Layton Medical Centre

Quality Report

Layton Medical Centre
200 Kingscote Drive
Blackpool
FY3 7EN
Tel: 01253 951955
Website: www.laytonmedicalcentre.co.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Layton Medical Centre on 26 July 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 generally assessed and well managed, however, the practice lacked risk assessments relating to some blind pull cords and the storage of adrenalin for emergency use.
- 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 services 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.
- The practice assessed service delivery regularly with the use of audit, however, they did not always formally document these audits.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour and had a duty of candour policy in place.

We saw two areas of outstanding practice:

- The practice told us that the overarching approach of the practice was one of integrating health and social care, recognising that the two were closely linked. The practice had identified a need for support for socially isolated patients and had started hosting a monthly coffee morning for those people to meet.
- The practice participated in research which involved about 4% of its patients. This research provided positive outcomes for patients with some chronic diseases and informed the clinical practice of the GPs and clinical staff. The practice had won two recent awards for research.

The areas where the provider should make improvement are:

- Carry out risk assessments to identify risks associated with loose pull cords on blinds and the storage of adrenalin for emergency use.
- Document audit activity and formalise the recording of quality improvement work to improve governance arrangements.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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 and the practice had a policy to ensure that this happened.
- 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 generally assessed and well managed. However, the practice lacked risk assessments relating to some loose pull cords on blinds and the storage of adrenalin for emergency use.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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 demonstrated quality improvement. The practice assessed service delivery regularly with the use of audit, however, they did not always formally document these audits.
- 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 to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff at the practice engaged with local and national charitable services and supported local health organisations including the local hospice in raising funds for them.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked with other practices in the neighbourhood to redesign community services and to support a new service for patients with chronic disease.
- 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.
- Following a patient survey the practice changed the telephone system to enable better access to the practice.
- 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?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The practice told us that the overarching approach of the practice was one of integrating health and social care, recognising that the two were closely linked.

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.
- 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 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. We saw evidence that care plans were in place for 99% of all patients aged over 65 years of age.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had been part of the clinical commissioning group (CCG) pilot project to test a mobile electronic patient record system which was used on patient home visits.
- The practice allocated a named GP to care for patients in the final stages of life. Both GP partners had experienced six months' work in a hospice as part of their medical training.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes of treatment for patients with long-term conditions were consistently above national averages. For example, the percentage of diabetic patients who had their blood sugar levels well-controlled was 88% compared to the national average of 78% and the percentage of diabetic patients with blood pressure readings within recommended levels was 91% compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- 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.
- One of the practice nurses could initiate insulin for diabetic patients ensuring that only those patients with the most complex needs were referred to hospital.
- The practice worked with the clinical commissioning group and other neighbouring practices to redesign community services.

Summary of findings

- The practice participated in research which involved about 4% of its patients. This research provided positive outcomes for patients with some chronic diseases and informed the clinical practice of the GPs and clinical staff. The practice had won two recent awards for research.

Families, children and young people

Good

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.
- Immunisation rates were high for all standard childhood immunisations. The practice continued to check babies at seven to nine months of age after this check had been dropped from the national programme to encourage immunisation uptake.
- The practice invited all pregnant women into the practice for an antenatal appointment with a GP. The GP encouraged the uptake of the vaccination against pertussis (whooping cough) and administered this to the patients themselves.
- 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.
- The practice's uptake for the cervical screening programme was 94% which was much higher than the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice sponsored a local children's football team. They told us that this allowed them to forge links with the community and promote healthy living through exercise.

Working age people (including those recently retired and students)

Good

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

- The needs of 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.

Summary of findings

- The practice offered a 'Commuter's Clinic' on Monday and Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- From the national GP patient survey, 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and those with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had arranged for the local carers' support organisation to attend the practice weekly at the same time as a member of social services was visiting to give advice to patients. The practice had been named as the local carers' support organisation practice of the year in 2015.
- 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.
- The practice had received a complaint from a vulnerable patient and had met with the patient to discuss the problem. Practice staff discovered that there were other social issues that were affecting the patient and acted as the patient's advocate to resolve them.
- Practice staff assisted patients in booking an appointment when they were referred to other services. They aimed to provide appointments for patients before they left the practice after their consultation, particularly for vulnerable patients.
- The practice had arranged a drop-in clinic with the local society for the blind and planned further sessions in the future.
- The practice had identified a need for support for socially isolated patients and had started and hosted a monthly coffee morning for those people to meet.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 95% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88%
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had piloted a mental health wellbeing service. They employed a counsellor to see patients in the practice and also set up a separate group for patients experiencing problems with anxiety and another for working-age patients that ran in the evenings.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 286 survey forms were distributed and 113 were returned (a response rate of 39.5%). This represented 1.8% of the practice's patient list.

