

Dr Mark Webster

Quality Report

49 Frenchwood Avenue
Preston
Lancashire
PR1 4ND
Tel: 01772 254173
Website:

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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?

Good



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 Dr Mark Webster also known as Frenchwood Surgery, on 19 September 2016. This was to check that the practice had taken sufficient action to address a number of significant concerns we had identified during our previous inspection in January 2016. Following the inspection in January 2016 the practice was rated as inadequate for providing safe, effective and well-led services, and as requires improvement for providing responsive and caring services. Overall the practice was rated as inadequate.

We issued three warning notices and two requirement notices under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and placed the practice in special measures as a result.

At this inspection we found the practice had made significant improvements in regards to the safety of the practice and had taken the action required to meet the warning notices. However we found that there were still areas that required improvement.

Overall the practice is now rated as: Requires improvement

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

- Patient outcomes were hard to identify as some clinical audits were basic and clinical quality improvement work was in effect data collection only.
- Although there had been improvement, some medication reviews were still overdue and work to reduce this had not been implemented in a timely manner
- Prescribing for the practice was inconsistent with local and national trends and there was little evidence of any strategy to improve this.
- Leadership within the practice was limited.

However:

- There was an improved, open and transparent approach to safety which had been implemented, particularly for reporting and recording significant events. This included new policy guidance for staff.

Summary of findings

- Risks to patients were more effectively assessed and better managed. A risk management and health and safety file had been implemented.
- Recruitment processes were more comprehensive and staff personal files were better organised, with the required and more detailed, recruitment information in place.
- A practice nurse had been employed with the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with said they were treated with compassion, dignity and respect and felt they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand...
- Patients said they found it very easy to make an appointment with the GP and practice nurse, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that quality improvement activity, including clinical audits are more comprehensive and undertaken to initiate improvements in patient care and treatment.

- Ensure a more effective system in place in order that patients received appropriate and timely medication reviews.
- Ensure there is a comprehensive review of prescribing trends within the practice to reflect best practice and local and national trends.
- Implement policy guidance staff in relation to consent procedures

The areas where the provider should make improvement are:

- Continue to sustain the improvements made to the overall governance of the practice.
- Continue to have oversight and support of the practice nurse in order that clinical reviews continue to be completed in a more timely manner
- Continue to review the number of patients who are also carers in order to provide appropriate support

The practice has made improvements and I am taking this service out of special measures. The service will be kept under review and if needed could be escalated to urgent enforcement action. A further inspection will be conducted within six months.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



The practice had made significant improvements since the last inspection

- There was an improved system in place for reporting and recording significant events, with policy guidance in place for staff
- Lessons were shared via practice meetings, now documented, to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were better assessed and the management of risks was improved
- Recruitment processes were more comprehensive and staff files were better managed
- Emergency equipment and protocols for medical emergencies had been introduced.

Are services effective?

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

Requires improvement



Data showed patient outcomes were low compared to the local and national average For example;

- The percentage of patients who had their blood sugar levels well-controlled was 69.32% compared to the CCG average of 75.69% and national average of 77.54%
- The percentage of patients with blood pressure readings within recommended levels was only 48.28% compared to 78.42% CCG average and the national average of 78%.
- The percentage of patients on the diabetes register with a record of a foot examination was 69.66% compared to 80.54% CCG and national average of 88.3%.
- There was little evidence that clinical audit was driving improvement in patient outcomes.

Summary of findings

- Prescribing was not in line with local and national trends and a strategy to improve this was not clear.
- Medications reviews were still overdue and action to improve this was not undertaken in a timely manner.

However:

- Since the last inspection the practice had been successful in the recruitment of a practice nurse from July 2016
- A variety of training had been undertaken since the last inspection and this was more comprehensively recorded.
- Multidisciplinary meetings were now documented.

Are services caring?

The practice is rated as good for providing caring services.

We saw improvements had been made to ensure the practice delivered a more caring service.

