Lilford Park Surgery

Quality Report

Lilford Park Surgery
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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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

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 Lilford Park Surgery on 30 September 2016. Overall the practice is rated as Requires Improvement.

- We saw a number of significant events recorded that were dealt with appropriately with lessons learned to prevent reoccurrence. However, not all staff fully understood their responsibilities to raise concerns, and did not always report incidents and near misses. Those that were reported were not always dealt with in a timely manner.
- Risks to patients were assessed, but those relating to medicines management, infection control, medical emergencies, and staff training were not adequately managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Although training was provided not all members of staff were up to date with mandatory training, such as safeguarding and basic life support.
- 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.
- 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. However, where staff worked in isolation there was no formal mentorship process in place.
- 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.

Summary of findings

We found areas where the provider must make improvements. The provider must :

- Ensure the process for reporting, recording, acting on and monitoring significant events, incidents and near misses is followed by all staff.
- Ensure that protocols and guidance are available and followed for all staff to manage their responsibilities in a safe and effective way.
- Ensure that systems to address and manage risks are sufficiently implemented in relation to medicines, training, staff, unforeseen circumstances, infection control and dealing with emergencies.
- Ensure that staff are aware of their roles and responsibilities and assess that they are working within their competencies.

We found areas where the provider should make improvements. The provider should :

- Review the process to communicate patient safety alerts and other guidance.
- Introduce temporary signage for the practice until permanent changes can be achieved.
- Have a formal process in place to review and assess positive DBS checks.
- Follow best practice when managing and prescribing medicines.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are changes where improvements must be made.

- We saw a number of significant events recorded that were dealt with appropriately with lessons learned to prevent reoccurrence. However, not all staff fully understood their responsibilities to raise concerns, and did not always report incidents and near misses. Those that were reported were not always dealt with in a timely manner.
- 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. These included training and staff management, medicines management, management of unforeseen circumstances, infection control and dealing with emergencies.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average when compared to local and national data.
- Staff assessed needs and delivered care according to patients' needs but not always in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment but they did not receive formal mentoring to ensure that their training was up to date and they were working within their competencies.
- There was evidence of appraisals and personal development plans for all staff but learning needs were not always identified and monitored adequately.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

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.
- 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.
- 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 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.
- 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.
- 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?

Requires improvement

The practice is rated as requires improvement for providing well led services, as there are areas where improvements must be made.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision but not all staff were clear about their responsibilities in relation to it.
- There was an overarching governance framework which did not wholly support the delivery of the strategy and good quality care. For example some arrangements to monitor, improve quality and identify risk were not satisfactory.

Summary of findings

- 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 systems around notifiable incidents was inconsistent and not all incidents were recorded and discussed.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and willing to be more involved to help the practice effect improvement.
- All staff had received inductions and appraisals but not all staff had received regular mentoring to ensure they worked within their competencies and carried out all responsibilities related to their roles.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held quarterly staff meetings where they discussed governance issues.

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

Requires improvement

The provider was rated as requires improvement in safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- A sit and wait appointment system was available every morning and this suited the older population.
- 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.
- They offered a direct enhanced service to ensure older patients received the appropriate vaccinations against diseases such as influenza, shingles and pneumococcus.

People with long term conditions

Requires improvement

The provider was rated as requires improvement in safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- Performance for diabetes related indicators was 96% which was better than the local average of 91% and the national average of 89%. However, patients with diabetes with a record of a foot examination between March 14 and April 15 was lower than average at 67%.The local average was 87% and the national average was 88%.

Families, children and young people

Requires improvement

The provider was rated as requires improvement in safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 80% which was lower than the CCG average of 84% and the national average of 82%.
- Sit and wait appointments were available every morning and also 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.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement in safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example they had increased the number of GPs available, had introduced an advanced nurse practitioner and employed a full time practice nurse.
- They offered late surgeries one day a week when all three clinicians were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- They offered a telephone prescription ordering service.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement in safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group.

