

Fernbank Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fernbank Surgery, Lytham St Annes on 7 April 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Thorough recruitment procedures were carried out before staff were employed.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were two areas of outstanding practise:

- One of the GPs chaired the local neighbourhood meeting. This included benchmarking referrals against other practices and reviewing all local data for trends and actions required.
- We looked at two clinical audits completed in the last two years. These were completed audits where the

Summary of findings

improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit of gestational diabetes led to a review of NICE guidance being followed in the practice and annual follow up reviews for patients.

The areas where the provider should make improvements :

- Consider producing easy to read information leaflets for people with learning disabilities

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal and 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.
- Overall, risks to patients were assessed and well managed.
- Thorough staff recruitment procedures were followed.
- Systems were in place to safeguard patients from the risk of infection.

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 for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. 90% of respondents to the GP patient survey stated that the last

Summary of findings

time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. This compared to a local Clinical Commissioning Group (CCG) average of 90% and a national average of 85%.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was available however an easy to read version would be of benefit to people with learning disabilities
- 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.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was evidence of a governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients including booking well in advance so that families or carers could attend and transport could be arranged if necessary.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Care plans and health checks were provided as needed with regular medicine reviews carried out.
- Two of the GP's were involved in delivering the "Extensive Care" service which provided holistic care for those with two or more chronic diseases. A team of nurses and a consultant in elderly medicine made up the team.
- Care plans were produced for many patient's on the register in particular those who had been discharged from hospital or those in residential homes.
- The practice offered longer appointments available for those patients who needed them. There was a named GP for all patients.
- Practice staff worked with voluntary organisations including Age UK, Stroke Association and Lancashire Wellbeing Service.

People with long term conditions

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

Good



- The practice has a robust chronic disease programme which included:
- A robust annual review call and recall programme was in place.
- The practice used up to date, evidence based practice guidelines for the management of chronic conditions
- Effective working relationships had been established with Clinical Nurse Specialists for a variety of long-term conditions. The practice offered specific clinics delivered by upskilled staff for Asthma, Diabetes and COPD patients. BP home monitoring, dietary advice, and referral to exercise/lifestyle management groups occurred.

Summary of findings

- Patients with COPD were offered enhanced support to recognise advancing symptoms and how to manage these and were given individualised person held care plans known as Breathing Booklets.
- Longer appointments were offered for patients with multiple conditions.
- The clinical lead of the “Housebound Project” was one of the practice GP’s. This is delivered by the neighbourhood team so that patients unable to attend surgery for chronic disease clinics received an equitable service at home.
- Care plans were produced for all patients who required long-term care.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Post-hospital discharge care plan reviews were carried out with patients who attended A & E unnecessarily

Families, children and young people

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

- The practice had high achievement with their childhood immunisation programme achieving between 88.5% and 97% uptake for two year olds in 2014/15 as compared with the CCG average of 94%. There were systems in place to identify non-attenders for immunisations.
- The practice had six weekly meetings with the health visitors and school nurses to discuss children who might be at risk.
- There was an area in the waiting room for children to play.
- The practice offered a private room for breastfeeding and there were baby-changing facilities.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and younger patients who had a high number of A&E attendances.
- 64% of patients with asthma, on the practice register, have had an asthma review in the preceding 12 months that included an assessment of asthma control using the three RCP questions. This compared to a national average of 75%.

Good



Summary of findings

- 82% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a national average of 82%.
- Urgent appointments were offered for children who were acutely unwell, including appointments outside school hours.
- There was an adolescent friendly culture in the Practice with staff flexible to their needs, understanding confidentiality and safeguarding issues. Staff had received training on consent in young people.
- The practice signposted young people to voluntary sector services including Connect