- Screens had been purchased and were utilised to ensure privacy during examinations
- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care:

92.2 % of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 88%. This had improved from 91% from previous results

90.4% of patients said the GP gave them enough time. This was better than the CCG average of 86% and the national average of 87%, although this had slightly reduced from 92% last year

94.5% of patients said they had confidence and trust in the last GP they saw, comparable to the CCG average of 95.9% and the national average of 95%. This had reduced from 96% from previous results
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

The practice had made improvements since the last inspection

- We found the practice had improved communication with Clinical Commissioning Group (CCG) and was reviewing the needs of its local population and engaging with the NHS England Area to secure improvements to services where these were identified.
- A practice nurse was now employed and was working to improve the management patients with long term conditions. Additional hours were being worked to reduce the back log of patient reviews.
- An additional Thursday pm clinical session was now available
- 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 appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

There had been some improvements in the overall governance of the practice since the last inspection

- A mission statement had been implemented and was displayed in the waiting area.
- Efforts had been made to restart the patient participation group, but staff reported patient attendance was still poor
- The practice had reviewed a number of policies and procedures to govern activity and had implemented new policy guidance; however consent guidance was still not in place.
- All staff had received appraisals and these were more detailed, with evidence of performance review and development discussions.
- There were improved arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However:

- There was no programme of continuous clinical audit or quality improvement work and the data collection work that had been undertaken, did not demonstrate any strategy to make improvements to care and treatment.

Requires improvement



Summary of findings

- There is no evidence of the leadership of the practice from the GP
- The GP had attended a range of learning and professional update events however there was no evidence that any of these had resulted in learning and improvement within the practice.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. Improvements required in the effective and well led domain apply to everyone using the practice, including this population group.

- There was little evidence that clinical audit and quality improvement work was improving care and treatment.

However:

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held multidisciplinary meetings on a monthly basis where the needs of patients nearing the end of life were discussed to ensure they were being met appropriately.
- The practice had a lower than national average number of older patients. The percentage of over 75 years was 4.9% and over 85 years was 1% (National average 7.8% and 2.3% respectively).
- We were told that none of the patients registered with the practice lived in a residential care or nursing home.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. Improvements required in the effective and well led domain apply to everyone using the practice, including this population group.

There was little evidence that clinical audit and quality improvement work was improving care and treatment.

- Some clinical reviews for patients with long term conditions were overdue. However with the appointment of the practice nurse, the capacity to get these completed had improved
- Data for clinical performance was lower than the local and national averages:

The percentage of patients who had their blood sugar levels well-controlled was 69.32% compared to the CCG average of 75.69% and national average of 77.54%

Requires improvement



Summary of findings

The percentage of patients with blood pressure readings within recommended levels was only 48.28% compared to 78.42% CCG average and the national average of 78%.

The percentage of patients on the diabetes register with a record of a foot examination was 69.66% compared to 80.54% CCG and national average of 88.3%.

The reported prevalence for patients suffering from Chronic Obstructive Pulmonary Disease (COPD) was lower at 0.54 compared to 0.64 for the CCG and 0.63 nationally.

However:

- Longer appointments and home visits were available when needed.
- The GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. Improvements required in the effective and well led domain apply to everyone using the practice, including this population group.

- There was little evidence that clinical audit and quality improvement work was improving care and treatment

However:

- 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 comparable to local and national averages for all standard childhood immunisations, with capacity for improvement with the appointment of a practice nurse.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Cervical screening uptake was 84.16%, higher than the local and national averages of 80% and 82% respectively.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). Improvements required in the effective and well led domain apply to everyone using the practice, including this population group.

There was little evidence that clinical audit and quality improvement work was improving care and treatment.

