

# Lower Ince Surgery

## Quality Report

Clare House  
Phoenix Way  
Ince  
Wigan  
WN3 4NW

Tel: 01942 481140

Website: [www.ssphealth.com/our practice/lower  
ince](http://www.ssphealth.com/our-practice/lower-ince)

Date of inspection visit: 31 July 2017

Date of publication: 20/09/2017

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to Lower Ince Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lower Ince Surgery on 31 July 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 clearly 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 most recent national GP patient survey showed patients were mostly satisfied with the surgery and felt 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 were able to make an appointment with a named GP if required and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon. Staff were able to work flexibly and across different SSP locations.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had a proactive patient participation group (PPG).

We saw an area of outstanding practice :

The practice had a successful Hypnotic Reduction Programme of patients on Benzodiazepine Medicines. (Benzodiazepines are a group of medicines sometimes used in patients with anxiety, sleeping problems and other mental health disorders). Before SSP Health were awarded the contract, Lower Ince Surgery was the highest

# Summary of findings

prescriber of this medicine in the country. The improvement had been achieved through an in-house reduction programme devised by the provider in agreement with patients who fitted the criteria.

**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 to make sure action was taken to improve safety in the practice. Staff informed patients about things that had gone wrong as soon as practicable. They received reasonable support, truthful information, and a written apology. Staff told patients about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. The practice nurse attended housebound patients to support and treat chronic disease management.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The important patient register demonstrated regular review of patients in these categories.
- The practice had adequate 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 and had the skills, knowledge and support to deliver effective care and treatment.
- Information about patients' outcomes was identified through data collections that had been routinely carried out in relation to a number of areas including consultations, appointments and inadequate smears.
- Full clinical audits and re-audits to monitor the effectiveness of clinical care were demonstrated particularly in the case of medicine reduction programmes.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- Patient care was coordinated with other services involved and the important patient register demonstrated regular review of patients with chronic diseases.

## 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 just below others in the locality for most 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.
- Information for patients about the services available was accessible.
- The staff held charity events to encourage patients to come together and to help reduce social isolation. For example, Wigan Flag day encouraged community integration and food collection helped The Brick, which was a local charity for the homeless.
- The practice had a proactive patient participation group (PPG) that were involved and felt enabled to manage change.
- There were staff champion roles to support patients and/or their families with palliative care information, cancer services and bereavement support.

## 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. For example, health care information was provided in different languages. Patients had access to 24 hour blood pressure testing and monitoring, in house telemedicine electrocardiogram (ECG) testing and community based ultrasound scanning (USS) at neighbouring SSP Health sites.
- 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 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. A winter pressure clinic was arranged during the winter periods.

# Summary of findings

- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Staff learned from complaints and shared information with other stakeholders.

## 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received induction training, 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 practice 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.
- The practice proactively sought feedback from staff and patients and engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

**Good**



# 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



- 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. Nursing staff visited patients at home if they were unable to attend the practice to manage chronic disease and long term conditions.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- 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 reviewed their treatment plans regularly.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, regular coffee mornings were held at the surgery to encourage patients to meet up in order to reduce social isolation.
- There was a dedicated carers' champion who maintained a register of these patients and signposted them to community support services.

### People with long term conditions

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

Good



- There was a methodical system to ensure patients received annual reviews. This included the important patient register.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. Planned home visits coincided with flu/pneumococcal immunisations.
- The percentage of patients with diabetes receiving the required interventions was 100% and clinical exception reporting was 6% which was 2% lower than the local and national average. (Exception reporting is where patients are disregarded for reporting purposes after specific criteria had been met).
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

# Summary of findings

- 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 named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- Longer appointments, up to 45 minutes, were available for patients with multiple conditions for their convenience and to ensure time was available for a more holistic review of their care needs.
- A carer, palliative care and bereavement champion maintained a register of patients with long-term conditions and cancer and provided them with information about local community and practice support services.