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

Summary of findings

- The practice offered a member of staff with a champion role for patients with a learning disability. They ensured that patients understood the services available to them, such as longer appointments, annual health checks and other areas of support outside the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement in safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice provided a direct enhanced service facilitating timely diagnosis and support for dementia patients. The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 100% which was better than the local and national averages.
- Performance for mental health related indicators was 100% which was better than the local average of 94% and national average of 93%.
- 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 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 in July 2016. The results showed the practice was performing in line with or better than local and national averages. 321 survey forms were distributed and 120 were returned. This was a 37% completion rate and represented 3% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% 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 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%
- 87% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Comments included praise for the staff, good explanations by GPs, referrals when required and a friendly and helpful service.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They liked the open surgery, hadn't made complaints, felt involved in their treatment and felt they got to see a clinician when they needed to. Eight of the 10 patients had long term conditions and said they were not called to the practice for regular review although they would make appointments themselves when required.

Areas for improvement

Action the service MUST take to improve

- Ensure the process for reporting, recording, acting on and monitoring significant events, incidents and near misses is followed by all staff.
- Ensure that protocols and guidance are available and followed for all staff to manage their responsibilities in a safe and effective way.
- Ensure that systems to address and manage risks are sufficiently implemented in relation to medicines, training, staff, unforeseen circumstances, infection control and dealing with emergencies.
- Ensure that staff are aware of their roles and responsibilities and assess that they are working within their competencies.

Action the service SHOULD take to improve

- Review the process to communicate patient safety alerts and other guidance.
- Introduce temporary signage for the practice until permanent changes can be achieved.
- Have a formal process in place to review and assess positive DBS checks.
- Follow best practice when managing and prescribing medicines.

Lilford Park Surgery

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 an Expert by Experience.

Background to Lilford Park Surgery

Lilford Park Surgery is situated in a large purpose built health centre in the centre of Leigh. The health centre incorporates primary health care services including district nurses, health visitors, midwives and other services such as chiropody, speech therapy and dental services. The building has full disabled access, disabled toilets and specialist bariatric facilities. There is ample car parking, including disabled spaces, at the rear of the practice. The health centre is a small walk from public transport links. The practice itself is on the first floor and is accessible by stairs and a lift for patients with difficulty using the stairs. There was no signage to direct patients to the practice which had changed its name in 2010 when the previous founder had retired.

The practice provides a service to 3,640 patients in the surrounding areas of Leigh under a General Medical Services Contract run by Wigan Clinical Commissioning Group. They are situated in the third most deprived area in the country and have a small number (around 4%) of black and Asian minority ethnic groups.

There are two GP partners, one male and one female and a male advanced nurse practitioner who is able to prescribe medicines. The nursing team comprises of a part time practice nurse (30 hours a week) and a part time health care assistant. The clinicians are supported by a practice manager and three reception/administration staff. They are a training practice and currently have a GP trainee in post that works 20 hours per week and is able to see patients under supervision.

The practice staff have access to a range of community staff and other services based in the health centre.

The practice is open Monday 8.30am until 6pm, Tuesday 8.30am until 8pm, Wednesday 8.30am until 5pm, Thursday 8.30am until 6pm and Friday 8.30am until 6pm. They are closed at the weekends. Monday to Friday between 8am and 8.30am and between 6pm and 6.30pm is covered by the lead GP via the mobile telephone number available by calling the surgery. Surgery appointments are available as follows :

Monday 8.30am -10.45am and 3pm - 6pm

Tuesday 8.30am – 10.45am and 3pm – 8pm

Wednesday 8.30am – 10.45am

Thursday 8.30am – 10.45am and 3pm – 6pm

Friday 8.30am – 10.45am

On Wednesday afternoons the telephone lines are closed, but the reception is open for the collection of prescriptions and general enquiries. On Friday afternoons the surgery works in conjunction with the Wigan Federation working together HUB scheme and patients can access the service via the Hub booking centre. When the practice is closed, patients are directed to the out of hours service and the Walk In service is based in the same building.

Detailed findings

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.

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 30 September 2016. During our visit we:

- Spoke with a range of staff including the lead GP, the advanced nurse practitioner, the practice nurse, the health care assistant and the practice manager.
- Spoke to reception and administration staff.
- Spoke to patients and members of the patient participation group.
- Observed how patients were being dealt with at reception.
- Reviewed policies and procedures.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However, the system was not always effective.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of the significant events and those recorded spanned over a long period of time.We were told about a significant event relating to a patient with vertigo that had been informally discussed and appropriate action had been taken.
- However, not all significant events were recorded and reported in a timely manner and the gap between formal clinical meetings was three months. Discussions that took place between meetings were not documented and therefore there was no way to monitor near misses and trends to ensure they were actioned by all staff.
- There was inconsistency in the way national guidance, medical and patient safety alerts were disseminated and actioned.