- The practice did not have a web site however; patients could book appointments or order repeat prescriptions using the EMIS system. We were told the take up for this service was low.
- Telephone consultations were also available
- Health promotion advice was offered and there was accessible health promotion material available through the practice. However, national data showed support with smoking cessation was 76.2% with the CCG and national average at 90.6% and 94.1% respectively.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, however; uptake for breast cancer screening was 50.3% compared to 67% CCG and 72.2% national averages and 40% for bowel screening compared with 59% CCG and 57% national averages.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. Improvements required in the effective and well led domain apply to everyone using the practice, including this population group.

- There was little evidence that clinical audit and quality improvement work was improving care and treatment.

However:

- 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.
- The practice 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.

Requires improvement



Summary of findings

- 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)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Improvements required in the effective and well led domain apply to everyone using the practice, including this population group.

- There was little evidence that clinical audit and quality improvement work was improving care and treatment.

However:

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local and national averages of 83.9% and 84% respectively.
- 77% of patients diagnosed with schizophrenia and other bipolar disorders had a care plan in place. This was comparable to the local and nation averages of 88% and 89% respectively.
- 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. Patients we spoke to spoke highly of the care received when they were experiencing mental health issues.

Requires improvement



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below or in line with local and national averages. 384 survey forms were distributed and 97 were returned. This represented 38% of the practice's patient list.

- 66.25% of patients found it easy to get through to this practice by phone compared to the national average of 72.94%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82.59% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72.09% 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%.

We did not have any completed CQC comment cards as they had not been received by the practice prior to the inspection.

We spoke with four patients during the inspection. All four patients said they were very satisfied with the care they received and thought staff were approachable and committed, with the GP cited as being extremely caring.

The practice was taking part in the Friends and Family Test. This is an NHS scheme to get patients opinion of a service, by asking if they would recommend that service to friends or family members. On the day of the inspection we saw that comment cards had been completed by six patients. All comments were extremely positive. Previously collated results showed that eight respondents said they were extremely likely to recommend the practice, six likely, with one respondent saying it was unlikely they would recommend the practice to friends and family.

Dr Mark Webster

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 Dr Mark Webster

Dr Webster's practice is based in a large converted premises close to the centre of Preston, Lancashire. The practice is fitted with ramp access to assist people with limited mobility.

The practice is situated within a residential area and can be easily accessed by public transport.

Data reflected a practice list size of 1742 patients; however the practice confirmed the number of registered patients had reduced further since the last inspection and was now 1650 patients.

Primary medical care is provided under a general medical services (GMS) contract within NHS Greater Preston Clinical Commissioning Group (CCG).

Dr Mark Webster is the only GP at the practice and he carries out 10 sessions a week. This is an additional session since the last inspection. He is supported by a practice nurse, working 20 hours per week, a part time practice manager, working 20 hours per week and two part time receptionists.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 12 noon every morning and 3.30pm to 6pm every afternoon. Telephone consultations are available each day from 3pm until 3.30pm before the start of afternoon surgery. The practice is closed on Saturday and Sunday.

Out of hours (OOH) service is provided by Preston Primary Care based at the Royal Preston Hospital.

The age distribution of the practice patient population differs to the national average, with almost 4% more male patients aged between 25 and 60 years. The life expectancy of patients is slightly lower at 76 years for males and 80 years for females, compared to 79 years national average for male, 78 years for the CCG and 83 years national average for females, 82 years for the CCG.

The practice has a higher proportion of patients with a long standing health condition at 58.8% compared to the CCG and national averages of 54%.

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 19 September 2016. During our visit we:

- Spoke with all staff employed at the practice during the inspection
- Spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- We observed how reception staff communicated with patients.
- Reviewed a range of information including staff records and other documentation used to manage the practice.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

In January 2016 we found that there were multiple shortfalls in how the practice was providing a safe service. Significant events were poorly documented, with little evidence of investigations and learning. There also was no policy guidance in place on how staff managed any incident.

The practice did not hold regular practice or governance meetings and issues were discussed on an ad hoc basis. These meetings were not recorded.

