

Ormskirk 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 follow up inspection at Ormskirk Medical Practice (also known as Leyland House Surgery) on 28th June 2016. This was undertaken following an inspection on 6 May 2015 when requirement notices were issued. This was due to shortfalls identified in recruitment processes, staff training and support as well as the governance of the practice.

We found at the June 2016 visit that improvements had been made. Overall the practice is now 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 been trained to provide them with 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 the services provided and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- Ward rounds had been introduced at a local nursing home where there had been high rates of hospital admissions, attendance at Accident and Emergency and usage of the Out Of Hours GP service. Following this initiative all of these outcomes had been significantly improved and the approach was about to be rolled out to other nursing homes

The areas where the provider should make improvement are:

- Continue to identify carers registered at the practice and ensure they receive appropriate care and support.

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?

Following the May 2015 inspection, the practice was rated as requires improvement for providing safe services as risks to patients were not sufficiently mitigated, particularly with regards to recruitment checks undertaken for new staff. However, the most recent inspection found improvements had been made. The practice is now rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

Following the May 2015 inspection, the practice was rated as requires improvement for providing effective services as there were gaps in staff induction training and knowledge. However, the most recent inspection found improvements had been made. The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2014/15 showed patient outcomes were below average compared to the national average in a number of areas however we saw unvalidated results for 2015/16 which showed steady improvement
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals including care homes to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 94% of respondents stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. This compared favourably to a CCG average of 86% and a national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example sharing the protocol developed in response to a significant event concerning a patient with kidney failure.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Following the May 2015 inspection, the practice was rated as requires improvement for being well led as clear systems of governance were not found to be in place. However, the most recent inspection found improvements had been made. The practice is now rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- 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. All partners had clearly defined key areas of responsibility.
- 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 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 very active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Following the May 2015 inspection visit the practice was rated as requiring improvement for providing safe, effective and well-led services. Since the concerns which led to these ratings applied to all population groups the care of older people was also rated as requiring improvement. However, the improvements we found during the June 2016 inspection mean that the practice is now rated as good for the care of this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients at risk of admission to hospital had a care plan to reduce the likelihood of this occurring.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The Practice had a larger than average older population with over 1095 patients over the age of 75. All patients over 75 years of age had a named GP to help with continuity of care.
- Practice staff visited fourteen care homes to provide ward rounds, confer with staff and managers and provide advice on medicine management. The ward round at one home had achieved a 75% reduction in A&E attendances, a 50% reduction in admissions and 20% reduction in out of hours attendances.
- Staff referred patients to the primary care team and palliative care team including district nurses and community matrons and palliative care nurse which met monthly so that patients could receive a seamless service to meet their needs.
- The practice had a medicines co-ordinator who elderly patients could contact with any problems with their medication. She reviewed hospital discharge medication and discussed this with the relevant GP if there were any discrepancies or errors.

Good



People with long term conditions

Following the May 2015 inspection visit the practice was rated as requiring improvement for providing safe, effective and well-led services. Since the concerns which led to these ratings applied to all population groups the care of people with long term conditions was also rated as requiring improvement. However, the improvements we found during the June 2016 inspection mean that the practice is now rated as good for the care of this population group.

Good



Summary of findings

- 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 better than the national average.
- Longer appointments were available and one of the practice nurses undertook home visits monthly to those patients with long term conditions who were housebound to ensure that they received the same standard of care.
- 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.
- Patients with chronic obstructive pulmonary disease were offered home rescue kits and spirometry was available at the practice.

Families, children and young people

Following the May 2015 inspection visit the practice was rated as requiring improvement for providing safe, effective and well-led services. Since the concerns which led to these ratings applied to all population groups the care of families, children and young people was also rated as requiring improvement. However, the improvements we found during the June 2016 inspection mean that the practice is now rated as good for the care of this population group.

- 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 high for all standard childhood immunisations. These were provided both at immunisation clinics and by appointment.
- Patients 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.
- 76% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 82 % and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies with a play area in each waiting room.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered access to comprehensive family planning services including coil fitting.

Working age people (including those recently retired and students)

Following the May 2015 inspection visit the practice was rated as requiring improvement for providing safe, effective and well-led services. Since the concerns which led to these ratings applied to all population groups the care of working age people (including those recently retired and students) was also rated as requiring improvement. However, the improvements we found during the June 2016 inspection mean that the practice is now rated as good for the care of this population group.

- 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. This included telephone consultation as an alternative to visiting the practice.
- The practice was proactive in offering online services including appointment booking and electronic prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- Influenza vaccination clinics were available on a Saturday to enable those with a chronic disease to attend without having to take time off work.

