice held stocks of one controlled drug, (medicines that require extra checks and special storage because of their potential misuse) and had a controlled drugs policy in place including the procedure for ordering, storage and destruction of the drug.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and registration with appropriate bodies was checked, references were recorded and the appropriate checks through the Disclosure and Barring Service had been done.

### 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 and on a notice board near to consulting rooms which identified local health and safety representatives. 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 98.1% of the total number of points available. This is 6.1% above the CCG average and 3.3% above the England average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable or better than the national average. For example the practice achieved 83% regarding patients with diabetes whose last cholesterol measure was 5mmol/l or less ( CCG average 78% National average 80.5%) and 99.5% 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 a number of two cycle clinical audits completed in the last two years such as an audit of bowel cancer screening. Having established a base line for patients who did not attend appointments for screening practice staff introduced a system to remind patients by telephone and texts. The repeat audit showed an increased uptake of appointments by 14.8%. The practice intended to continue with this system and add a reminder letter to the procedure.

### 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 practice nurses had attended updates on smears, family planning, menopause and regularly attended the practice nurse forums which provided education and peer discussions about practice. Reception staff had received training on customer care and how to deal with patients who may be upset or angry.
- 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 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, and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months with the exception of two staff who were 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 such as dementia awareness.

# Are services effective?

## (for example, treatment is effective)

### 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 EMIS web 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 were discharged from hospital their records were reviewed by the Health Care Assistant to identify any areas of follow up who then discussed her findings with a GP.

Meetings took place with other health care professionals 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. We saw a form developed by the practice to record patient agreement to the insertion or removal of intra-uterine devices (contraceptive coils) which described the potential risks in the process, what the procedure involved and evidenced that an information leaflet was provided.

### 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 discussed by the team during multidisciplinary meetings to ensure patient's wishes were known and anticipatory drugs prescribed when appropriate. Following a bereavement GPs made contact with the family and referred to other support agencies and reviewed whether the care plan had been followed successfully.
- A district nurse and a health visiting service are based in the building, a midwife visited the practice regularly, and Minds Matters and The Big White Wall offer sessions to patients at the surgery. Lancashire Care Hospitals Trust provides an ear syringing service and Arthritis Care has recently begun offering sessions for advice and support. Referrals were made to the dietician, podiatrist, physiotherapist and smoking cessation advice was available from a local support group.
- Patients who attended the learning disability review service had a physical health check, were offered screening for breast, cervical and testicular cancer and received healthy lifestyle advice.
- There was a television screen in the waiting area which showed health education material such as information about cancer awareness and the influenza campaign.

The practice's uptake for the cervical screening programme was 97%, which was better than the CCG average of 80% and higher than 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 94% to 100% and five year olds from 91% to 100%.

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. 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 they could offer them a written slip to complete to describe their concern or if they appeared distressed they could offer them a private room to discuss their needs.

All of the 24 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. Three patients reported continuing problems in making appointments.

We spoke with eight patients. They told us they used to find it difficult to get appointments a doctor. However since the change of system in April 2016 appointments were available on the same day. The GPs were highly praised. Due to the large reception area some patients felt that privacy was compromised. However reception staff was aware of this and offered slips of paper or a private room to discuss issues as described above. The majority of appointments were now made over the telephone when privacy and confidentiality could be protected. Patients told us they felt fully involved in their care and staff were approachable, courteous and tried hard to be helpful.

The practice had a Patient Participation Group (PPG) which had been meeting quarterly for over four years. We met representatives from this who felt they worked well with practice staff and formed an effective link to the community by helping to bring the views of older patients to the practice and assisting with the formation of a community transport scheme to enable patients with mobility problems to attend appointments. We saw notices in the reception area to encourage patients to volunteer for the PPG.

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:

- 89% 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The results of this survey had been discussed at practice meetings and practice nurses and receptionists were aware of the feedback.

### 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, 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 higher than local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

## Are services caring?

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 evidence of information leaflets available in easy read format for people with learning disabilities.

