

Westleigh Medical Centre

Quality Report

Westleigh Medical Centre

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Date of inspection visit: 11 May 2017

Date of publication: 07/06/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westleigh Medical Centre on 11 May 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

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

We saw one area of outstanding practice:

- The practice had implemented a system of daily informal meetings known as “huddles”. Huddles enabled the practice team to have frequent but short

Summary of findings

briefings so that they could stay informed, review work and make plans, and this ensured a consistent approach to communicating messages to staff. We observed this had a positive impact on team morale.

However there were areas of practice where the provider needs to make improvements:

Importantly the provider should:

- Review the audit system so that the clinical audit cycle is completed for all audits.
- Continue to monitor the practice system for identifying carers to increase the number recorded.
- Introduce a system for monitoring and auditing cleaning schedules.
- Consider that key members of staff keep a copy of the practice business continuity plan at home.
- Review the information provided for patients in the waiting areas for relevance and whether up to date.
- Introduce regular all staff meetings with a standing agenda that includes information about significant events and complaints.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared with clinical staff to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had sufficient arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement. However not all audits were detailed and had a completed audit cycle.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals for most staff and a plan in place to undertake appraisals for remaining members of staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a 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 evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff but sometimes informally rather than documented in meeting minutes.

Are services well-led?

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

Good



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity. One of the partners led on clinical governance.
- There were arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Summary of findings

- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs and advanced nurse practitioners who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- All the diabetes indicators we reviewed from Quality and Outcomes Framework (QOF) data were above the CCG and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with

Summary of findings

relevant health and care professionals to deliver a multidisciplinary package of care. There were shared care protocols in place with secondary care, for example for rheumatology.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations 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, extended opening hours and telephone consultations.
- 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.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances which included asylum seekers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff interviewed 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 generally below the local and national averages. 308 survey forms were distributed and 107 were returned. This represented over 2% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 79% and 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 16 completed comment cards and the majority were positive about the standard of care received.

We spoke with six patients during the inspection including a member of the patient participation group (PPG). All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice had undertaken its own patient survey which was generally positive about the standard of care received and the staff. The practice had acted upon comments and produced an action plan. This included recruitment of more members to the patient participation group (PPG) and more health promotion information, in particular about extended access to appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the audit system so that the clinical audit cycle is completed for all audits.
- Continue to monitor the practice system for identifying carers to increase the number recorded.
- Introduce a system for monitoring and auditing cleaning schedules.
- Consider that key members of staff keep a copy of the practice business continuity plan at home.
- Review the information provided for patients in the waiting areas for relevance and whether up to date.
- Introduce regular all staff meetings with a standing agenda that includes information about significant events and complaints.

Outstanding practice

- The practice had implemented a system of daily informal meetings known as "huddles". Huddles enabled the practice team to have frequent but short briefings so that they could stay informed, review work and make plans, and this ensured a consistent approach to communicating messages to staff. We observed this had a positive impact on team morale.

Westleigh Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser.

Background to Westleigh Medical Centre

Westleigh Medical Centre provides primary care services to its registered list of about 4100 patients. The main location of the practice is situated in Leigh and the branch surgery in Abram.

Both the main and branch surgery have suitable facilities with disabled access. There are parking facilities at the main site and both sites are accessible by local transport links.

There are three GPs (two male and one female) who undertake regular sessions at the practice. There are also two advanced nurse practitioners, one practice nurse and two healthcare assistants, including one currently in training. There is also a practice manager, and supporting administration staff. The practice used regular locum GPs. The practice has significantly increased clinical staffing levels in the last year.

The male life expectancy for the area is 76 years compared with the Clinical Commissioning Group (CCG) average of 77 years and the national average of 79 years. The female life expectancy for the area is 81 years compared with the CCG average of 81 years and the national average of 83 years.

The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of NHS Wigan Borough CCG.

Westleigh Medical Centre is open Monday to Friday from 8am. It closes on Wednesdays at 1pm and on Fridays at 5pm and is open later on Monday, Tuesday and Thursday until 6.30pm.

Abram surgery opens Monday, Tuesday and Friday between 8.30am and 1pm and then again between 3.30pm until 6.30pm. On a Wednesday they close at 1pm and on Thursdays they are open all day from 8.30am until 6.30pm. The practice has extended hours on Tuesday evening surgery at Westleigh Medical Centre from 6.30pm and on Thursday at Abram Surgery from 6.30pm.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

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 11 May 2017. During our visit we:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke with clinical and non-clinical staff, a member of the Patient Participation Group (PPG) and patients.
- Reviewed patient survey information.
- Observed how people were being cared for and talked with carers and/or family members.
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. 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).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared with clinical staff and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules in place however no monitoring systems or audits were currently in place to monitor these.
- The practice nurse was the infection prevention and control (IPC) clinical lead. They had recently taken on this role and we saw evidence of planned liaison with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Although there was no current IPC audit fully completed we saw evidence that this was in progress and there were plans to complete this soon.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Advanced nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

Are services safe?

- The practice had identified that there were limited medication reviews undertaken between May 2016 and October 2016. However they identified this as an area for improvement and subsequently had undertaken 415 medication reviews between October 2016 and March 2017. They recognised that this was work in progress and there was a need to maintain momentum.