Good



People whose circumstances may make them vulnerable

Following the May 2015 inspection visit the practice was rated as requiring improvement for providing safe, effective and well-led services. Since the concerns which led to these ratings applied to all population groups the care of people whose circumstances may make them vulnerable was also rated as requiring improvement. However, the improvements we found during the June 2016 inspection mean that the practice is now rated as good for the care of this population group.

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

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability and we saw that 95% of those on the register had a health check in the last 14 months. Home visits were offered to those patients with learning difficulties who preferred not to attend the surgery.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, Macmillan nurses and district nurses.
- 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. GP's attended case conferences whenever possible or submitted a report of their findings.
- Practice staff actively sought out and were developing a register of carers. To date 85 carers had been identified and staff were aware that more work was required in this area. Information for carers was available in the waiting room including Carers Support West Lancs and N Compass. These agencies provided group support, health and wellbeing events and short breaks. Carers were encouraged to seek a carer's assessment of all of their needs via N Compass.
- Vulnerable patients who repeatedly did not attend appointments were reviewed at practice meetings.

People experiencing poor mental health (including people with dementia)

Following the May 2015 inspection visit the practice was rated as requiring improvement for providing safe, effective and well-led services. Since the concerns which led to these ratings applied to all population groups the care of people experiencing poor mental health (including people with dementia) was also rated as requiring improvement. However, the improvements we found during the June 2016 inspection mean that the practice is now rated as good for the care of this population group.

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable with the national average of 84%.
- 52% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan

Good



Summary of findings

documented in the record, in the preceding 12 months. This was below the CCG average of 86% and a national average of 88%. Practice staff showed us unvalidated results for 2015/16 which showed an updated figure of 73%.

- 89% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and provided personalised medicine management.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including Minds Matters and Lancashire Wellbeing Service.
- The practice supported patients at a large dementia unit and a new dementia nursing home in Ormskirk town centre, which had significantly increased numbers of patients with dementia. Staff had undertaken dementia awareness training in-house and the practice HCA had previous experience in mental health nursing which contributed to the expertise available to patients.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above local and national averages. 255 survey forms were distributed and 113 were returned. This represented 1.3% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 17 comment cards which were all positive

about the standard of care received. Patients commented that they were treated with respect and professionalism, felt the practice was clean, fresh and hygienic, and staff were friendly and helpful. Patients described the practice as excellent, well organised, professional and caring. We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were excellent. They referred the rapid response to urgent concerns and high quality follow up of test results and referrals to specialists. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the staff are forward thinking and listen to patients wishes. One person praised the personalised care provided to his daughter who had a learning disability. All said they would recommend the surgery to others.

We reviewed the results of Family and Friends Test feedback across 2015/16 and noted that 97% of respondents were likely or extremely likely to recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Continue to identify carers registered at the practice and ensure they receive appropriate care and support.

Outstanding practice

We saw one area of outstanding practice:

- Ward rounds had been introduced at a local nursing home where there had been high rates of hospital admissions, attendance at Accident and Emergency

and usage of the Out Of Hours GP service. Following this initiative all of these outcomes had been significantly improved and the approach was about to be rolled out to other nursing homes.

Ormskirk Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse advisor.

Background to Ormskirk Medical Practice

Ormskirk Medical Practice is located close to the town centre in Ormskirk, Lancashire. Increases in patient numbers and consequent expansion in staff and services now challenge the space available in the building. There is easy access to the building and disabled facilities are provided. There are two public car parks in the immediate vicinity.

There are six GPs working at the practice, four GP partners, two male and two female and two salaried GPs, one male and one female. There is a total of 4.8 whole time equivalent GPs available. The practice also employs a regular GP locum 3 sessions per week. There are two nurses, part time and one part time health care assistant, all female. There is a part time practice manager, an assistant practice manager/medicines coordinator and a team of administrative and reception staff.

The practice holds a GMS contract with NHS England (West Lancashire). It forms part of West Lancashire Clinical Commissioning Group which consists of GP Practices

The practice opens from 8.30am to 6pm Monday to Fridays and appointments are available 8.30-12 and 2.30-5.30pm each day. It does not offer extended opening hours but

does provide seasonal Flu vaccination clinics on Saturdays at certain times of the year. Patients requiring a GP outside of normal working hours are advised to contact Out Of Hours West Lancashire (OWLS) an external provider.

There are 8583 patients on the practice list. The majority of patients are white British with a high number of elderly patients and patients with chronic disease prevalence. On the Index of Multiple Deprivation the area is scored at 9, the second least deprived decile with lower than average levels of deprivation affecting children and older people.

This practice has been accredited as a teaching practice offering placements to medical students and provided placements to students from the local sixth form college.