At this inspection we found significant improvements

- At this visit we found the practice had implemented an improved system for reporting and recording significant events.
- Policy guidance had been implemented and it was clear that staff understood the process
- 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.
- We reviewed incident reports, patient safety alerts and practice meeting minutes. Feedback and sharing of these actions was now documented in these minutes, where these were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example when blood tests had not been recorded correctly we saw the actions required had been shared and completed to avoid a repeat of the incident. Another event resulted from the servicing of clinical equipment

not being completed as required by an external contractor. This had been recorded in more detail and resulted in the contractor returning to the practice to undertake the required servicing and calibration.

Overview of safety systems and processes

The practice had well established clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These had been maintained since the last inspection and included:

- Safeguarding arrangements which 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. The GP was the lead member of staff for safeguarding. The GP did not always attend safeguarding meetings however, always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level 3. The practice nurse was trained to level 2, with update training arranged for November 2016.
- At the last inspection we had concerns that other patients were used as translators during consultations when a patient's first language was not English. We found the practice had ceased this practice and was using Language Line and Goggle Translate much more.
- Notices in the waiting room, both pictorial and written, 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 continued to maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses room had been totally refurbished since the last inspection and was clutter free and well organised. The practice nurse was the infection control clinical lead and liaised with the local infection prevention team to keep up to

Are services safe?

date with best practice. They were working through an IPC audit which was completed in May 2016, with significant work undertaken and ongoing to complete the outstanding actions.

- 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). Improved processes were in place for handling repeat prescriptions, with updated guidance available for staff. 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 medicines optimisation. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed three personnel files, including the newly appointed practice nurse. We found appropriate recruitment checks had been undertaken prior to employment. Staff files were better organised and now contained; proof of identification, references and training certificates. In addition the practice nurse file contained qualifications, registration with the Nursing and Midwifery Council, evidence of indemnity insurance and the appropriate checks through the Disclosure and Barring Service.
- The practice's recruitment policy had been updated in April 2016 and the recent recruitment reflected that the policy had been appropriately followed.

Monitoring risks to patients

At the inspection in January 2016 we found that there were concerns in how the practice managed risks to patients and staff. We also found there were insufficient clinical staff to ensure adequate care and treatment

At this inspection we found that the management of risks within the practice had improved and risks were assessed and better managed.

- There were improved procedures in place for monitoring and managing risks to patient and staff safety. A risk management file had been implemented. There was an updated health and safety policy available. 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. Clinical equipment was due to be checked and calibrated the day after the inspection. The practice confirmed that this had been undertaken following the inspection. The practice had completed and updated a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- We saw better management of the premises with service and maintenance records up to date and all gas and electric certificates current.
- Improved arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a small staffing establishment and administration cover was divided between the staff.
- The recruitment of a practice nurse had meant an increase in the number of clinical hours available and we were told the nurse was working an extra five hours per week reduce the backlog of patients requiring long term condition reviews.

Arrangements to deal with emergencies and major incidents

At the last inspection there were shortfalls in the arrangements to deal with any medical emergency. Equipment was not in place and emergency medicines were maintained in an ad hoc manner.

We found the practice had significantly improved the arrangements to respond to emergencies and major incidents since the last inspection.

- A medical emergency protocol had been introduced to deal with emergency 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 had received updated annual basic life support training.
- Emergency medicines were now centrally available in the nurses' room. These

Are services safe?

- .Emergency medicines were in date and appropriate records were now maintained.
- The practice had purchased defibrillator since the last inspection and oxygen with adult and children's masks were available. A first aid kit and accident book were available. The practice nurse was a trained first aid responder.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At the last inspection we found there was little evidence that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. There was a practice nurse vacancy with only limited locum nurse cover provided. There was little evidence of completed clinical audit cycles or quality improvement. Clinical performance against national screening programmes was lower compared with local and national averages and appraisals for staff were not adequately documented.

Effective needs assessment

At this inspection we found that the practice staff now had access to updated evidence based guidelines and protocols. The practice was now able to assess needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Since the employment of the practice nurse, there was evidence that clinical staff training was up to date, with assurance that relevant continued update training would be available.