Overview of safety systems and processes

The practice had systems and processes in place to ensure that patients were kept safe and safeguarded from abuse. Not all those systems were sufficiently embedded.

- 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 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 in this regard.
- GPs were trained to child protection or child safeguarding level 3 but the practice nurse and advanced nurse practitioner had not updated their safeguard training since 2013 and 2014 respectively.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead but the role had only recently been assigned and was not embedded. No specific training had been undertaken in order to enable them to carry out the role effectively. An in-house self assessment audit had been completed but it did not identify areas for improvement such as a risk assessment of sharps bins, which were not wall mounted.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) were not being effectively managed. There was no documented checking system to evidence that the medicines in the GP bag were consistently checked, kept up to date and contained the required medicines to treat emergencies. The practice employed an advanced nurse practitioner who could prescribe medicines for any clinical conditions within their competence. They worked autonomously in this role and requested advice from the GPs when they felt they needed it.
- There were several ways to request repeat prescriptions including the facility to re-order over the telephone. Prescriptions were printed according to instructions on the computer system and were signed by the GPs and the ANP. The practice relied on the computer system to

highlight when repeat prescriptions required a review. They did not pro-actively undertake medicine reviews of patients on long term prescriptions. They did not use electronic prescribing.

- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, but they were not prescribing in line with best practice guidelines for safe prescribing. For example the practice prescribed three-monthly prescriptions against the advice of the CCG medicines management team. We discussed this with the lead GP who felt that their reasons for continuing these prescriptions were justified.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant (HCA) was trained to administer vaccines and medicines against a patient specific direction (PSD) which is a written instruction, signed by a doctor, so that treatment can be administered to a named patient after the prescriber has assessed the patient on an individual basis. The process at this practice was not being followed correctly and PSDs were being signed after the event in many cases, rather than before.
- We reviewed five 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 (DBS). There was no protocol and no documented risk assessment or management plan on staff files where a positive DBS check was returned.

Monitoring risks to patients

Some of the risks relating to patients were not assessed and well managed.

- Not all procedures in place for monitoring and managing risks to patient and staff safety were documented effectively such as the medicines in the GP bags, clinical supervision and personnel issues.
- There was a health and safety policy available and the practice manager was the health and safety representative for the practice. They were not responsible for the overall health and safety in the building which was managed by the community services. Risks and issues were directed to the facilities manager for the building. They were appropriately dealt with.
- 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 did not have 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, although this was not up to date for the advanced nurse practitioner. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. It was not appropriately checked to ensure it was sufficient and there were no paediatric pads. Oxygen was available but was not appropriately checked to ensure it was adequate to treat emergencies.
- A first aid kit and accident book were available.
- Emergency medicines were 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.

Requires improvement

Are services safe?

- 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.

Requires improvement

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.
- There was no formal monitoring to ensure that guidelines were received and followed such as risk assessments, audits and random sample checks of patient records.
- Data entry coding on patient records (a way of identifying patient conditions in order that they could be monitored) was done by hand and scanned into the clinical system.There was no audit to check that data was added correctly.
- We looked at a care plan which included basic summary medical information but did not contain information about the actual future care planning that had been agreed between the GP and the patient**.**

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 (2014/2015) were 553 out of 559 points - 99% of the total number of points available. The clinical exception rate was 6% and was 4% lower than the CCG and England average. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 96% which was better than the local average of 91% and the national average of 89%. However, patients with diabetes with a record of a foot examination between March 14 and April 15 was lower than average at 67%. The local average was 87% and the national average was 88%.
- Performance for mental health related indicators was 100% which was better than the local average of 94% and national average of 93%.

  There was evidence of quality improvement including clinical audit.
- There had been a number of clinical audits completed in the last two years. There was an effective audit on anticoagulation for patients with atrial fibrillation and this had been monitored and audited over three cycles. We saw that improvements were made, implemented and monitored. .
- Findings were used by the practice to improve services. For example, patients who may benefit from anticoagulant treatment were invited in to discuss and assess the improvements that could be achieved and then they were started on the treatment and monitored for its effectiveness.Anticoagulants medicines thin the blood and prevent clotting and are not suitable for every patient.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice actively provided "find and treat" consultations and health checks for patients to identify or prevent undiagnosed conditions such as diabetes or heart disease.
- The practice were one- of- three out of 64 practices to receive a grant as a result of a reduction in referral rates.

