

# Lower Ince & Platt Bridge Medical Practice

## 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 Lower Ince and Platt Bridge on 8th September 2016. Overall the practice is rated as good.

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

- There was a strong focus on safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and shared with other local providers.
- The practice used innovative and proactive methods to improve patient outcomes, working with them to share best practice. They had introduced a patient navigation system to reduce impact on appointments and offered specialised clinics for

diabetes and controlled drug-reduction. The lead GP is the main speaker at an event to promote the new Type 2 Diabetes Guidelines and how they can be used to help individualise patient care.

- Feedback from patients about their care was positive with examples of life changing stories.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. Examples included The Brick (a small charity helping the homeless) and Wigan Family Welfare (a Churches Association helping disadvantaged families in Wigan).
- They had created a carer's and cancer champion role that supported their population through palliative care and bereavement. They actively identified and supported carers.
- The practice implemented suggestions for improvements and made changes to the way it

# Summary of findings

delivered services as a consequence of feedback from patients, from the patient participation group and from staff. They offered text message reminders and telephone consultations in direct response to requests from patients.

- The practice had good facilities and was well equipped to treat patients and meet their needs with a branch surgery to support the larger community. They were open from 8am until 8pm on Wednesdays when most neighbouring practices were closed and 8am until 12noon on Saturdays.
- The practice encouraged and reviewed complaints, responded appropriately to patients who complained and made changes to the way they provided services if necessary. They monitored trends and undertook training if a need was identified through complaints.
- The whole practice shared a vision that had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff and was in the process of being updated to make it more reflective of current standards.
- It was evident that there was strong and visible clinical and managerial leadership and governance arrangements.
- There were high levels of staff and patient satisfaction and patient satisfaction results were higher than national and local averages.

We saw some areas of outstanding practice :

- The practice had identified a high number of Polish speaking patients and had met with them to increase their knowledge about how and when to access services. The outcome of this meeting had actively reduced inappropriate access of other services such as Out of Hours and Accident and Emergency.
- The practice were very responsive to the needs of vulnerable patients including homeless people, asylum seekers and those patients with a learning disability. They were actively involved with several other organisations and support services helping patients in cases of domestic violence and other patients facing social issues. They were the recommended practice in the area for support of patients in these categories. They had a nominated member of staff who co-ordinated work in partnership with Wigan Adult Learning Disability Services to enhance the support provided to this group of patients

**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 and we saw a strong focus on safety:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and shared with other local providers.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation with input from all members of staff, including locum staff.
- Information about safety was highly valued and was used to promote learning and improvement. We saw evidence that customer care training was provided in direct response to a complaint.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The practice used a range of information sources to monitor safety including a trigger tool which showed that they had reduced risk and harm over time.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice used these guidelines to positively influence and improve practice and outcomes for patients. For example the lead GP had reviewed the Royal College of General Practitioners Mental Capacity Act Toolkit and shared awareness throughout the practice with clinical and administration staff.
- Data showed that the practice was performing highly when compared to practices locally and nationally. They had consistently achieved between 97% and 100% in their QoF results over a number of years
- They used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome the obstacles presented in a transient population, in order to achieve this.
- We observed a strong patient-centred culture:
- Data from the national GP patient survey showed that patients rated the practice consistently higher than others for many aspects of care. The practice was ranked 2nd highest in Wigan for overall patient satisfaction.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings. For example the local housing association nominated the practice as best in the area for providing help to homeless patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations such as the housing association, domestic abuse homes in the area, homeless shelters, local charities and Support for Wigan Arrivals Project (SWAP) supporting refugees and asylum seekers in Wigan.
- There were innovative approaches to providing integrated patient-centred care. They had analysed their population and identified a high number of Polish patients whose expectations of services were based on their experiences in Poland. To educate those patients they arranged and attended a meeting at a local venue and delivered advice about local NHS services and when and how they could and should be used. This had reduced the number of unnecessary attendances at walk in centres and accident and emergency departments.
- The practice created and introduced a patient navigation system, and trained staff to support it, within the practice. There was evidence to show that this improved access for patients, ensuring they were directed to the most appropriate clinician at the practice and easing the demand on GP appointments.