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 practice promoted online services and text messaging to make it easier for patients who work to access services outside of practice hours.
- NHS health checks were routinely encouraged.
- Text messaging had been introduced as a reminder for patients to keep their appointments.
- The practice offered early morning access from 8am and late appointments until 6.30pm.
- Saturday morning and weekday evening flu clinics were available throughout the season.
- Same day appointments were available and patients could book appointments online and An Electronic Prescription Service meant that patients did not have to go into the Practice to order or collect prescriptions .
- The practice had introduced innovative FEV6 screening for patients with COPD (a screening tool used in the diagnosis of airway obstruction).
- Flexible consulting was offered including working in partnership with patients to offer patients access to results to enable them to self-manage long-term conditions such as diabetes management plans, BP monitoring advice sheets, and “my breathing book”.
- A Smoking Cessation service was run at the other location at Freckleton.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice had a register of vulnerable adults and children.
- Clinical staff were trained in the Mental Capacity Act. There were procedures in place for identifying patients with a Deprivation of Liberty Safeguard in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice used the Gold Standard Framework to support patients who were at the end of their life.
- Checks were offered to patients with a learning disability with dedicated, longer appointments scheduled at more accommodating times.
- The practice supported a Vanguard project (the practice is a chosen site taking the lead on the development of a new care model) for patients with complex needs which involved referral into a dedicated service.
- Non-clinical and clinical staff worked flexibly to accommodate those with conditions that involved chaotic or unplanned behaviour for example alcohol abuse and severe and enduring mental health conditions.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice had a dedicated area in the waiting room with information regarding dementia and a mental health helpline.
- All patients on the mental health register were invited for an annual review of their mental and physical health and medication.
- 87% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records, in the preceding 12 months. This compared to a national average of 88%.
- 79 % of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This compared to a national average of 84%. Staff were Dementia Friends trained.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. This included joint visits with community mental health teams.
- The practice is currently piloting a scheme where patients may have their depo injection at home.
- Self-help and signposting took place to non-pharmacological therapies including Big White Wall, online resources, exercise on prescription, Richmond Fellowship and Minds Matter.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 120 were returned. This represented 1.2% of the practice's patient list.

- 78 % of patients found it easy to get through to this surgery by phone compared to the national average of 73%.
- 86 % of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 91% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 93% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients considered they were treated with care and respect by all staff at the practice and the service was repeatedly described as superb and first class. They said the environment was safe and hygienic.

We carried out face to face interviews with eleven patients during the inspection. All eleven patients said they were satisfied with the service they received and thought the reception staff were helpful. The GPs were described as excellent.

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2016. This indicated that overall, 90% of patients were extremely likely or likely to recommend the practice to their friends and family.

Outstanding practice

One of the GPs chaired the local neighbourhood meeting. This included benchmarking referrals against other practices and reviewing all local data for trends and actions required.

We looked at two clinical audits completed in the last two years. These were completed audits where the

improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit of gestational diabetes led to a review of NICE guidance being followed in the practice and annual follow up reviews for patients.

Fernbank Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Fernbank Surgery

Fernbank Surgery is located in Victoria Street, Lytham St Annes, Lancashire and has a branch practice in Freckleton, Lancashire. The team covers both practices and offers appointments at both, regardless of which surgery patients contacted.

This practice is located in a large medical centre near to the centre of the town. There is easy access to the building and disabled facilities are provided. There is a large car park serving all of the medical facilities on the site. There are six GPs working at the practice. Five GPs are partners, two male and three female and one female GP is salaried. There are five full time practice nurses, four female, one male, two part time health care assistants (both female) There is a full time practice manager, one assistant practice manager and a team of administrative staff.

Within the building there was one other general practice, a musculo-skeletal service, outpatient clinics and a café.

The practice opening times are 8am until 6.30pm Monday to Friday.

Patients requiring a GP outside of normal working hours are advised to call Fylde Coast Medical Services using the usual surgery number and the call will be re-directed to the out-of-hours service.

There are 10,121 patients on the practice list. The majority of patients are white British with a high number of elderly patients and patients with chronic disease prevalence. The practice are part of Fylde and Wyre Clinical Commissioning Group and deliver services under a General Medical Services contract.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Fylde and Wyre Clinical Commissioning Group to share what they knew. We carried out an announced visit on 7 April 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, practice nurses, a health care assistant and admin and reception staff.
- Reviewed the practice's policies and procedures.