We reviewed ten personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had sufficient arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available at the both the main and branch surgeries. 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.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However key members of staff did not keep a copy of this at home.
- We saw an example of when the business continuity plan had been implemented successfully. There had been a break in at the branch surgery and the water boiler had been stolen. The branch surgery had to close for a period of time for health and safety reasons. Patients who used the branch surgery were signposted to Westleigh Medical Centre to ensure they received continuity of care and treatment as required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of QOF points available compared to the CCG average of 97% and national average of 95% and with 12.7% exception reporting which was above the CCG and national averages. (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). Examples from the latest published data showed:

- Performance for diabetes related indicators were above the CCG and national averages. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80mmHg or less was 90% compared to CCG average of 83% and the national average of 78%.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months which was the same as the CCG average of 91% and above the national average of 88%.

We saw evidence that the practice had improved diabetes and mental health related indicators and reduced exception reporting since the last QOF results from 2015-16 were published.

There was evidence of quality improvement including clinical audit:

- There had been clinical audits completed in the last two years, however not all audits demonstrated a completed audit cycle.
- A local CCG pharmacy technician provided support to the practice. They ran prescribing safety checks and audits, where any issues were highlighted these were passed to the practice to act upon.
- Audits were discussed at clinical meetings within the practice.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw evidence staff had received updates that included the management of diabetes and spirometry.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical

Are services effective?

(for example, treatment is effective)

supervision and facilitation and support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months and we saw evidence of plans to undertake this for the remainder of staff.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had operated an apprentice scheme and there was currently one apprentice receptionist working at the practice. This scheme had led to employment post scheme in local practices.
- The practice had implemented a system of daily informal meetings known as “huddles”. Huddles enabled the practice team to have frequent but short briefings so that they could stay informed, review work and make plans, and this ensured a consistent approach to communicating messages to staff. We observed this had a positive impact on team morale.

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.
- From the documented examples we reviewed we found that 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. Information was shared between services, with patients’ consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 member of the nursing team assessed the patient’s capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

The practice’s uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 84% and the national average of 82% with a lower rate of exception reporting than the CCG and national averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 92% to 96% and five year olds from 87% to 98%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

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.

The practice worked with the community link worker (CLW). The CLW took referrals for patients who needed extra help,

but not necessarily medical help. It varied from advice on benefits to social issues such as loneliness and not knowing which services were available and how they could be accessed. This service worked in co-operation with Age UK so that patients over 65 were linked to the services available through them.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 16 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. Patients also commented that they had noted the recent staffing changes made had improved the practice. However one patient did comment that at times it was difficult to get an appointment.

We spoke with six patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% 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%.

- 78% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 80% of patients said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 77% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 78% 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 the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

The practice was aware of the lower than average satisfaction scores which they considered a result of challenges with staffing and a reliance on Locum GPs. However improved results were anticipated by the practice as there had been significant changes to clinical staff since these last results were published.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 below the CCG and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.

Are services caring?

- 76% 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% the national average of 82%.
- 81% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that interpretation 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. However we noted that some of the information provided was out of date and referred to organisations such as the Primary Care Trust (PCT) which no longer exists. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (less than 1% of the practice list). However we saw evidence the practice was proactively trying to increase these numbers by asking clinicians to identify carers and input the appropriate read code. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. On occasion members of the staff team had attended funerals subject to the wishes of the bereaved families.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday at Westleigh Medical Centre and a Thursday at Abram surgery from 6.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities which included interpretation services, through language line, available. Face to face interpreters were used when required.

Access to the service

Westleigh Medical Centre was open Monday to Friday from 8am. It closed on Wednesdays at 1pm and on Fridays at 5pm and was open later on Monday, Tuesday and Thursday until 6.30pm.

Abram surgery was open Monday, Tuesday and Friday between 8.30am and 1pm and then again between 3.30pm until 6.30pm. On a Wednesday they closed at 1pm and on Thursdays they were open all day from 8.30am until 6.30pm. The practice had extended hours on Tuesday evening surgery at Westleigh Medical Centre from 6.30pm and on Thursday at Abram Surgery from 6.30pm.

Patients requiring a GP outside of normal working hours were advised to contact the surgery and they were directed to the local out of hours service which was provided by

Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 85%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 65% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

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

The practice had a system 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.

Are services responsive to people's needs?

(for example, to feedback?)

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

- We saw that information was available to help patients understand the complaints system.
- We looked at all complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way. Lessons were learned from individual concerns and complaints, and action was taken to as a result to improve the quality of care. However if the practice included complaints on a standing agenda, it would ensure a more consistent approach to sharing this information amongst all staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

External governance was provided by a social enterprise company. This was formed in 2010 as a social enterprise community interest company limited by guarantee (not for profit). They had a multi-disciplinary board of directors who worked with GP practices with the aim of keeping practices up to date with developments in general practice and the NHS. The practice had recently joined this alliance and two of the practice partners were directors at the company. They not only provided governance but were also available for advice and support when needed.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held which provided an opportunity for staff to learn about the performance of the practice. Clinical meetings were held weekly however meetings for all staff were not held regularly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However not all audits we reviewed demonstrated a completed audit cycle.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared with clinical staff following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 partners encouraged a culture of openness and honesty. From the documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held team meetings but they were not on a regular basis.
- 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. Minutes were not detailed and there was not any standing agenda items. However they were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Through an in house patient survey
- NHS Friends and Family test, complaints and compliments received
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Throughout the inspection we saw evidence of improvement over the last twelve months across all domains and population groups. The practice had undergone major staffing changes in the last year. This had included increasing the nursing team, with a newly appointed practice nurse and a second advanced nurse practitioner, and had recruited a new salaried GP, due to start in August 2017. They had continued to recruit for a further GP and we saw evidence that this was in progress.