Good



# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients, staff and the patient participation group such as telephone consultations and text messages.
- Patients could access appointments and services in a way and at a time that suited them, including early in the morning, until 8pm on Wednesdays and on a Saturday morning.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders and if training was required as a direct result of a complaint (such as customer care), we saw that it was delivered.

## Are services well-led?

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

- The practice was part of a national organisation with local, regional and national policies, clear leadership structures at all levels. The lead GP held many other lead roles that assisted them in the development of services within the practice.
- All the staff were passionate about practice and its patients and shared the vision where quality and safety were top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Regular meetings, feedback from staff and patients and action planning were key in shaping the future of the services offered. All staff said they felt involved and empowered to effect change.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. It was evident that there was strong and visible clinical and managerial leadership and governance arrangements.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They looked at areas where they could improve by reflecting on feedback from the national patient survey results, the Patient Participation Group, Friends and Family Test, Complaints/Comments and Intrahealth patient

**Good**



# Summary of findings

surveys. They also used the CCG (Peer Review Meetings) and Primary Care Web Tool. They discussed with staff internally what systems could be improved and how and they created an action plan with objectives for the future.

# 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 identified the number of patients in this population group and offered proactive, personalised care to meet their basic needs. In addition they set up other in-house services such as enhanced anti-coagulation clinics (including home visits and care home visits), , in-house phlebotomy services, health trainers and hearing tests.
- The practice pro-actively identified patients who may benefit from a Winter Survival Pack and referred them to the Wigan Care Link Worker (CLW) team to receive further support. Wigan has a scheme of Integrated Neighbourhood Working and the pilot was set up at Platt Bridge Medical Centre which is still delivering the scheme. Social isolation is one of the things being tackled by the scheme.
- A member of staff set up and introduced “Healthy Walks” for patients within the practice to help combat social isolation, increase confidence and promote health and active lifestyles. Once established the walks were handed over to the Active Living team to continue.

### People with long term conditions

The practice is rated as good for the care of patients with long term conditions because :

Good



- They offered a specialist in-house clinic for patients with diabetes which included foot checks. They had identified that this had helped to cut down secondary care referrals. They were now planning to roll out this model to other IntraHealth practices in the North West.
- Health promotion and prevention including, NHS Health Checks, dietary advice, weight management and smoking cessation services were all provided in house in partnership with Active Living (Wigan New Deal)
- The practice worked in partnership with the University of Manchester and National Institute of Health Research (NIHR) as one of the pilot practices in Collaboration for Leadership in Applied Health Research and Care Greater Manchester (CLAHRC) project ) which was aimed at improving care in Chronic Kidney Disease.
- They regularly supported charity events.



# Summary of findings

## Families, children and young people

The practice is rated good for the care of families, children and young people with long term conditions

Good



- They had identified this group as the second largest in their practice population.
- There were stringent systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and those who were children of asylum seekers or homeless parents.
- Immunisation rates were good for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives, health visitors and school nurses with regular and easily accessible in-house clinics

They had set up a “Teenager Clinic” which was an open clinic for parents and/or teenagers to seek help and advice about any matters, including mental health, with no pressure and in total confidence

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

Good



The practice is rated good for the care of working age people :

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example they catered their appointment system so that they were staggered during the whole day and available over the lunch time period.
- They created and introduced a patient navigation system, and trained staff to support it, within the practice. There was evidence to show that this improved access for patients, ensuring they received they were directed to the most appropriate clinician at the practice and easing the demand on GP appointments.
- Appointments were available from 8am until 6.30pm every day and until 8pm on Wednesdays and the practice was also open on Saturday mornings which was in addition to any contractual obligations.

# Summary of findings

- The practice was proactive in offering online services and text messaging, as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable because :

- They held a register of patients living in vulnerable circumstances including homeless people, asylum seekers and those patients with a learning disability. The practice worked closely with other organisations such as the housing association, domestic abuse homes in the area, homeless shelters, local charities and Support for Wigan Arrivals Project (SWAP) supporting refugees and asylum seekers in Wigan. They were actively involved with organisations helping patients facing other social issues.
- There were innovative approaches to providing integrated patient-centred care for those who were vulnerable. They had analysed their population and identified a high number of Polish patients whose expectations of services were based on their experiences in Poland. To educate those patients they arranged and attended a meeting at a local venue and delivered advice about local NHS services and when and how they could and should be used. This had reduced the number of unnecessary attendances at walk in centres and accident and emergency departments.
- The practice worked in conjunction with several other health care professionals in the case management of vulnerable patients. They had a nominated member of staff who co-ordinated work in partnership with Wigan Adult Learning Disability Services to enhance the support provided to this group of patients. They used easy read documentation for patients with learning disabilities to encourage them to share information.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided an in-house Benzodiazepine Clinic which had been running for many years and supported patients to reduce from addictive medicines. We heard direct positive response about this service from patients who had been helped.