- 57% 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%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patients wrote about the caring nature of the staff and the helpful way that they were treated by all at the practice. There were four comments regarding the wait to see a particular GP but others wrote that continuity of care was good. Staff were praised for their support and understanding.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Carry out risk assessments to identify risks associated with loose pull cords on blinds and the storage of adrenalin for emergency use.
- Document audit activity and formalise the recording of quality improvement work to improve governance arrangements.

Outstanding practice

- The practice told us that the overarching approach of the practice was one of integrating health and social care, recognising that the two were closely linked. The practice had identified a need for support for socially isolated patients and had started hosting a monthly coffee morning for those people to meet.
- The practice participated in research which involved about 4% of its patients. This research provided positive outcomes for patients with some chronic diseases and informed the clinical practice of the GPs and clinical staff. The practice had won two recent awards for research.

Layton Medical 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 second CQC Inspector.

Background to Layton Medical Centre

Layton Medical Centre is housed in a purpose-built single storey building in the Layton district area of Blackpool. The building was constructed in 1990 and has been extended to include a pharmacy and additional rooms. At the time of the inspection, there was extensive building work in progress to extend the surgery further and reconfigure the existing premises. The planned development will provide onsite parking and the practice is close to public transport. The practice provides services to 6,418 patients.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS).

There are two female GP partners and two long term male locum GPs. The practice also employs an advanced nurse practitioner, four practice nurses, a health care assistant and a clinical pharmacist. Two of the practice nurses are employed solely in order to conduct clinical research with selected practice patients. The non-clinical team consists of a practice manager and 10 administrative and reception staff who support the practice.

The practice is open between 8am and 8pm on Monday and Thursday and 8am and 6.30pm on Tuesday, Wednesday and Friday. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice population is similar to the national average with slightly more patients aged over 65 years of age, 20%, compared to the national average of 17%.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice caters for a larger proportion of patients experiencing a long-standing health condition than average practices (67% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is higher (55%) than the CCG average of 52% and lower than the national average of 62% and unemployment figures are higher, 14% compared to the CCG average of 7% and the national average of 5%.

The practice provides level access for patients to the building with automated entry doors and is adapted to assist people with mobility problems.

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 26 July 2016. During our visit we:

- Spoke with a range of staff including three GPs, two practice nurses, three members of the practice administration team and spoke with patients who used the service and one member of the practice patient participation group (PPG).
- Observed how staff interacted with patients and talked with 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.

Good

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 a duty of candour policy in place.
- 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 analysis of the significant events. They held quarterly meetings to formally discuss any incidents for that quarter. Actions taken were discussed and reviewed to ensure that they had been addressed appropriately.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient blood sample was left in a treatment room overnight instead of being sent to the pathology laboratory for testing. The patient was recalled to repeat the test and received an apology and staff were reminded to check treatment rooms thoroughly after each session to ensure that nothing was left behind.

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. The practice had two registers for children who were at risk, one for under five year olds and one for over five year olds and held formal monthly meetings with the health visitor to discuss patients. 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 to child safeguarding level 2 or 3.
- A notice in the waiting room advised patients that chaperones were available if required and there was also a notice in every treatment room. 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 who liaised with the local infection prevention teams to keep up to date with best practice. The lead nurse carried out monthly cleaning audits with the cleaning company staff. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe

medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice health care assistant was trained to administer vaccines against a patient specific direction from a prescriber.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 practice staff room 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). Water temperatures were checked daily.
- At the time of inspection, there was extensive building work being carried out to extend the surgery premises and remodel the existing building. There were risk assessments in place for the building work that covered both the new work and the existing premises. However, we noted that some blind cords in treatment rooms had not been risk assessed. The practice told us that they would risk assess all blinds including those that were due to be replaced shortly.
- 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. Existing staff covered any staff absence by extending or changing their hours.

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. Adrenalin for injection in the case of patient shock was made easily available in some treatment rooms. However, this was situated in an open box pinned to the notice board and visible to patients and there was no risk assessment for this.
- 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.

Good

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 and audits.