Management, monitoring and improving outcomes for people

The practice continued to use the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed the practice achieved 76.6% of the total number of points available (100%) compared with 92% CCG average and 94.8% national average, with 7.2% exception reporting. (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).

Data showed the practice was an outlier for its performance in the management of patients with diabetes against QOF clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was below the local and national averages. For example;

- The percentage of patients who had their blood sugar levels well-controlled was 69.32% compared to the CCG average of 75.69% and national average of 77.54%
- The percentage of patients with blood pressure readings within recommended levels was only 48.28% compared to 78.42% CCG average and the national average of 78%.
- The percentage of patients on the diabetes register with a record of a foot examination was 69.66% compared to 80.54% CCG and national average of 88.3%.

We were informed that the management of diabetic patients was expected to improve with the additional work on going by the practice nurse to reduce the backlog of patients requiring clinical reviews.

We were provided with practice data which indicated that clinical performance had improved since the last inspection.

- The percentage of patients who had their blood sugar levels well-controlled was 59%
- The percentage of patients with blood pressure readings within recommended levels was 73%
- The percentage of patients on the diabetes register with a record of a foot examination was 74%

Performance for mental health related indicators was comparable to or better than CCG and national averages. For example;

- 77% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 85% and national average of 88%
- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to 83.93% CCG average and the national average of 84%.

There was evidence to demonstrate some clinical quality improvement work had been undertaken.

- Since the last inspection there had been one clinical audit completed but this was not a two cycle audit. This was a basic data collection to determine the pattern of Benzodiazepines (used to treat anxiety and depression) over a six year period. The practice historically had been

Are services effective?

(for example, treatment is effective)

a high prescriber of Benzodiazepines but the practice was cited as having a higher than national average of patients with a drug or alcohol dependency. The data indicated the number of patients prescribed these medications had reduced from 100 in 2010 to 35 in 2016.

- Data reflected that the practice continued to be an outlier for the prescribing of non-steroidal anti-inflammatory medication (used to treat joint pain) was low at 58% compared to 80% for the CCG and 76% nationally and the prescribing of hypnotic medication was 0.55% compared to 0.2% CCG and 0.26% nationally.
- When asked about the prescribing trends for the practice the GP referred to the practice manager being best placed to respond to this issue. As the only prescriber in the practice it was a concern that the GP was unable to provide this information.
- Additional data collection work had been undertaken to determine the referral rates into secondary care (hospital appointments) and had demonstrated a reduction in the number of patients being referred for hospital treatment.
- The practice had participated in a pilot cancer screening initiative led by Lancashire BME Network to improve the uptake of breast and bowel screening in patients from non-English backgrounds. A total of 181 calls were made to patients. Staff spoke to 97 (54%) individuals from which a total of 25 (25.7%) appointments were booked for the kit clinic through the pilot intervention. From these 25 appointments a total of 24 individuals attended their appointments, resulting in a 96% response rate. In addition, 72 individuals did not engage with the project.

However there was still limited evidence that improvements had been reflected in care and treatment for patients at the time of the inspection.

- Some medication reviews were still overdue and we were told since the beginning of September 2016 the GP had started to work though the patients still needing a medication review. There were 34 patients' overdue medication reviews, which we were told had been reduced to 19.

Effective staffing

Since the last inspection the practice had been successful in the recruitment of a practice nurse from July 2016. The nurse had previously worked at the practice.

This meant that staff employed now had the skills, knowledge and experience to deliver effective care and treatment.

A variety of training had been undertaken since the last inspection.

- Training included: safeguarding, fire safety awareness, basic life support, defibrillator training, infection control and information governance. Staff had access to and made use of e-learning training modules
- The practice could now demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse was responsible for reviewing patients with long-term conditions. She had attended updated training in Diabetes management and spirometry. Updated training had also been undertaken for administering vaccines and an update and competency assessment was completed for cervical screening.
- The practice had updated the induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Since the last inspection appraisals had been undertaken for all staff, with a review due for the practice nurse at the end of three months employment. The learning needs of staff were now identified through these appraisals.