## Families, children and young people

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

- The practice sent a congratulations letter to all new parents.
- 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.
- Staff attended regular safeguarding meetings where they were updated on the safeguarding issues within practice.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The premises were suitable for children and babies. For example, breast feeding and changing facilities were available.
- Appointments outside of school hours were available.
- An Early Years fact sheet was sent to new parents providing information about vaccination schedules, breast-feeding, cervical screening and other health related information to support and promote health and wellbeing. This factsheet was available in different languages to support patients whose first language was not English.
- Same day appointments were available for children to reduce potential anxiety for parents and reduce the need to access accident and emergency and out of hours' services.
- Weekly and ad-hoc baby immunisation clinics and eight week baby checks were available.
- The practice offered advice on contraception and sexual health and took part in the National campaign "RU Clear" for sexually transmitted diseases.

Good





# Summary of findings

## Working age people (including those recently retired and students)

Good



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

- The needs of this population group 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, providing health care information in different languages and holding charity events.
- The practice was proactive in offering online services as well as a full range of health promotion and patient screening that reflected the needs for this age group.
- The practice offered a health check to all registered patients and NHS Health checks every five years for those patients between the ages of 40 – 74 years of age.
- Appointments and repeat prescriptions could be booked online. Telephone appointments were available daily with the nurse and GPs.
- Patients were able to use the 'Text to Cancel' service allowing patients to cancel unwanted appointments. This improved access to appointments for other patients and reduced the rate of missed appointments.
- Minor surgery injections were offered at another location.
- The practice worked with local pharmacies to ensure patients could use a pharmacy of their choice for ordering and collection of medicines.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of important patients which included patients living in vulnerable circumstances.
- End of life care was delivered in a coordinated way that took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and mental health problems so they had more time to discuss their health care issues.
- 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 we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may

# Summary of findings

make them vulnerable. They understood their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

- All staff were trained in safeguarding. The IT system alerted staff to patients subject to safeguarding.
- Regular safeguarding meetings and review of patients on the important patient register took place to ensure those patients received the support and medical treatments they needed.
- Staff were trained to act as chaperones.
- The practice was accredited by the LGBT Foundation for its services provided to LGBT patients.
- Wheelchair access was available and leaflets were printed in large font for patients who were partially sighted.
- Health promotion materials were available in a range of different languages and a language interpretation service was used.

## 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.
- The practice considered the physical health needs of patients with poor mental health and dementia.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan agreed with them or their family was 95% which was 15% above the CCG average and the national average.
- The practice had a superior system for monitoring and controlling repeat prescribing for patients receiving medicines for mental health needs specifically high risk medicines.
- 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

- Opportunistic screening of patients physical health care was discussed and provided to patients during pre-booked appointments

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2017. The results gave mixed results as compared to local and national averages. 383 survey forms were distributed and 95 were returned. This is approximately 2% of the practice population.

- 87% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

- 71% of patients said they would recommend this GP practice to someone who had 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 31 comment cards which were all positive about the standard of care received. Patients said they were happy with the service they received. Patients described the service as 'very good' and 'good' and the staff as helpful and caring.

## Outstanding practice

The practice had a successful Hypnotic Reduction Programme of patients on Benzodiazepine Medicines. (Benzodiazepines are a group of medicines sometimes used in patients with anxiety, sleeping problems and other mental health disorders). Before SSP Health were

awarded the contract, Lower Ince Surgery was the highest prescriber of this medicine in the country. The improvement had been achieved through an in-house reduction programme devised by the provider in agreement with patients who fitted the criteria.

# Lower Ince Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser and a practice nurse adviser.

## Background to Lower Ince Surgery

Lower Ince Surgery has 4,000 registered patients and is part of, and managed by the SSP Health Group of Practices and has recently re-registered as a provider of Personal Medical Services. The practice mainly consists of a white British population with high levels of social deprivation. It is overseen by Wigan Borough Clinical Commissioning Group (CCG).