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 were 100% of the total number of points available. Exception reporting figures for the practice were a little higher than the clinical commissioning group (CCG) and national averages, an overall figure of 14% compared to the CCG average of 11% and the national average of 9% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had noted that exception reporting for foot examinations for diabetic patients was high and had looked into this. They had identified a coding issue with the data and had rectified it. We saw that exception reporting for these patients had fallen from 23% in 2014-2015 to 5% in 2015-2016, although this was not validated data. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance figures for diabetes related indicators were higher than the national averages. The percentage of patients who had their blood sugar levels well-controlled was 88% compared to the national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 91% compared to the national average of 78%.
- Performance for mental health related indicators was better than the national averages. For example, 95% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88% and 92% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, and there was a good deal of evidence relating to quality improvement work. A large number of audits were medication audits to assess the cost effectiveness of prescribing or to aid prescribing quality improvement. The practice had a service review policy which described the regular audits that the practice was undertaking in relation to several service areas including consent, medication compliance and patient disease registers. We saw evidence that although these audits and others were undertaken, they were not formally documented.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice employed two nurses solely for patient clinical research and had been awarded the North West Coast Life Sciences Achievement Award in 2015 and had been recognised as one of the leading commercial investigators by the Department of Health National Institute for Health Research in 2016. Although the practice work in research was separate to that carried out under the General Medical Services contract, it involved about 250 patients registered at the practice each year. The treatment provided positive outcomes for patients in many areas of chronic disease such as psoriasis (a skin condition) and chronic obstructive pulmonary disease (a lung disease). Learning related to the research was shared and increased the knowledge and skills of GPs and clinical staff.
- Quality improvement work was used by the practice to improve services. For example, the practice reviewed the outcome of joint injections given to patients at the surgery and used the information to improve GP clinical practice.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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 such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice also had a comprehensive induction plan for any locum staff and had a welcome guide for community staff that gave them information about the practice including the computer system, health and safety, patient confidentiality and consent.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. All staff had annual update training in the mental capacity act. One of the practice nurses had recently completed training to initiate insulin which meant that only the most complex patients needed to be referred to the hospital services for diabetic patients. Three staff were studying for NVQs, two in business administration and one in business management.
- Staff administering vaccines and taking samples for the cervical screening programme 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, attendance at local forums 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, clinical supervision and facilitation and support for revalidating GPs. The practice had been without a practice manager for a few months and not all staff had received an appraisal within the last 12 months. However, the new practice manager was due to start the week following the inspection and the practice had a plan to ensure that all remaining appraisals were completed before the end of the year. Staff we spoke to understood this and were happy with the situation.
- 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, external training and in-house training. One of the practice nurses had been the resuscitation lead for Blackpool hospital and continued to give basic life support training to staff at the practice.
- At the time of inspection, the practice was without a pharmacist but one had been appointed and was due to start work in the practice in October 2016.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice 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 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 patient records audits.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing problems with their mental health. Patients were signposted to the relevant service.
- A psychological wellbeing practitioner was available on the premises and smoking cessation advice was available from the practice pharmacist and a local support group.
- The practice had arranged a drop-in clinic with the local society for the blind and planned further sessions in the future.

The practice's uptake for the cervical screening programme was 94% which was much higher than the clinical commissioning group (CCG) average of 81% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by telephoning patients who had not responded to letters sent out by the national screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures for patients attending these services were also higher than local averages. Attendance at breast cancer screening was 71% compared to the local average of 66% and for bowel screening, attendance figures were 57% compared to the local average of 49%. 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.

Childhood immunisation rates for the vaccinations given were higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97% compared to CCG rates of 89% to 97% and for five year olds from 89% to 99% compared to CCG averages of 87% to 97%. The practice continued to check babies at seven to nine months of age after this check had been dropped from the national programme. They told us that it encouraged uptake of child immunisations and aided communication with families.

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

Good

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 building work was planned to include a separate window for patients to discuss sensitive issues with reception.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Staff were described as sympathetic and understanding.

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

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

The practice had reviewed the results of the survey and had produced an action plan to address any data that showed lower patient satisfaction levels with the practice service. They had also commended staff where high levels of satisfaction were indicated.

Staff at the practice engaged with local and national charitable services and supported local health organisations including the local hospice in raising funds for them.

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 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. We saw that there were care plans in place for 99% of all patients aged over 65 years of age.

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 above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national averages of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

Good

Are services caring?

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

- Staff told us that online translation services were available for patients who did not have English as a first language although there were very few patients who did not speak English. One of the practice staff spoke Polish and another was fluent in Urdu. Information for patients was available on the practice website in other languages.
- Information leaflets were available in easy read format.
- Practice staff assisted patients in booking an appointment when they were referred to other services. They aimed to provide appointments for patients before they left the practice after their consultation, particularly for vulnerable patients.

