

# St Nicholas Group 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 St Nicholas Group Practice on 23 March 2016. Overall the practice is rated as good.

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

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

- 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.
- The practice was involved in local pilot schemes to improve outcomes for patients that included hosting a Parkinson's disease community nurse specialist and taking part in risk profiling activity with Age UK.
- The practice was a teaching practice and had received a Gold Quality Teaching Practice award in 2013-2014 from the University of Manchester. The practice had also received a Royal College of General Practitioners Practice Accreditation award in 2014.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice including:

# Summary of findings

- The practice had developed patient specific care plans and health action plans to support the provision of care and enable patients to be involved in their own care.
- The practice worked in conjunction with other services and provided a dedicated telephone line to support patients and families during the provision of end of life care.

The areas where the provider should make improvement are:

- Action should be taken to ensure equipment registers are accurately maintained and equipment safety checks are completed within recommended timescales.
- Action should be taken to record consideration, planning and implementation of all potential opportunities for improvement identified during infection prevention and control audits.
- Continue to identify the underlying causes and take action to reduce Quality Outcomes Framework exception reporting levels.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. The practice recorded incidents and complaints and also maintained a shared learning record that was accessible to all staff.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed. However, records supporting annual infection control audit activity did not include details of action consideration or planning when opportunities for improvement were identified.
- With the exception of one pulse oximeter we found clinical equipment had been checked to ensure it was working properly. The calibration of the pulse oximeter was last checked in December 2014 and the item was not present on the equipment register maintained by the practice.
- The practice had recognised the portable electrical appliance testing (PAT) period had expired for a small number of non-clinical items due to contractual issues and we were shown documentation that identified a replacement contractor was scheduled to complete the required testing within the next seven days. Additional documentation was provided following the inspection to confirm testing was completed as planned.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. However, the practice acknowledged it had a higher than average level of exception reporting for a number of clinical domains and we were told the practice was working with the local clinical commissioning group to identify and address any underlying issues.

# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had created and maintained an electronic shared learning record that was used to communicate learning outcomes and opportunities to all staff across a wide range of subjects.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice as comparable with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Appropriately trained staff were available to act as chaperones for patients as required.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had developed patient specific care plans and health action plans. These were used to support the provision of care and enable patients to be appropriately involved in their own care.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had recognised patient access to the practice as an issue and had worked with the CCG to identify and implement improvements that included changes to the practice telephone system.

# Summary of findings

- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- We were told longer appointments were available for older patients or patients with complex needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was involved in local schemes to improve outcomes for patients including those related to dementia, cancer and other services related to general health promotion. In addition the practice hosted a Parkinson's disease community nurse specialist and was taking part in risk profiling activity with Age UK.

## 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 did not have a good understanding of the vision and values of the practice but they did communicate a clear desire to ensure patients received a high level of service from the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, it was noted the practice complaints procedure included references to the Primary Care Trust which had been replaced by the Clinical Commissioning Group in 2013.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

**Good**



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. Our observations and comments received from staff on the day of our visit indicated a learning culture was embedded within the practice.
- The practice was a teaching practice and had received a Gold Quality Teaching Practice award in 2013-2014 from the University of Manchester. The practice had also received a Royal College of General Practitioners Practice Accreditation award in 2014.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged over 75 years were offered annual health checks and signposted to external agencies as applicable.
- Where patients had been identified as at risk they were opportunistically screened for dementia. We were told that as a result of screening activity the diagnosis rate within the practice had improved from 55% in April 2014 to 74% in March 2015.
- The practice worked with locality specialist nurse practitioners to provide support for patients in residential homes.
- A 'flu-day' was held on a Saturday and advertised in the local media to encourage uptake.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 81% and 98% this was higher than the national average range of 78% to 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice maintained a comprehensive recall system that was monitored by a nominated care coordinator to ensure patient reviews were completed as required.

Good



### Families, children and young people

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

Good





# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Contraceptive advice was provided to young people and families and a practice GP held a contraceptive implant clinic for practice patients and patients in the wider locality.
- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was level with the national average at 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 82%, which was the same as the national average.
- 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 and health visitors.

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

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

- The needs of 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Appointments were available outside of the normal working day and telephone consultations were also available with GPs and Nurse Practitioners to reduce the need for patients to visit the practice in person.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

**Good**



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan, which was higher than the national average of 88%.
- A record of alcohol consumption was recorded for 96% of patients with mental health related conditions compared to 90% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had developed comprehensive care plans for patients diagnosed with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016 and related to data collected from January – March 2015 and July – September 2015. The results showed the practice was generally performing slightly below local and national averages. 334 survey forms were distributed and 106 were returned. This was a response rate of 31.7% and represented 1.2% of the practice's patient list.