The surgery is located in Clare House which is a community building holding other GP practice, out of hours' services, a community older people's mental health team, children's nursing team and a pharmacy. Lower Ince is situated on the ground floor which is fully accessible to people with mobility difficulties. There is ample car parking spaces for abled and disabled people.

The practice also provides a range of enhanced services such as minor surgery (at another location) rotavirus and shingles immunisations, ECG monitoring and ultrasound scanning (at another location). Travel immunisations included yellow fever are also offered.

There are four regular GPs (three male and one female) at the practice, supported by the extended clinicians within

the SSP organisation. In addition, there is a regular practice nurse and a health care assistant working part time, supported by extended nursing staff (including an advanced nurse practitioner) within the SSP organisation.

The practice opening times are as follows :-

Monday 8am to 6.30pm

Tuesday 7am to 6.30pm

Wednesday 7am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

Appointments are available at various times throughout the day and a telephone consultation service is available on a daily basis. Patients requiring a GP outside of normal working hours have access to the Wigan Hub and a walk in facility, where no appointment is required and is based at Leigh Walk in Centre.

This practice has been accredited as a GP Training Practice and can have one or more qualified junior GPs training to specialist in General Practice.

## 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 and because the practice had changed its legal entity. The inspection was planned to check whether the provider was 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, for example, Wigan Clinical Commissioning Group to share what they knew. We carried out an announced visit on 31 July 2017. During our visit we:

- Spoke with a range of staff including two GPs, the regional manager (covering for the practice manager who was on leave), the practice nurse and health care assistant and a number of reception/administration staff. In addition to these staff, we also spoke with the SSP head of human resources and the director of the larger organisation.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Spoke with five 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 living 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 and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of 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 and action was taken to improve safety in the practice. For example, the practice held a register of important patients and ensured that patients with enhanced needs were not overlooked.
- The practice also monitored themes in significant events, discussed best practice within and out with the organisation and evaluated any action taken.

### 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. The safeguarding policy provided staff with information about female genital mutilation and child sexual exploitation. 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. One of the GPs was the lead

member of staff for safeguarding and the practice nurse acted as deputy. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- 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. Staff were also trained in an awareness of female genital mutilation. GPs were trained in the Prevent Agenda to raise awareness of their responsibilities to prevent people from being drawn into terrorism. GPs and nurses were trained to child safeguarding level three.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received an enhanced 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.

- The surgery was situated within a community building and cleaning services were provided by the community team. We saw that the premises were clean and tidy and there were in-surgery cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised 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. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Sharps bins were wall mounted out of the reach of children, and were labelled and monitored appropriately. A policy and spillage kits were in place and staff we spoke with knew what to do in the event of any incidents.

## Are services safe?

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 handed 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 team, 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.
- The practice had a successful Hypnotic Reduction Programme of patients on Benzodiazepine Medicines. (Benzodiazepines are a group of medicines sometimes used in patients with anxiety, sleeping problems and other mental health disorders). Lower Ince Surgery had progressed from being the highest prescriber of this medicine to now the fourth lowest within the locality. This has been achieved through an in-house reduction programme in agreement with patients who fit the criteria. New patients coming to the practice on this medicine and meeting the criteria were immediately placed on the programme. The practice has identified that Opiate prescribing is also high. Opiate medicines include a variety of drugs ranging from legal drugs such as fentanyl, codeine, and morphine to illegal drugs such as heroin. A reduction programme, to be managed in the same way for patients on this medicine is in its initial stages.

SSP head office was responsible for appropriate recruitment checks 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. The community staff were responsible for health and safety within the

building such as fire, and regular monitoring of gas and electricity appliances. We reviewed evidence retained by the community services to show that appropriate action was taken and appropriate certification was up to date. The community services would not provide copies of certification to the practice but we saw that.

- There was a health and safety policy available.
- Regular fire alarm tests were completed.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Adequate checks of substances hazardous to health and infection control and legionella were carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

In addition the surgery maintained its own risk monitoring:

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Staff were trained in conflict resolution to manage patients who presented with challenging behaviours.