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 had received a complaint from a vulnerable patient regarding the availability of appointments and had met with the patient to discuss the problem. Practice staff discovered that there were other social issues that were affecting the patient and acted as the patient's advocate to resolve them. This learning was shared with the rest of the practice team.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 182 patients as carers (2.8% of the practice list). These patients were offered an influenza vaccination each year. Patients being cared for were encouraged to sign consent agreements for the practice to share confidential information with their carer where appropriate. Written information was available to direct carers to the various avenues of support available to them. The practice had also arranged for the local carers' support organisation to attend the practice weekly. These clinics were held at the same time as a Blackpool council pilot scheme to place a member of social services staff in practice to give advice to patients. The practice had been named as the local carers' support organisation practice of the year in 2015.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call 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. The practice allocated a named GP to care for patients in the final stages of life. Both GP partners had experienced six months' work in a hospice as part of their medical training.

Good

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. The practice worked with other practices in the neighbourhood to redesign community services and to support a new service for patients with chronic disease.

- The practice offered a 'Commuter's Clinic' on Monday and Thursday evenings until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had identified a need for support for socially isolated patients and had started hosting a coffee morning for those people to meet. These meetings had been successful though they had been suspended at the start of the building work because of lack of accommodation. The practice building plans included a new community space area where the practice planned to increase community involvement and introduce new initiatives.
- The practice invited all pregnant women into the practice for an antenatal appointment with a GP. The GP encouraged the uptake of the vaccination against pertussis (whooping cough) and administered it to the patients themselves. The GP also screened for any mental health problems at this appointment, promoted breast-feeding and the uptake of the childhood vaccination programme.
- The practice had identified a need for support for patients with psychological problems and piloted a mental health wellbeing service. They employed a counsellor to see patients in the practice and also set up a separate group for patients experiencing problems with anxiety and another for working-age patients that ran in the evenings. This service ran for 18 months. At the time of our inspection, patients were able to be referred, or could self-refer to a new local counselling service.

Access to the service

The practice was open between 8am and 8pm on Monday and Thursday and between 8am and 6.30pm on Tuesday, Wednesday and Friday. 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. The practice also offered telephone appointments every day with the GPs and the advanced nurse practitioner.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable compared to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had reviewed these responses and had changed the whole telephone system. The new system included a programme to analyse how calls were handled and the practice had used this analysis to ensure that the system was working well. The practice planned to re-audit patient satisfaction after a period of use.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw that the next available routine appointment with a GP was in two days' time and with a nurse on the following day.

The practice had a system in place to assess:

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

Patient requests for home visits were listed on the practice's computer system and allocated to GPs within a limited timeframe to assess the urgency of need. In cases where the urgency of need was so great that it would be

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.
- In the absence of a practice manager, the GP partners handled all complaints in the practice. The new practice manager was to be the designated person to handle complaints in the future.
- We saw that information was available to help patients understand the complaints system. The practice had produced its own complaints leaflet which was available to patients in the waiting area and patients told us that they knew how to complain.

We looked at three complaints received in the last 12 months and found they had all been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice reviewed and amended its protocol for performing cryotherapy (the use of low temperatures in medical therapy) following a patient complaint.

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 statement of purpose and core values and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice produced an activity plan each year and worked towards the identified goals. They had produced a five year vision and strategy document.

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 although this activity was not always formally documented.
- There were sound arrangements in place for identifying, recording and managing risks, issues 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 in a safe, infection-free environment. 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). This included support and training for all staff on communicating with patients about notifiable safety incidents. 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 weekly team meetings. These had been suspended because of lack of space during building work and the practice was managing to communicate with staff by using emails and communicating verbally in small groups.
- 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. The practice funded at least three staff social events each year. Staff who took no sickness absence over a period of six months were rewarded with an extra day's annual leave. Many staff had been with the practice for over 10 years.
- 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. There was a suggestion box available in the patient waiting area.

- The practice had gathered feedback from patients through a long-established patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out annual patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had installed automated doors in the practice

Are services well-led?

Good

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

to aid patients with mobility problems and had altered the way that patients were called for their appointments from the waiting room as a result of patient feedback. The PPG also helped raise funds for local and national charitable organisations. The practice was planning to extend the PPG by introducing a virtual group of patients that might better represent the practice population.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and 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. The practice had acted as the pilot site for the Blackpool council project to place a member of staff from its social services in practice. It was also planning to act as the new research hub for all research in the local area.

The practice had been part of the clinical commissioning group (CCG) pilot project to test a mobile electronic patient record system which was used on patient home visits.

The practice was a training practice and provided support and mentorship to medical students and GP trainees at different stages of their learning. Both GP partners were accredited trainers. One of the GP partners was also a member of the local medical committee.

The practice sponsored a local children's football team. They told us that this allowed them to forge links with the community and promote healthy living through exercise.

The practice told us that the overarching approach of the practice was one of integrating health and social care, recognising that the two were closely linked. The practice aimed to further this integration by planning for a community area in the new building where the practice coffee mornings for patients experiencing social isolation could continue and grow and the practice could initiate new community projects.