Detailed findings

- Reviewed comment cards where patients shared their views and experiences of the service.
- Carried out face to face interviews with eleven patients.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and information was reviewed annually to identify trends. We saw that action plans were drawn up to demonstrate learning and changes made to practice.
- One example of action taken in response to a significant event was when patients were finding it difficult to access appointments they might be transferred to the branch practice at Freckleton. The team covered both sites and offered appointments at both surgeries regardless of which surgery patients contacted.
- We reviewed safety alerts received by GPs. These were discussed during practice meetings, displayed on the staff notice board and E-mailed to all clinical staff. Recent alerts on management of measles and updates to the British National Formulary (guidance which provides up to date information on prescription and administration of medicines) had been E mailed to all clinical staff by the practice manager.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies seen at the inspection visit were CCG based policies which provided contact information for further guidance if staff had concerns about a patient's welfare including the Local Authority Designated Officer. The policy was updated immediately after our inspection to reflect the specific needs of the practice. The GP lead on safeguarding attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- Notices in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. All staff had received up to date training and the last infection control audit was undertaken in September 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the CCG, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed four staff personnel files and found that full recruitment checks had been undertaken prior to employment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and a supply of oxygen. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Care plans were drawn up with patients who were at risk of hospital admission. Patients retained a copy of the care plan at home to assist other providers who might support them out of hours.
- 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 97 of the total number of points available for 14/15. The data we saw from 2014/2015 showed the following:-

- The percentage of patients with hypertension having regular blood pressure tests was slightly lower than the national average. For example, 79% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (01/04/2014 to 31/03/2015). This compared to a national average of 84%.
- The percentage of patients with asthma was lower than the national average during 14/15 (64% compared to the national average of 75%). We saw evidence at the practice that the 2015/16 score would be 80% against a national average of 80%.

- Performance for mental health related indicators was similar to the national average. For example, 90% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a national average of 94%.

Clinical audits demonstrated quality improvement.

- We looked at two clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of gestational diabetes led to review of NICE guidance being followed and annual follow up reviews.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- An induction pack had been developed to support new locums working in the practice.
- Staff were provided with role-specific training and updating, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had been included in an assessment of competence. One of the practice nurses had undertaken the Non-Medical Prescribers course. Staff who administered vaccinations demonstrated 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 from senior staff, one-to-one meetings and appraisals for revalidating GPs. All staff had participated in an appraisal in the last twelve months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- One of the GPs chaired the local neighbourhood meeting. This included benchmarking referrals against other practices and reviewing all local data for trends and actions required.
- The practice was a well established training practice and had recently been awarded Enhanced Training Practice Hub status to provide and promote primary care training placements for student nurses
- The practice had recently had their Gold Investor in People award reviewed and renewed.

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, practice meetings and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- During 2016 the practice had organised a multidisciplinary event which included members of the secondary care teams, a nursing home and pharmacists as well as clinicians from the practice team. The local CCG led the meeting which was to identify opportunities for improvements in multidisciplinary working.
- We saw that referrals were made to a variety of voluntary organisations, multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. They had received training in patient consent.
- When providing care and treatment for children and younger patients, 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82% which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.5% to 97% and five year olds from 60% to 98%.

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-up appointments were made for the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and confidentiality was maintained
- Patient feedback included comments about how helpful the reception staff were. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients considered they were treated with care and respect by all staff at the practice and the service was repeatedly described as excellent and very good. They said the environment was safe and hygienic.

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

- 95% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time (CCG average 89% national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 96% national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90%).
- 85% of patients said they found the receptionists at the practice helpful (CCG average 85% national average 87%).

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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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:

- 91 % of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting area told patients how to access a number of community support groups and organisations such as those supporting good mental health and physical health care needs such as cancer.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to signpost them to the various avenues of support available to them. The practice had recently held an education event supported by N Compass to promote identification and support of carers.

Staff contacted patients who had been bereaved, telephoning them and discussing local agencies who might offer support. .