Effective staffing

Staff demonstrated skills, knowledge and experience to deliver care and treatment but training and mentoring was not monired to ensure they were effective.

- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate that role-specific training and updating for relevant staff was monitored such as those reviewing patients with long term conditions and those prescribing medicines.
- 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 nurse forums.
- Staff received appraisals. Where learning needs were identified they were not monitored to ensure they had been completed, such as ensuring that safeguarding was up to date for all staff. Where learning had taken place there was no review that the learning and training was effective and beneficial to all staff. There was limited ongoing support for staff who worked autonomously. There was no formal governance structure for the health care assistant and nursing staff and no formal clinical supervision. The lead GP told us that they had informal one-to-one meetings with the advanced nurse practitioner when it was necessary but the discussions were not documented. Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and in-house training, but not all members had completed mandatory modules

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, medical records and investigation and test results. The care plan we looked at did not contain patient centred information.
- 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 when necessary to discuss palliative care patients and safeguarding concerns.

When patients attended out of hours services information was shared through the computer systems. When palliative care patients were identified, the out of hours services were sent information by fax.

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.

Supporting patients to live healthier lives

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

- Patients received 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. The health care assistant offered health checks and used the consultations opportunistically to "find and treat" any underlying issues.They then referred the patient on to the GP or to another more appropriate support service.
- The health care assistant was able to offer support about diet, smoking cessation and other support organisations. The health care assistant was also the learning disabilities champion for the practice and made sure these patients received their annual health checks and other support they may require.
- One of the receptionists was the palliative care champion and made sure that all the necessary support was available for those patients both inside and outside of the practice.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80% which was lower than the CCG average of 84% and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by providing patients with information, offering walk-in follow up access with the nurse and offering appointments at different times of the day. They also ensured that a female sample taker was available. The practice nurse was responsible for ensuring 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 70% to 100%.

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.
- There was no signage to direct patients to the practice which had changed its name in 2012 whenthe previous founder had retired.

All of the 42 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 four members 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 were respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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 90% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 89% 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 95% and the national average 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 national average of 85%.
- 97% 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%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations 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.

The care plan that was provided by the practice in evidence was not personalised and did not contain information about the care agreed between the patient and the GP.

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 in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- There was a number of information leaflets available in the waiting area about support services and health issues.

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 also a carer. Following the inspection we received evidence that the practice had a protocol to support carers. There were 202 carers on the register. The practice carried out health checks by means of "find and treat" and had a high rate of flu vaccinations and BP checks, cholesterol and HBA1c on those patients.

There was an active notice board in the reception area that was updated by the local community carers team and signposted patients to the relevant services.

There was a protocol for bereaved patients and staff demonstrated how patients were sent a sympathy card and were contacted by the practice to offer support. Staff were kept informed of patients who had passed away so that inappropriate conversations did not take place and deceased patients were not sent letters and/or follow up appointments.

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 offered a "sit and wait" appointment system every morning between 8.30am and 10.45am.
- The practice offered patients a telephone prescription ordering service.
- They had extended hours every Tuesday from 6.30pm until 8pm with three clinicians available.
- They held a minor surgery clinic with appointments available within 1-5 days of necessity.
- Find and treat consultations were undertaken by the health care assistant
- There was an in-house champion and longer appointments available for patients with a learning disability.
- There was an in-house champion with overall responsibility for patients on the palliative care register.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. There were also facilitates for bariatric patients.
- In addition patients of the practice had access within the health centre to many other services such as physiotherapy, counselling, community nurses, health visitors, dentistry and a walk in centre. We were told that patients sometimes used the walk-in-centre inappropriately if they were unable to access an appointment quickly at the "sit and wait" clinic within the practice.

Access to the service

The practice was open Monday 8.30am until 6pm, Tuesday 8.30am until 8pm, Wednesday 8.30am until 5pm, Thursday 8.30am until 6pm and Friday 8.30am until 6pm. They were closed at the weekends. On Monday to Friday between 8am and 8.30am and between 6pm and 6.30pm cover was provided by the lead GP via a mobile telephone number available from the reception.