### Arrangements to deal with emergencies and major incidents

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

- There was an internal alarm fitted in reception and in all treatment rooms and an instant messaging system on the computers.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and spillage kits.
- An accident books was available.
- Emergency medicines were easily accessible to staff in the treatment room and all staff knew of their location. All the medicines we checked were in date and stored securely.



## Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included guidance for staff about their role and responsibilities and what constitutes an emergency. The contact telephone numbers for senior staff and utility providers were available.

# 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.
- A range of policies and procedures relating to the running of the practice were available to staff so they were aware of their responsibilities and knew how to work safely.
- There was evidence that patient needs were assessed and they were placed on appropriate registers to ensure those needs were consistently monitored.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available which was 3% above the clinical commissioning group (CCG) and 5% above the national average. Exception reporting was within the average for the CCG and the rest of England.

The practice had identified that they were outliers for Opiate prescribing and were in the process of introducing a reduction programme to reflect the positive outcomes obtained with their Benzodiazepine reduction programme.

This practice was not an outlier for any other QOF (or other national) clinical targets. Data from the latest published data showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. The percentage of

patients with diabetes receiving the required interventions was 100% and clinical exception reporting was 6% which was 2% lower than the local and national average.

- Performance for mental health related indicators was higher than the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan agreed with them or their family was 95% which was 15% above the CCG average and the national average.
- Patients with dementia received appropriate monitoring and outcomes were above average. For example 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 7% above the CCG average and national averages.

### 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.
- There was evidence that locum GPs used by the practice had received a thorough induction into the practice around clinical and non-clinical ways of working.
- The practice demonstrated how they ensured role-specific training and updating for all staff. In particular we saw that staff reviewing patients with long term conditions and those administering vaccinations were up to date with their requirements.
- The practice nurse demonstrated how she stayed up to date with changes to the immunisation programmes and cervical screening updates. Access to on line resources, internal and external forums were available and attendance at clinical discussions was also evident.
- 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,

# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance and equality and diversity. Staff had access to and made use of e-learning and in-house training.

### 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. The surgery had recently implemented a new clinical system (EMIS Web) and all staff had received training on the new system. One member of staff had a champion role in this area and provided in-house support to everyone on a daily basis. The system enabled access to patient information and supported :

- Care planning, risk assessments, medical alerts, medical records, investigation and test results.
- Patient information leaflets.
- Chronic disease management templates.

The practice demonstrated how they worked with other health and social care professionals to understand and meet the range and complexity of patients' needs to assess and plan ongoing care and treatment. In particular this included, district nurses, health visitors, charity organisations and MacMillan nurses.

When patients moved between services, information was shared with appropriate consultants and other clinicians. For example, when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using the 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.

The practice had a register of patients who required additional support such as vulnerable patients, carers,

patients requiring drug monitoring, patients with a learning disability, military veterans, deprivation of liberty safeguards (DOLs), patients' with cancer and those receiving end of life care. These patients were monitored through an 'important patient register' whereby clinicians ensured they received the care and treatments needed. Patients on the register had alerts on their patient record and were regularly discussed at multi-disciplinary team meetings.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance with one exception.

- 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. However they did not record consent from a parent or guardian (or responsible adult) when providing vaccinations to children and babies in line with best practice.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- 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 supported new parents with an early years' fact sheet which contained useful information such as the importance of childhood immunisations, cytology screening and breast feeding. This approach won an award and was cascaded and shared across all SSP practices.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccinations given was 94% and this information was provided by the practice. We did not have access to comparison data for this intervention.

# Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 81%. This information was provided by the practice and we did not have access to comparison data for this intervention. The practice nurse was a cervical screening mentor and facilitated and supported best practice in relation to the practical elements of the cervical screening training programme. Mentors are first level nurses (or GPs) and must have excellent teaching and communication skills.
- 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 because of abnormal results. The practice staff had worked hard to encourage patients to attend for bowel screening as patients from minority ethnic backgrounds could be difficult to reach.
- 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. We saw that outcomes for this intervention were low. The lead GP advised that this had previously been contracted to another service. However the practice have recently been requested to undertake these checks and there is a plan to pro-actively invite patients within the criteria.
- A newsletter that included information about the services provided at the practice and other health promotion information was available to all patients.