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and for patients with multiple conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious or urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available including a hearing loop.
- The practice used the Gold Standard Framework to support patients and their carers who were at the end of life.
- Patients with COPD were offered enhanced support to recognise advancing symptoms and how to manage these and were given individualised person held care plans known as Breathing Booklets.
- The Housebound Service for patients with a long term condition had been initiated by one of the practice GP's. The service was about to be launched as a pilot across the local neighbourhood.
- There was a notice board in the waiting area which promoted dementia awareness and memory services, also agencies to support carers such as N Compass and Carers Lancashire. There were monthly multidisciplinary team meetings to discuss patients with complex needs.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. Appointments were available from 8.35 am to 5.30pm Monday and to Friday.

Should demand exceed availability of appointments contingency plans were in place to ensure appropriate access. The length of appointment provided was 12.5 minutes which was above the average 10 minute slot.

Patients requiring a GP outside of normal working hours were advised to call Fylde Coast Medical Services using the usual surgery number and the call would be directed to the out-of-hours service.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients said they could get through easily to the surgery by phone (national average 73%).
- 41% of patients said they always or almost always see or speak to the GP they prefer (national average 36%).
- The practice had worked to improve access to services for vulnerable patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- Staff kept a register of patients who were seen at Accident and Emergency or admitted to hospital and subsequently discharged. These patients were added to the telephone triage list each day and followed up as needed.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The 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.
- The practice had received three complaints during 2015/16. These had all received appropriate and timely responses. One of these focussed on the process for issuing NHS Fit notes and led to the production of a leaflet outlining the rules for both staff and patients. An alert was put on EMIS, which reminded staff about the availability of the leaflet.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement, which was displayed in the waiting areas, and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw an annual report for 2015/16 which charted changes in population and new registrations across the previous four years, analysed the nature of consultations, complaints received, and included reports from each partner. It also contained a business plan for 15/16 with clear and realistic objectives such as improved telephone access and appointment availability.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. These documents were reviewed regularly with future review dates set.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and was clearly described in a quality assurance policy.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were very approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

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

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

- We saw evidence that the practice held weekly team meetings, strategic partners meetings, clinical meetings and educational meetings. There were staff events several times each year to review performance and make future plans.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, involved and supported, particularly by the GPs and Practice Manager.
- All staff felt they were involved in discussions about how to run and develop the practice
- Both staff and patients described a culture of caring for people.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG). We met with five representative of the PPG. They told us the group met quarterly, a GP attended each meeting and the practice manager provided administrative support. They had carried out patient surveys annually and submitted proposals for improvements to the practice management team. For example, the prompt about appointments sent by text had been introduced following PPG discussions about patients who did not attend appointments. Also online ordering of prescriptions had been introduced which reduced

Are services well-led?

Good 

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wastage of supplies. We saw a suggestion box in the reception area, and there was an online newsletter and the practice website which encouraged patient feedback.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. A recent change to a new shift system was preceded by consultation with staff.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

- The partners met weekly with the practice manager to monitor the impact of new initiatives, the progress of new staff, QOF results, CCG & CQC visits and action required, and listen to feedback from other meetings and education sessions.
- Action plans were produced following any survey carried out. Improvements introduced included the introduction of a telephone queuing system, additional

incoming telephone lines, the introduction of Patient Access for appointment booking and repeat prescription requests and the introduction of the text reminder and cancellation system.

- The practice had produced a quality improvement plan in November 2015 summarising progress and outlining their plans for 2016. Progress included improvements to breast and bowel screening uptake and improving uptake of flu vaccinations in pregnant women. Intentions for 2016 included improvement to the service offered to carers, and extension of the opening hours. These indicators had been reviewed in January 2016 and all had improved during the intervening three months.
- The practice held an annual event for the full team to engage, learn and seek improvements together. The most recent event had focussed on carers and how the practice could identify carers and promote support agencies
- The practice had meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team including chairing the local neighbourhood group so they could influence local services, review the needs of its local population and secure improvements to services where these were identified.