### **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 341 patients as carers

(3.1% 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 information packs and an annual 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 explicit 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's visited regularly to undertake consultations and case conferences were held 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 who were referred to other clinics for vaccines.
- Where patients were diagnosed with dementia consent was agreed to share information with the family whilst the patient still had capacity to do so. Talks on dementia were run to help educate patients and families and staff were trained to identify memory problems and reported this to clinicians where appropriate so that early diagnosis could be completed. When a patient had failed to attend appointments the GP or specialist 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 and voluntary agencies such as The Alzheimer's Society.
- 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 held in parallel to other surgeries for pregnant women, well baby clinics run by health visitors and a scheme for car sharing to help patients to attend clinics.

### Access to the service

The practice opening times were 8am until 12 midday and 1pm to 6.30pm Monday to Friday. The surgery was open

from 6.30 to 8pm on Mondays and 8am until 11am Saturday. Appointments were available 8am to 12 midday and 2.30pm to 6pm Monday to Friday, 6.30 to 8pm Mondays and 8am until 11am Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them on the same day.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 80% 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 77% national average 76%)
- We saw that practice staff had carried out another survey in June 2016 and awareness had been raised of the same day triage system and same day appointments for urgent concerns. 78% of respondents now found it easy to book ahead for a non-urgent appointment.

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

A GP triaged patients who telephoned the surgery for an appointment and called them back to assess:

- whether a home visit was clinically necessary;
- The urgency of the need for medical attention and either provided advice or signposting or offered an appointment for later that day.

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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.



# Are services responsive to people's needs?

(for example, to feedback?)

- The deputy practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which was included in the practice leaflet and on the website. We looked at three 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. The practice had also put a specific system in place to log complaints in relation to the new appointment system when it was introduced. Feedback was received face to face by reception staff, by

offering a written feedback sheet, online and through social media. Each complaint was answered either face to face or in writing and a local councillor was involved in representing views and disseminating information. Staff found that once more information had been provided and patients understood the system the majority were satisfied. This concurred with the feedback we received during the inspection.

Lessons were learnt from individual concerns and complaints through discussion at staff meetings and action was taken as a result to improve the quality of care. However we saw no evidence of a system to help identify trends and patterns.



# 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.
- 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 had an area of responsibility within the practice. For example one partner led on the patient reference group (PPG), safeguarding, dementia and learning disability, another partner on GP training, clinical governance and osteoporosis, another partner on diabetes, prescribing and minor operations and

others led on psychiatry, palliative care, chronic heart disease, asthma and women's health. Staff told us the partners were 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 a policy 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 practice had a patient participation group (PPG) and we saw notices in the waiting room asking patients to volunteer for this role. The group met quarterly to review the performance of the practice and provide views about how improvements might be made. They were working with the practice and Lancashire County Council to develop a volunteer car scheme and had

# Are services well-led?

Good 

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

recently reviewed changes to the appointment system. Representatives told us that they were aware that feedback from patients remained mixed but in general access to appointments had improved and urgent care provided more effectively. More reception staff had been allocated to take phone calls between 8-8.30am and the previous queue to make appointments had abated. The PPG had supported a survey of young people and families and in response to the findings they had sought staff and PPG training about solvent misuse from a local school.

- The practice collected feedback through surveys and complaints received. We saw that telephone access had been improved and the GP telephone triage introduced in response to this feedback. The practice had participated in two surveys organised by Healthwatch which had highlighted the issue about patients with poor mobility attending appointments and had led to the initiative for a volunteer car scheme.
- 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 Practice staff had produced a five year business plan February 2016 to take account of staff changes whilst introducing efficiencies and access to the service.

- The partners met weekly 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 triage system, same day access to a GP and the introduction of a volunteer car scheme.
- The GP's met monthly with other local practices to benefit from peer review and share learning. The practice also took part in a steering group to plan a federation of GP practices which might deliver shared services across Greater Preston, South Ribble and Chorley.

The practice had meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team including taking part in a medicines optimisation review across care homes. This had led to improvements in the system for ordering medicines, reducing wastage and ensuring that the medication of all patients was reviewed.