# 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.

All of the 31 patient Care Quality Commission comment cards we received, all were positive about the service experienced. Patients said they were happy with the service they received. Patients described the service as 'very good' and 'good' and the staff as helpful and caring.

Results from the national GP patient survey showed patients responses were lower in areas, for all of its satisfaction scores on consultations with GPs and nurses. These were lower than results from the previous year. For example:

- 78% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 88% 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 to was good at treating them with care and concern compared to the CCG average of 85% national average of 86%.

- 87% of patients said the nurse was good at listening to them which was lower than the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG of 98% and the national average of 97%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 98% and the national average of 97%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards and patients we spoke with was positive. However, results from the national GP patient survey showed patients responded negatively compared to others in relation to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than the previous year and lower than local and national levels :

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 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 83% and the national average of 82%.
- 85% 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%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.

There were facilities to help patients be involved in decisions about their care:

## Are services caring?

- 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. There was not much need for this service as most of the population was white British.
- Longer appointments were available to patients who needed them and were adjusted according to need, for example where a patient had more than one long term condition or chronic diseases.

### **Patient and carer support to cope emotionally with care and treatment**

We spoke with staff who told us that there were champion roles in-house to support patients or their families who were bereaved. The role included support for the person concerned and signposting to other services if extended support was required.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 99 patients as

carers (more than 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. There was a dedicated member of staff who acted as a carers' champion and helped to ensure that the various services supporting carers were coordinated and effective.

The practice co-ordinated patient care with a community link worker (CLW) who attended the practice once a week. Patients could be referred to this support by a clinical or non-clinical member of staff and aimed to ensure patients were cared for in the community and that their social and other needs were met.

The practice were part of the Wigan GP alliance service where patients could book appointments to see GPs, Practice Nurses and Health Care Assistants at one of the local hubs. Minor ailments and free health advice was offered by the pharmacy also on site and the practice operated a clothes and food bank for the homeless project.

# 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:

- There were longer appointments available for patients with a learning disability and those who required extra time to talk about their health care issues.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice had received the Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation. This initiative acknowledged the standard of service provided in lesbian, gay and bisexual healthcare. Receiving this award included providing staff with training on LGBT health care awareness.
- An Early Years Fact sheet was sent to new parents providing information about vaccination schedules, breast feeding, cervical screening and other health related information to support and promote health and wellbeing. This initiative had won an award and was extended across all the other SSP sites to share good practice.

### Access to the service

The practice opening times were as follows :-

Monday 8am to 6.30pm

Tuesday 7am to 6.30pm

Wednesday 7am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

Appointments were available at various times throughout the day and a telephone consultation service was also available on a daily basis.

The Wigan GP alliance service offered appointments to see a clinician at one of the Hubs between the hours of 6.30pm and 8.30pm each week day and between 10am and 4pm on Saturday and Sunday. NHS 111 was also available 24 hours a day. When the surgery was closed patients could attend the out of hours GP service or the walk in centre at Leigh Health Centre. The pharmacy on site could provide information about minor ailments.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. We saw that appointments were offered the next day to patients over the telephone if an appointment that day was not available.

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 79% and the national average of 81%.
- 83% 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 86% and the national average of 84%.
- 86% of patients said their last appointment was convenient compared with the CCG of 86% and national average of 81%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 60% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Reception and administration staff were aware of their responsibility and there was a protocol in

# Are services responsive to people's needs?

(for example, to feedback?)

place. 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.

## Listening and learning from concerns and complaints

The practice had a system 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 displayed in the patient waiting area about how to make a complaint.

We looked at a number of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were discussed from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We saw that where necessary complaints were escalated to significant events and discussed more widely so that changes could be made to resolve the issue and improve the services provided.