Outstanding



# Summary of findings

## People experiencing poor mental health (including people with dementia)

Good



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

- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and regularly worked with other voluntary organisations such as the Early Detection and Intervention Team (for dementia) and Belong Wigan, to enhance and improve their dementia care.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice used a Toolkit – “The Mental Health Consultation with a Young Person” (developed through the Charlie Waller Memorial Trust and RCGP) to help improve consultations with patients in this group. The toolkit was used to teach trainees.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line or above local and national averages. 362 survey forms were distributed and 96 were returned. This represented 2.7% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group (CCG) average of 85% and the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 85%.

- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Comments included praise for the staff who were said to be caring and thoughtful, patients being treated with dignity and respect, very happy with the service, excellent, understanding and caring.

We spoke with five patients during the inspection. They were all satisfied with the care they received and thought staff were approachable, committed and caring. They relayed many personal positive stories about the care and support provided by the practice including help with difficult diabetes issues, support of long term conditions and withdrawal from addictive medicines.

## Areas for improvement

## Outstanding practice

We saw some areas of outstanding practice :

- The practice had identified a high number of Polish speaking patients and had met with them to increase their knowledge about how and when to access services. The outcome of this meeting had actively reduced inappropriate access of other services such as Out of Hours and Accident and Emergency.
- The practice were very responsive to the needs of vulnerable patients including homeless people,

asylum seekers and those patients with a learning disability. They were actively involved with several other organisations and support services helping patients in cases of domestic violence and other patients facing social issues. They were the recommended practice in the area for support of patients in these categories. They had a nominated member of staff who co-ordinated work in partnership with Wigan Adult Learning Disability Services to enhance the support provided to this group of patients.

# Lower Ince & Platt Bridge Medical Practice

## 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.

## Background to Lower Ince & Platt Bridge Medical Practice

The practice is part of the national Intrahealth organisation. They are based at Claire House in Lower Ince and have a branch surgery in Platt Bridge. They offer services under an alternative primary medical services (APMS) contract to 3565 patients in and around Lower Ince and Platt Bridge and patients can access whichever location is preferable to them. They are close to public transport and there are ample able and disabled car parking spaces.

The practice is situated in a high area of deprivation (two on a scale of one to 10 where 10 is the least deprived) with a transient population (eight per cent) whose first language is not English.

The team consists of a full time lead GP, a male salaried GP, male and female Locum GPs, male GP Registrar and two female advanced nurse practitioners. They work closely with community services within the building including mental health services and are a teaching and training practice.

Lower Ince surgery is open 8am to 6.30pm daily except Wednesday when the surgery is open 8am to 8pm and

Saturday from 8am to 12.00 noon. Appointments are available throughout the day and clinic sessions are staggered so that the whole day is utilised with appointments available over the lunch time period.

The practice has a branch surgery in Platt Bridge where similar clinics are held. The practice is open at Platt Bridge every day from 8am until 2pm offering GP clinics on a Monday and Wednesday, Advanced Nurse Practitioner (ANP) and Practice Nurse clinics on a Tuesday and Thursday and an ANP clinic on a Friday.

The practice provides a large number of services including joint injections, minor surgery, new patient health checks and clinics for patients with long term conditions. In addition there are specialist diabetes clinics with the lead GP and a specialist Benzodiazepine Clinic (monitored reduction of addictive medicines).