- 50% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).

- 66% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards of which 32 were positive about the standard of care received. The remaining three cards included less positive comments about the appointment system and an issue related to test results. Patients said they felt the practice offered an excellent service and staff were friendly, helpful, caring and treated them with dignity and respect with a number of comments referring to staff by name.

We spoke with two patients during the inspection. Both patients said they were generally happy with the care they received and thought staff were approachable, committed and caring. However, they did also say that the practice did not work efficiently as leadership was not always evident and the approach of GPs was not always consistent.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Action should be taken to ensure equipment registers are accurately maintained and equipment safety checks are completed within recommended timescales.
- Action should be taken to record consideration, planning and implementation of all potential opportunities for improvement identified during infection prevention and control audits.
- Continue to identify the underlying causes and take action to reduce Quality Outcomes Framework exception reporting levels.

## Outstanding practice

We saw several areas of outstanding practice including:

- The practice had developed patient specific care plans and health action plans to support the provision of care and enable patients to be involved in their own care.
- The practice worked in conjunction with other services and provided a dedicated telephone line to support patients and families during the provision of end of life care.

# St Nicholas Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to St Nicholas Group Practice

St Nicholas Group Practice is located close to the centre of Burnley and occupies a location on the third floor of purpose built health and leisure facility with adequate free parking for up to 40 minutes in the grounds of the property; parking in excess of 40 minutes was available at a fee. The building is well designed and spacious with good facilities for those with limited mobility. St Nicholas Group Practice offers a comprehensive range of services including minor surgery.

The practice delivers services under a general medical services (GMS) contract with NHS England to 9050 patients, and is part of the NHS East Lancashire Clinical Commissioning Group (CCG). The average life expectancy of the practice population is slightly below both CCG and national averages for males at 75 years compared to 77 years and 79 years respectively. Life expectancy for females is also slightly below the CCG and national averages at 80 years (CCG 81 years and national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

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

The practice is staffed by four GP partners (one female and three male). The practice is a training practice and has previously supported trainees at different stages of their learning. The GPs are supported by two nurse practitioners, three practice nurses and two healthcare assistants. Clinical staff are supported by a practice manager and 13 administration and reception staff.

The practice is open between 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. When the practice is closed Out of Hours services are provided by East Lancashire Medical Services and can be contacted by telephoning NHS 111.

The practice provides online patient access that allows patients to book appointments and order prescriptions.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, practice management and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with patients and members of the practice patient participation group.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out regular analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, as a result of a patient not receiving a required injection the practice audited the supporting system and introduced an automated diary entry system for planned follow-on procedures.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- 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 check (DBS

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

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control clinical lead and we were told there was an intention to delegate this lead role to a member of the nursing staff in the near future.
- There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that had identified a small number of areas for potential improvement but audit records did not include details of action consideration or planning. We were told the practice had only previously considered further actions when audit results fell below the associated reporting levels set by the Clinical Commissioning Group (CCG).
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice employed a medicines manager and carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. The nurse practitioners 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five 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

## Are services safe?

checks through the Disclosure and Barring Service. It was noted that the level of documentation held in more recent personnel files had improved when compared to older files.

- 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.

### Monitoring risks to patients

Risks to patients were assessed and 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. However, the practice had recognised the portable electrical appliance testing (PAT) period had expired for a small number of non-clinical items due to contractual issues and we were shown documentation that identified a replacement contractor was scheduled to complete the required testing within the next seven days. Additional documentation was provided following the inspection to confirm testing was completed as planned.
- We found a pulse oximeter did not have a current calibration record that would have provided assurance it was working properly. The calibration of the pulse oximeter was last checked in December 2014 and the item was not present on the equipment register maintained by the practice.

- The practice had, or had access to via the building owners, 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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available, with 16.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets but it was noted the practice had a higher exception reporting rate for five specific clinical domains. We were told the practice was liaising with the Clinical Commissioning Group (CCG) to understand and address exception reporting and was also continuing to work towards improving engagement with patients. Data from 2014-2015 showed;

- Performance for diabetes related indicators was comparable to national averages. For example:
  - 98% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
  - A record of foot examination was present for 86% of patients compared to the national average of 88%.

- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 81% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 90% compared to the national average of 84%.
- Performance for mental health related indicators was higher when compared to national averages. For example 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 national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 91% compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 11 clinical audits completed in the last two years, four of these were completed 2-cycle audits where the improvements made were implemented and monitored. The remaining audits also informed developments and improvements within the practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements. For example the practice reviewed prescribing data for Benzodiazepine in 2014 and identified prescribing within the practice was significantly higher than both CCG and national averages. Data provided by the practice detailed that action taken following the review had reduced prescribing to below CCG and national averages by November 2015.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months and we were told work was ongoing to formally introduce protected time for nurse revalidation activity.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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, health action plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or assisted to access other relevant services and the practice made use of close working relationships with other healthcare providers in the same building. For example we were told same day assistance had been given to a patient to access and receive treatment from podiatry services operating from the same building.
- A range of services regularly visited and operated from the practice that included midwives, health visitors, a pharmacist, cancer support nurses and hospice liaison. The practice also provided support in relation to smoking cessation and worked with local support groups for patients with alcohol and drug dependence issues.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for

## Are services effective?

(for example, treatment is effective)

patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by regularly updating information displayed in the practice waiting area and undertaking opportunistic checks when patients visited the practice for other reasons. The practice ensured a female sample taker was available and also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 95% and five year olds from 50% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in an area away from the main reception desk.

32 of the 35 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. . The remaining 3 cards included less positive comments about the appointment system and an issue related to test results.

We spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores related to consultations with GPs and nurses indicated the practice was generally comparable to Clinical Commissioning Group (CCG) and national averages. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 87%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).

- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 usually felt listened to and supported by staff and generally had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice had developed patient specific care plans and health action plans to support the provision of care and enable patients to be involved in their own care. We saw examples for individuals with long-term conditions, dementia, learning disabilities and those receiving end of life care. It was evident from the design and content of the care plans that individuals were involved in their own care. Patients were also provided with a CCG care planning information booklet as part of care planning activity.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language, although we were told this was rarely used due to the low proportion of patients whose first language was not English.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers and 1.3% as having a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. It was noted the practice also provided a dedicated telephone line to support patients and families during the provision of end of life care.

# 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 and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was also involved in local pilot schemes to improve outcomes for patients that included hosting a Parkinson's disease community nurse specialist and taking part in risk profiling activity with Age UK.

- The practice offered extended hours outside of normal working hours Monday – Friday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with more complex needs or requirements.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. It was noted the practice did not place an upper age limit for children and told us the aim was to be inclusive rather than exclusive.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them and the practice also offered telephone consultations.

Results from the national GP patient survey showed that with the exception of getting through to the surgery by phone, patient's satisfaction with how they could access care and treatment was largely comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 50% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 52% patients said they usually see or speak to the GP they prefer (CCG average 58%, national average 59%).

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

The practice had recognised access to services as a potential issue and had introduced a system to monitor, review and react to appointment availability on a weekly basis.

### 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. However, it was noted the complaints procedure available via the practice website contained references to the Primary Care Trust that was replaced by the CCG in 2013.
- 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. For example information was available and displayed in the waiting area and was also available via the practice website.

We looked at seven complaints received in the last 12 months and found these were satisfactorily dealt with in a timely way. We saw evidence that complaints were also discussed at practice meetings to ensure lessons were learnt and enable action to be taken to improve the quality of care.

# 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. However, it was noted staff did not have a good understanding of the vision and values of the practice but they did communicate a clear desire to ensure patients received a high level of service from the practice.

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

### Governance arrangements

The practice had an 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were adequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- 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 in doing so and felt supported if they did. We noted team away days and social events were held regularly.
- 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.
- A 'praise box' was available within the practice to enable staff to recognise the good practice of colleagues. We were told submissions were communicated to staff annually and this contributed to maintaining a good level of morale within 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of patient and PPG feedback the practice made improvements to improve access for patients that included a review of the telephone system and removal of a queuing system to reduce potential call costs for patients.

# Are services well-led?

Good 

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

- The PPG put forward a suggestion to promote the services offered and raise money for the practice. As result of discussion with practice management, a joint practice and PPG information day and raffle was held with all proceeds from the raffle given to a local hospice.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong 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 that included hosting a Parkinson's disease community nurse specialist and taking part in risk profiling activity with Age UK.

The practice was a teaching practice and had received a Gold Quality Teaching Practice award in 2013-2014 from the University of Manchester. The practice had also received a Royal College of General Practitioners Practice Accreditation award in 2014. Our observations and comments received from staff on the day of our visit indicated a learning culture was embedded within the practice. For example the practice had created and maintained an electronic shared learning record that was used to communicate learning outcomes and opportunities to all staff across a wide range of subjects.