# 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. This aligned with the overarching values of the provider SSP Health GPMS Ltd (SSP).
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was aware of their objectives for the coming months and there was a strategy in place to improve outcomes.

### Governance arrangements

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

- The practice was part of SSP Health GPMS Ltd, a federated organisation. The practice benefitted through access to support and leadership, for example a nursing lead and pharmacist as well as access to human resources, auditing and finance teams. Staff and patients also benefitted from being part of a wider organisation through shared learning, training, mentoring and personal development. Staff told us this helped to improve safe care and treatment as they always had colleagues to call upon and were able to seek advice where required.
- There was a comprehensive structure in place led by SSP to enable learning and share best practice, this included peer review and collaborative working.
- There was a clear staffing structure within the practice and staff were aware of their own roles and responsibilities. GPs, nurses, practice management and administrative support staff had lead roles in key areas. For example, the practice manager was responsible for

health and safety and the practice nurse was responsible for infection control and travel immunisations. One of the GPs took a lead in safeguarding and a practice nurse was deputy.

- Organisational management provided regular support and leadership to the whole staff team both within the practice and throughout the organisation.
- Practice specific policies were implemented across the organisation and were embedded within the practice. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice manager also attended meetings with the larger organisation to review the practice performance. They then provided feedback to the team about relevant developments within the organisation as a whole.
- Full clinical audits and re-audits monitored the effectiveness of clinical care. Improvements were implemented to increase effectiveness. For example ensuring that no patients were prescribed medicines with contraindications.
- Non clinical audits were also completed regularly, such as infection control, patient access, data quality and health and safety.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, infection control was well managed and a business continuity plan provided staff with information about how to manage an emergency at the practice. Fire safety procedures were in place to ensure staff and patients safety and medicines and prescriptions were well managed.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the lead GP, regional manager and leadership team from SSP demonstrated they had the experience, capacity and capability to run the practice and

# Are services well-led?

Good 

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

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 management staff encouraged a culture of openness and honesty. From the sample of 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 regularly met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- 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 comprehensive and 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.

In order to reduce clinical isolation across the community and provide evidence-based care throughout the organisation all SSP Health Practice Managers met regularly to share learning. In addition, the clinical and non-clinical staff at this practice met and shared clinical incidents and best practice improvements (such as those

mentioned above) with other GPs out with their own organisation. For example, the practice supported new parents with an early years' fact sheet which contained useful information such as the importance of childhood immunisations, cytology screening and breast feeding. The approach won an award and was cascaded and shared across all SSP practices and other practices in the community.

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

The practice encouraged and valued feedback from patients and staff. It proactively asked patients for feedback through various channels. For example

- There was a patient participation group (PPG) that met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Information about the PPG was displayed in the patient waiting area and on the practice website and the staff were actively trying to increase membership and improve the role of the group.
- Patients were invited to complete the NHS Friends and Family Test (FFT) when attending the surgery or online. This gave every patient the opportunity to feed back on the quality of care they had most recently received.
- We saw that the practice offered patients to complete their own internal satisfaction survey and results were discussed with staff. We did not see the most recent results from that survey.
- Staff were asked for feedback through meetings, open discussions and appraisals. Staff we spoke with said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking about how they could continually improve service provision and support staff in their work.

# Are services well-led?

Good 

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

- The practice staff continued to operate a shared style of working and portfolio career options for GPs in order to provide continuity of treatment and care, positive health outcomes.
- The practice had identified that social isolation was becoming more prevalent in older patients. As a result of this staff were continually looking at ways of addressing this issue in order to improve patients' mental and physical health.
- Staff were encouraged to progress with their career. We saw evidence that one of the administration staff joined as an apprentice and was supported into a managerial role. We also saw evidence of a health care assistant progressing to achieve a nursing qualification.
- This practice had been accredited as a GP Training Practice and had one or more qualified junior GPs training to specialist in General Practice.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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