They are a teaching and training practice, providing support and clinical education to medical students, trainee nurses and trainee GPs. They currently have an ST3 which is a GP in their third year of training who is able to see patients.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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 wide range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8th September 2016. During our visit we:

- Spoke with a range of staff including the lead GP, salaried GP, locum GP and trainee GP; spoke with nursing staff, administration staff and the practice manager and spoke with patients who used the service.
- Observed how patients were being attended to by reception staff.
- Reviewed anonymised sections of treatment records of patients.
- Reviewed a number of policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- The practice used a range of information sources to monitor safety and document harm rates such as significant events, complaints, staff and patient feedback and a Primary Care Trigger Tool (NHS Institute of Improvement and Innovation – Leading Improvement in Patient Safety). The tool helped the practice to monitor incidents and events which could have or did lead to safety concerns and helped to identify and improve relevant patient safety related areas. They were able to evidence a reduction in harm over the last two years because of learning and improvement.
- They also contributed the National Reporting and Learning System (NRLS) which was updated and monitored by the IntraHealth information team to share learning across the organisation.
- They used every opportunity to learn from internal and external incidents, to support improvement and learning was based on a thorough analysis and investigation which was embedded into every day practice.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Discussions took place on a weekly basis with all staff at the practice meeting and administration staff told us of occasions where listening to clinical discussions had helped to embed their knowledge and understanding of patient concerns, enabling communication.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example:

- Information about safety was highly valued, was used to promote learning and improvement and was shared with outside agencies. This was evident from a significant event analysis where the findings and lessons learnt from the incident were also shared with palliative care / hospice team at their next Gold Standards Framework (GSF) meeting.

### 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:

- The practice used the GP Assurance Framework Toolkit to assure themselves that they were appropriately managing safeguarding in accordance with reflected legislation and local requirements. Policies and procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and GPs attended safeguarding meetings when possible providing reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were also appropriately trained.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best



## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. There were two advanced nurse practitioners who were qualified as independent prescribers and could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had reviewed their appointment system to ensure that all patients were directed to the most appropriate person (clinical and/or administrative) to deal with their communication.

### 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. There were dedicated first aiders who received additional training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- 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 and was discussed with staff and reviewed on a six monthly basis.



# 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 lead GP was on the NICE advisory committee in the past and additionally disseminated guidelines to staff in clinical meetings on a four weekly basis. Staff also had online access to guidelines from several sources such as NICE, (British Medical Journal) BMJ, British National Formulary (BNF) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular discussions. They also had in-house teaching and training.
- Locum folders were monitored to make sure they contained the most up to date information and medical alerts. Pathways were kept in a folder for the Health Care Assistant (HCA) to refer to.

### 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 and were proud of their consistent high outcomes over a number of years. (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 with 9% exception reporting which was in line with local and national averages. (Exception reporting is a way of excluding certain patients from the data for specific reasons).

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

Performance for diabetes related indicators was better than the local and national average. The practice felt these consistently high figures came as a direct result of the specialist diabetes clinic.

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 86% which was higher than the local average of 81% and national average of 78%.
- The percentage of patients with diabetes on the register whose blood pressure reading measured 140/80 in the preceding 12 months was 91% which was higher than the local average of 83% and National average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 99% which was higher than the local average of 87% and National average of 78%.

Performance for mental health related indicators was better than the local and national average.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared to the local average of 92% and National average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the local average of 84% and National average of 84%.
- The practice provided an in-house Benzodiazepine Clinic which had been running for many years and supported patients to reduce from addictive medicines. We heard direct positive response about this service from patients who had been helped.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. They provided services to patients under an alternative primary medical services contract and as a result of this they were continually monitoring and improving the way they worked to show that the treatment and services delivered were effective.
- There had been several clinical audits completed in the last two years. The practice presented two completed audits as evidence of where improvements were

# Are services effective?

## (for example, treatment is effective)

implemented and monitored. One of them was in relation to patients with pre-diabetes, monitoring their HBA1c levels and reducing them to prevent the disease from progressing. Another monitored antibiotic prescribing for uncomplicated urinary tract infections. All audits were discussed at practice meetings and any learning was shared across the practice to make sure that treatment was adapted and outcomes were improved.