According to the website and NHS choices the surgery appointments were available as follows :

Monday 8.30am -10.45am and 3pm - 6pm

Tuesday 8.30am – 10.45am and 3pm – 8pm

Wednesday 8.30am – 10.45am

Thursday 8.30am – 10.45am and 3pm – 6pm

Friday 8.30am – 10.45am

The morning clinics were operated on a walk in "sit and wait" basis and appointments were not pre-bookable. Patients were very satisfied with this service. However we identified that there were long waits with clinicians sometimes seeing up to 28 patients in a morning. Patient survey responses showed that only 49% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 66% and the national average of 65%.

On Wednesday afternoons the telephone lines were closed, but the reception was open for the collection of prescriptions and general enquiries. On Friday afternoons the surgery worked in conjunction with the Wigan Federation working together HUB scheme and patients could access the service via the Hub booking centre. When the practice was closed, patients were directed to the out of hours service and the Walk In centre which was based in the same building.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.

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

Listening and learning from concerns and complaints

The practice had a system 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the way of leaflets and information on the practice website. However not all the staff were aware of the process to encourage, record and report complaints.

We looked at a number of complaints received in the last 12 months and found that they were handled satisfactorily in an open and timely way. We saw that medical defence authorities were contacted where applicable and patients were directed to other agencies, such as patient liaison service or the Ombudsman if they were dissatisfied with the outcome. Lessons were learnt from individual concerns and complaints that we reviewed.

We saw several thank you cards displayed from patients thanking the practice for their help, support and treatment.

Are services well-led?

Requires improvement

(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 on the practice website and waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were monitored.

Governance arrangements

The practice had an overarching governance framework but there were areas where it did not support the delivery of the strategy and good quality care.

- Practice specific policies were created 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

There were areas where the practice structure did not support them, for example :

- They did not monitor that all staff understood and acted on the responsibilities identified within their lead roles.
- There was inconsistent oversight for clinical staff within the practice who worked autonomously and only sought help when they thought they needed it.
- The system to check blood results was not failsafe because there were periods of two days or more each week when checks were not carried out. This created the possibility that an abnormal result received on a Friday may not be checked and actioned until the following Wednesday unless the patient or the laboratory called the practice for the result.

Leadership and culture

There was one partner present on the day of our inspection. They told us they prioritised safe, high quality and compassionate care. They had recently attained accreditation to be a training practice and currently had a GP trainee who was able to see patients under supervision. The supervision was carried out by one of the partners who worked at the practice for three days a week. Guidance was provided by the other partner in their absence.

Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff who worked autonomously did not feel that they needed more support.

The lead partner told us that they were 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 training for all staff on communicating with patients about notifiable safety incidents although they were not always reported effectively. 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.

Staff were aware of the lead partners in the practice and who to go to in the event of any concerns.

- Staff told us they felt supported by management.
- Staff told us the practice held regular team meetings, however these only took place quarterly and any discussions that were held in between were informal and not minuted.
- 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. They said

Are services well-led?

Requires improvement

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

they 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. They had effected changes such as better access to the car park, a self service check-in and TV screens in the waiting area.
- The PPG members spoke highly of the practice and the staff that worked there. They were supportive of the practice and wanted to be a means of communication for the population in order to effect change. The group asked for clarification of their roles and responsibilities and how they could better support the practice such as identifying areas for improvement, helping to develop pathways, listening to complaints and having workshops to educate patients about health improvement.
- Feedback from staff was gathered through informal discussions, staff meetings and appraisals. Staff said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged on how to improve the practice. They practice staff did not identify any areas for improvement.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice were proud of their achievements such as an active "find and treat" clinic, their GP trainer status, their consistent high quality and outcome framework results, and their recognition of reduction in referrals to secondary care.

The lead GP had a vision of what they would like to improve in the future such as:

- Reducing controlled drug prescribing. We saw evidence that this had improved already.
- Moving to a new computer system and introducing electronic prescribing,
- Introducing a clinical pharmacist for 2/3 sessions a week
- Providing assistance to neighbouring practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with insufficient management of medicines, staff, training, infection control and dealing with emergencies. Best practice was not always followed when managing and prescribing medicines.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses relating to patients and staff. The practice had not taken appropriate action to deal with a positive DBS check. Protocols and guidance were not available for all staff to manage their responsibilities in a safe and effective way.

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing Not all staff were monitored sufficiently to ensure they were aware of their roles and responsibilities and to assess that they were working within their competencies.