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.

Since the last inspection there had been improved communication with other health and social care

Are services effective?

(for example, treatment is effective)

professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included multi-disciplinary meetings with Health Visitors and Midwives.

Meetings took place with these health professional on a more regular basis when care plans were reviewed and updated for patients with complex needs. These meetings were now more comprehensively documented.

Consent to care and treatment

A consent policy for staff guidance had still not been implemented since the last inspection. However:

- E learning had been undertaken by staff since the last inspection. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice nurse was able to explain when providing care and treatment for children and young people, how they carried out assessments of capacity in regards to consent in line with relevant national 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 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 mental health issues. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84.16 %, which was higher than the CCG average of 80% 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 demonstrated how they encouraged uptake of the screening programme by opportunistic screening and they ensured a female sample taker was available. The practice nurse had also submitted data to an audit of cervical sampling in August 2016. The inadequate results were low and overall results good.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, however; uptake for breast cancer screening was 50.3% compared to 67% CCG and 72.2% national averages and 40% for bowel screening compared with 59% CCG and 57% national averages.

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 89% to 93% and five year olds from 83% to 89%. Previous childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.8% to 86.4% % and five year olds from 82.6% to 100.0%. The practice nurse indicated that this would improve with her input.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

The practice had recognised the shortfalls and had made improvements to ensure the practice delivered a more caring service for patients.

- Screens were now 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.

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. We did not have any completed CQC comment cards as they had not been received by the practice prior to the inspection.

We spoke with four patients during the inspection. All four patients said they were very satisfied with the care they received and thought staff were approachable and committed, with the GP cited as being extremely caring. One patient spoke about the "lifesaving" care and support that the GP had provided when they were experiencing mental health issues. Another commented that they were pleased that there was now a nurse, at the practice.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the CCG and national responses for its satisfaction scores on consultations with GPs and nurses, although some were slightly lower than the previous year. For example:

- 92.2% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 88%. This had improved from 91% from previous results.
- 90.4% of patients said the GP gave them enough time. This was better than the CCG average of 86% and the national average of 87%, although this had slightly reduced from 92% last year.

- 94.5% of patients said they had confidence and trust in the last GP they saw, comparable to the CCG average of 95.9% and the national average of 95%. This had reduced from 96% from previous results.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%). This remained the same.
- 93.4% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%. This had improved from 88.9%.
- 77.4% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. This had reduced from 80.2% from previous results.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We found care plans were in place when required and were being updated as reviews were undertaken.

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:

- 81.6% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%. This had reduced from 87% from previous results
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%. This had reduced from 86% from previous years
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

Are services caring?

- Staff told us that translation services were now utilised more since the last inspection for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets and some notices were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

There were a range of patient information leaflets and notices available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 11 patients as carers (0.67% of the practice list); previously we were told this had been 23 patients. The practice had a register of carer's which the practice manager explained had only recently been updated. Written information was available to direct carers to the various avenues of support available to them. The practice nurse also confirmed that during consultations they would be asked about their own health and wellbeing.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. Patients were also given advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At the last inspection we found there were areas that required improvement, related to management of patients with long term conditions, complaints management and improving access.

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

- An additional Thursday pm clinical session was now available
- A practice nurse was now employed and was working to improve the management patients with long term conditions. Additional hours were being worked to reduce the back log of patient reviews.
- There were longer appointments available for patients with a learning disability and a register of patients had been implemented.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Access to same day appointments was good, with appointments 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 for those only available privately, patients were referred to other clinics
- There were disabled facilities available and better access to and use of translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. There was now an additional Thursday afternoon surgery, which we were told had reduced demand on the Friday surgeries. Appointments were from 8.30am to 12 mid-day each morning and 3.30pm to 6pm daily. Telephone consultations were available each day from 3pm until 3.30pm before the start of afternoon surgery.