- The practice nurse and administration staff were included in the audit process. The nurse had completed infection control audits and clinical audits and the administration staff were continually monitoring the appointment and patient navigation system to ensure it was effective.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- They had adapted their staffing structure to better suit the demands of their patients. The lead GP had taken on a specialist and supervisory role attending to all the administration work, ensuring continuity of care and leaving the other practitioners to concentrate on patient consultations. They had recruited two advanced nurse practitioners who were able to see patients and prescribe medicines.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, those with specialist interests such as diabetes, and those who were able to prescribe medicines, such as the advanced nurse practitioners.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, using on line resources and discussion at practice meetings and nurse forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and four members of staff (both administration and nursing staff) had given examples where the practice had provided training in order to develop their skills.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training that was provided by the lead GP.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. All staff were involved in assessing, planning and delivering services and there were clear systems to action Out of Hours information with appropriate handover to other services such as community nursing departments, community link workers, hospices and care homes and hospice clinicians.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. They kept a referral log and monitored urgent and two week referrals.
- There was a whole team approach and "high risk" patients were discussed and monitored on a weekly basis. Meetings took place with other health professionals on a regular basis and information was routinely shared to keep everyone up to date.

### Consent to care and treatment

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

- Clinical staff were trained in the consent and decision making processes and there were regular briefings for non-clinical staff. All staff had received awareness of

# Are services effective?

## (for example, treatment is effective)

Mental Capacity through various avenues such as the Mental Capacity Act toolkit” and “the Mental Health Consultation with a Young Person” (a Toolkit developed by the Royal College of General Practitioners as a result of the Charlie Waller Memorial Trust).

- Staff were aware of their responsibilities in relation to deprivation of liberty and the Duty of Candour. As a result of a significant event, training was arranged for all staff around deprivation of liberty. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient’s mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient’s capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits and significant events and we saw where new processes were introduced in relation to a patient’s possible deprivation of liberty.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and social isolation. Patients were not only signposted to the relevant service. The practice had established a patient navigation system and lead roles for staff in-house so that they could support these patients. For example the

role of the health care assistant had been developed to a level where they could provide support to patients with terminal illness, bereavement support and carers advice.

- A health trainer was available on the premises and diet and smoking cessation advice was available from them, from community link workers and from the health care assistant and practice nurses in clinics.

The practice’s uptake for the cervical screening programme was 81% which was slightly lower than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the 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 92% to 100% and five year olds from 89% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We observed that reception staff were very knowledgeable of their patient population. We saw that if patients wanted to discuss sensitive issues or appeared distressed they could do so in a private room to discuss their needs.
- The practice had recruited more administration staff and changed the way calls were received into the practice so that front of house reception staff did not have to hold sensitive telephone conversations in front of other patients. We also observed reception staff dealing with sensitive telephone conversations and passing the caller to the appropriate person.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also received feedback from other health professionals who worked with the practice and from patients who had sent letters and expressed thanks. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with four members of the patient participation group (PPG). They told us they were satisfied with the care and treatment provided by the practice and relayed stories where their lives had been changed through the intervention of the staff. They said their dignity and privacy was always respected.

The practice was rated second highest overall in Wigan based on the percentage of patients who would recommend them to their friends and family.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was usually 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 clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 90% 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%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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 above local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

## Are services caring?

- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and we saw receptionists highlighting that the patient required an interpreter when the appointment was made.
- There was a lot of information leaflets available for patients in easy read format and they had developed a leaflet in Polish about the practice and its services.

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

The practice had a nominated staff member to deal with pregnancy related, sensitive and emotional issues affecting the family. They had three cancer champions who had training to help patients cope with their illnesses. They

offered bereavement support including priority open access, sympathy cards and condolences and an in-house counselling service. There was also an identified carer lead in the team who had training to support carers in difficult times.

These roles had been developed as a result of one staff member's personal experiences and lack of support available to them in similar circumstances. We received direct feedback from patients about the positive effect these roles had on patient relationships with the practice and the support that was available to them.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website and through other technology such as smart phone applications.

The practice's computer system alerted GPs if a patient was also a carer and they had identified 36 carers which was 1% of the practice list. The carer's champion was proactively identifying patients who may have (or be) carers by reviewing discharge letters and other patient correspondence. In addition, clinicians checked if patients were carers during consultations. We saw examples where carers had received support because of referrals to other services, made by the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team, the wider IntraHealth organisation and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had identified the total percentage of non-English speaking patients at just over 8% of the population. They identified that the highest number of non-English speaking patients were Polish who were not making the best use of services available to them. The practice arranged a meeting with the Polish community in a neutral location and gave out information and advice about what services were available, when they could be accessed and when patients should attend Out of Hours or Accident and Emergency. This actively reduced inappropriate access of other services and developed relationships with the Polish community and the practice staff.
- The practice identified that teenagers were at high risk of developing mental health issues and so they created a walk-in teenager clinic where these young people could come and discuss issues in a completely confidential way. They found that many parents were attending the clinic to discuss concerns they had about their children and the clinic proved to be a success in developing relationships and gaining confidence with the younger community.
- The practice had introduced a specialised diabetic clinic to provide holistic support to patients with this condition. Newly diagnosed patients had longer appointments, were referred to other support networks, received a two-week follow up and were encouraged to include their families during consultation so that they are all educated in the patient's care needs. As a result of this clinic they were able to initiate eligible patients on to the required treatment (GLP1) normally provided by secondary care and therefore reduce onward referrals. There were four patients currently in this category.

- The practice had a longstanding Benzodiazepine Clinic which helped patients to reduce and withdraw from addictive medicines. A patient told us how helpful this had been to them and they were now completely free from addictive medicine.
- The practice had a higher rate of patients with chronic obstructive pulmonary disorder (COPD) and had encouraged and developed their practice nurse's education and skills in this area. They were rated third best in the locality for the management of Chronic Disease Management.
- There were longer appointments available for patients with a learning disability and other patients that needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation and there were GP discretionary appointments every day which were used following telephone consultations if necessary.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice at Lower Ince was open between 8am and 6.30pm Monday to Thursday except Wednesdays when they were open from 8am until 8pm. On Saturday mornings they opened from 8am until 12 noon when appointments were available with a GP, advanced nurse practitioner and/or practice nurse, whichever was most appropriate. Appointment times were staggered throughout the day and available over lunch times. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

The practice had a branch surgery in Platt Bridge where similar clinics were held. The practice was open at Platt Bridge every day from 8am until 2pm offering GP clinics on a Monday and Wednesday, Advanced Nurse Practitioner (ANP) and Practice Nurse clinics on a Tuesday and Thursday and an ANP clinic on a Friday.

# Are services responsive to people's needs?

## (for example, to feedback?)

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

- 84% of patients were satisfied with the practice's opening hours compared to CCG average of 81% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.
- 80% of patients who were able to get an appointment to see or speak to someone the last time they tried which was lower than the CCG average of 85% and the national average of 85%.
- 90% of patients said the last appointment they got was convenient. This was lower than the CCG average of 94% and the national average of 92%.

The practice introduced a patient navigation system and new patient access model to reflect the range and variety of surgery times and accommodate patients' needs. The new model allowed flexibility to cover for unplanned absences reducing cancelled appointments. They had managed to release additional appointments for patients who actually needed to be seen rather than patients who could be better helped elsewhere. In addition the patients who had been redirected have been seen by the most appropriate service at a time that suits them. Through an audit in February 2016 they identified that 35 of 213 available GP appointments could have been redirected to a more appropriate service releasing those appointments. A re-audit in July 2016 identified that 17 appointments were redirected out of 209 that were available. This resulted in increased capacity and reduced pressure on staff.

People told us on the day of the inspection that they were able to get appointments when they needed them. There was a flexible booking appointment where patients could telephone, make appointments on line, by email and/or by coming in to the surgery. They identified busy times and increased staff answering telephones so that patients were not kept waiting.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. They did this through the patient navigation system where the patient was directed to the most appropriate person to deal with their query. They also had GP discretionary appointments where a patient could be telephoned or visited if necessary. 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 arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing request for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system via leaflets in the practice and also on line.

We looked at a summary of complaints received in the last 12 months and reviewed some of them in full. We found that these were satisfactorily handled, and dealt with in a timely and open way. We saw that patients received a full explanation and an apology. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example customer care training was delivered as a result of a complaint by a patient. This was done in a positive way, discussed as a team and was delivered to all staff and not just the person concerned.