The practice still did not have a website and we were told the previous site had been hacked. Pre-bookable appointments could be booked up to six weeks in advance via patient access website. We saw urgent appointments were available daily for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were always able to get appointments when they needed them. We observed during the inspection that patients contacting the practice were given same day appointments and another patient given an appointment in an emergency, within a very short time.

The practice had improved the system in place to assess:

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

A medical emergency protocol had been implemented since the last inspection, with guidance included about home visit requests.

The practice manager and nurse explained they would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 improved the system in place for handling complaints and concerns. The complaints policy had been reviewed. We were told that any complaints would be discussed and documented at practice meetings. Information had been reviewed and available for patients on how to make a complaint.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 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

We were told that there had been no written complaints since the last inspection in January 2016, when these were previously reviewed.

We were informed that a number of verbal complaints had been made by patients, particularly about a staff member. These had been documented and we saw evidence that this issue was being managed appropriately.

Are services well-led?

Requires improvement 

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

Our findings

At the last inspection we had concerns about the leadership and management of the practice.

The practice did not have a clear vision and strategy. Governance of the practice was poor. Practice meetings were ad hoc and not documented and the practice had not proactively sought feedback from staff or patients and did not have a patient participation group. Staff appraisals did not evidence any performance management or personal development discussion.

Vision and strategy

At this inspection we saw that a mission statement had been agreed. This was “To provide quality healthcare and facilities. Participate in the creation of healthier lives within the community and a build a support team”. This was displayed in the waiting room.

The staff independently told us of the work undertaken to improve the practice since the last inspection and that they wanted to ensure patients received safe care from caring staff.

Governance arrangements

Work had been undertaken to make some improvement to the governance arrangements within the practice since the last inspection but this had been predominately led by the Practice Manager

- There was an improved staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies had been implemented or reviewed and were available to all staff.
- There were improved arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice meetings were now documented and with standard agenda items for significant events, complaints and safeguarding discussion.
- However there was no programme of continuous clinical and internal audit used to monitor quality and to make improvements. Data collections had been undertaken but there was still little evidence that clinical audit or quality improvement was used to improve care and treatment

Leadership and culture

The GP told us they prioritised safe, high quality and compassionate care. Staff told us the GP was approachable and took the time to listen to all members of staff. However we found there was limited leadership from the GP.

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 training for all staff on communicating with patients about notifiable safety incidents. 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, although we were told there had been no written complaints since the last inspection.

The practice staffing establishment was small and staff had worked at the practice for a number of years; this included the recently recruited practice nurse who had previously been employed at the practice.

- Staff told us the practice now held regular team meetings and we saw these were now documented.
- Staff told us there remained 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 and supported. All staff said felt involved in discussions about how to run and develop the practice.
- The practice nurse said she felt supported to enable her to identify opportunities to improve the service delivered by the practice.

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

- The practice had previously had a patient participation group but the practice manager told us this was poorly attended and had lapsed. We saw evidence that the

Are services well-led?

Requires improvement



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

practice was making efforts to restart the group, with a meeting held in May when four patients attended. A meeting was advertised in the waiting room and entrance to the practice for later in September.

- The practice had gathered feedback from staff through practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, the practice manager and the GP.

- Appraisals had been undertaken for staff. These were now more detailed and evidenced performance review and discussions of future training and development.

Continuous improvement

The GP had attended a range of learning and professional update events, recorded on a learning log, however there was no evidence that any of these had resulted in continuous learning and improvement within the practice.

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
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Regular clinical audits or quality improvement activity were insufficient to assess, monitor and improve the quality of care and treatment.</p> <p>Policy guidance was not in place for obtaining consent from patients.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Effective processes were not in place to undertake medication reviews particularly for patients with multiple and frequently prescribed medicines.</p> <p>Prescribing trends for the practice were not in line with local and national trends and there was no evidence of any strategy to improve this.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>