# 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 whole practice shared a vision that had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff and was in the process of being updated to make it more reflective of current standards.
- The practice had a well implemented strategy and supporting business plans that reflected the vision and values and were regularly monitored.
- The staff team demonstrated that they were aware of future challenges which included increasing pressures on GP practice, increase in prevalence of certain diseases and changes to national policies. They had identified issues and were reviewing ways to continue to deliver high quality personal care.
- All the staff were passionate about practice and its patients and shared the vision where quality and safety were top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Regular meetings, feedback from staff and patients and action planning were key in shaping the future of the services offered. All staff said they felt involved and empowered to effect change.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

### Governance arrangements

The practice had a local, regional and national overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Leaders had an inspiring shared purpose to deliver and motivate staff to succeed. New and existing members of staff were trained, motivated and encouraged to continue and develop the vision and their role within the practice.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. It was evident that there was strong and visible clinical and managerial leadership and governance arrangements.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. We were presented with a number of single and full cycle clinical audits where it was evident that outcomes had improved. Learning was also shared outside the practice.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- A comprehensive understanding of the performance of the practice was maintained.
- There were considerable arrangements for identifying, recording and managing risks, and implementing actions to maintain safety.
- The practice were very aware of their population group and were consistently looking at innovative ways to meet their needs most effectively.

### Leadership and culture

On the day of inspection the leaders in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us and were able to evidence that they prioritised safe, high quality and compassionate care and we saw this during the visit. Staff told us leaders and managers were approachable and always took the time to listen to all members of staff. They received protected time for learning and were encouraged to attend courses which helped



# Are services well-led?

Good 

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

them improve services for patients such as mental capacity training, safeguarding, dementia training, equality and diversity, long term condition updates and cervical screening updates.

We found that there were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement and all staff had at least one lead area of responsibility. Staff at all levels were actively encouraged to raise concerns and there was a zero blame culture. Patient satisfaction was also important to the practice and this was demonstrated throughout.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, honest information and a verbal and written apology. We saw consistent record keeping and evidence of action when things went wrong.
- The practice kept written records of verbal interactions as well as written correspondence and used the information to monitor trends.

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

- High standards were promoted and owned by all practice staff and teams worked together across all roles. We saw that the practice held weekly meetings that all staff attended. We saw minutes from those meetings and saw that all staff, including administration staff, were included in discussions about significant events, vulnerable patients and sensitive information such as the future of the practice. We saw that all staff were included in discussion about Wigan-wide issues and were asked for their opinion to support changes currently and in the future.

- Staff told us that hearing information about clinical issues and safeguarding concerns helped them to understand more about their patients' needs and made them more confident about looking out for and raising any issues.
- 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. We noted team training days and social events were held on a regular basis.
- Staff said they felt respected, empowered and valued, particularly by the leaders in the practice.

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. We were told by patients that response to administration requests was excellent. Staff told us that administration matters were dealt with by one person to ensure timeliness and continuity in communication.
- Staff provided examples of where their feedback had been used to make change.
- There was an active patient participation group that operated both virtually and face to face. It worked with the practice manager and lead GP to identify issues from the patients, prioritise them and form action plans with clear objectives. Results were published on the internet and were available to view in the surgery.
- The practice had gathered feedback from patients through the friends and family test, in-house patient surveys, the national patient survey and personal comments from patients. We saw letters and comments from patients with words of encouragement, thanks and suggestions for improvement.
- The practice had gathered feedback from staff through staff meetings, appraisals and one-one supervision and discussion. Staff told us they felt very involved and engaged to improve how the practice was run.

## Continuous improvement

# Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

They looked at areas where they could improve by reflecting on feedback from the national patient survey results, the patient participation group, Friends and Family Test, Complaints/Comments and Intrahealth patient surveys. They also used the CCG (Peer Review Meetings) and Primary tCare Web Tool. They discussed with staff internally what systems could be improved and how.

Reflecting on the findings from those sources, they prioritised three primary areas to improve; patient access, continuity of care and high accident and emergency attendances. They came up with the idea of the new

patient access model. They identified money and time saving benefits, and recruited different disciplines of staff, such as advanced nurse practitioners, to support the model. They audited its effectiveness and planned to roll the model out to the wider Intrahealth organisation. They had also been approached by a Federation in the North East to implement the service in their area.

They planned to improve the use of online services and had a target of 50% increase by March 2017. They pro-actively promoted on-line use and its benefits by creating an advertising campaign, carrying out demonstrations and holding open sessions to raise awareness. They were creating a new more user friendly website and had discussed a business plan for Skype consultations in the near future.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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.