The practice was last inspected in May 2015 under the current methodology. It was rated as requiring improvement.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide an updated 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 28 June 2016. During our visit we:

- Spoke with a range of staff including; GPs, practice manager, practice nurses and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and these were discussed at practice meetings to share learning and agree actions required.

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, a significant event was documented when a patient with acute kidney disease developed an adverse reaction secondary to the drug in use for the condition. A list of potentially problematic drugs was placed in all clinical rooms and an information leaflet was given to all patients receiving new prescriptions and on repeat prescriptions. The incident was shared with the CCG and a training session was held for all GP's in the area. The patient was kept fully informed and received an apology.

Another patient presented with a suspected eating disorder. The practice raised a safeguarding alert and worked jointly with a number of agencies to provide support. When another patient presented with similar symptoms they were treated quickly and effectively using the protocols and processes put in place.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child 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 (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. One of the practice nurses was the infection control clinical lead and 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). The practice employed a medicines coordinator who oversaw emergency drugs, monitored that drugs in doctors bags were in date and oversaw repeat prescriptions were checked by the GP's. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to

Are services safe?

monitor their use. 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 the practice nurses.

- The practice held no stocks of controlled drugs (CDs). These are medicines that require extra checks and special storage because of the potential for their misuse.
- In May 2015 we had found gaps in the practice's recruitment processes. At this visit we reviewed three 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.

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 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 showed the practice had attained 73% of the total number of points available. This is 23% below both the CCG average and England average. However the practice had put an action plan in place to address the 2014/15 figures and we felt this demonstrated their commitment to improvement.

Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to other practices.. For example the practice achieved 74% regarding patients with diabetes who had a foot examination (CCG average 81% National average 88%) and 84% who had had flu immunisations in the preceding August to March 2015 (CCG average 93% and National average 94%).
- Performance for mental health related indicators was comparable to the national average for example 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 94% & National average 94%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been regular clinical audits completed in the last two years such as an audit of care for atrial fibrillation (irregular heart rhythm) and the new approach initiated at nursing homes. We saw these were completed audits where the improvements required were implemented and monitored.
- Findings from clinical audits were used by the practice to improve services. For example, recent action taken following the atrial fibrillation audit improved READ coding (identification of specific conditions), recall for annual review of these patients and five patients who had been initiated on anticoagulation treatment were found to be unsuitable for it and their prescriptions were amended.

Information about outcomes for patients was used to make improvements such as: Following the introduction of a ward round at one nursing home outcomes had been audited and improvements to admission rates, Accident & Emergency attendance and use of the out of hours service had all reduced substantially. The practice noted that the home was now more engaged with practice staff and there was an increase in the number of DNAR forms (Do not Attempt to Resuscitate) discussed with patients and relatives. The practice now planned to introduce a roll out of this process to other nursing homes.

Effective staffing

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

- At the previous inspection in May 2015, we had found that there were gaps in the practice's induction programme for newly recruited staff. However, at our recent visit we found that this had been improved. The practice had an appropriate induction programme for all newly appointed staff. This covered topics such 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, the practice nurses had received training in travel health and updates on immunisation and vaccination, dementia awareness and carers, a newly recruited nurse was being trained in chronic obstructive pulmonary disease (COPD) and asthma.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs starting with a probationary review at three months. 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, a monthly study afternoon, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support, chaperone training, disability awareness and information governance. 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, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals such as palliative care nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care were supported using the Gold Standard Framework for end of life care. The practice held monthly to discuss patients newly identified as nearing the end of life, practice staff ensured they became familiar with the patient and relatives, the district nursing team was involved and anticipatory drugs prescribed when appropriate. Following a bereavement GPs made contact with the family by telephone and referred to other support agencies such as The Bereavement Counselling Service.
- Referrals were made to the dietician and podiatrist and smoking cessation advice was available from a local support group.
- Patients who attended the learning disability review service had their physical health check, were screened for breast, cervical and testicular cancer and received healthy lifestyle advice. If their condition was complex a care health plan was produced alongside the multidisciplinary team. Staff had access to pictorial information to help communicate with patients about their health.

The practice's uptake for the cervical screening programme was 76%, which was comparable to other practices. Both the CCG and the national average was of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were

Are services effective?

(for example, treatment is effective)

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.

The practice 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 99% and five year olds from 85% 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 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 spoke with three members of the patient participation group (PPG). They told us they felt the practice offered a good service. One patient commented that the service offered to his daughter with a learning disability had been caring, flexible and sensitive. Another patient commented upon the speed of responsiveness when urgent help was needed.

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

- 95.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 95% of patients said they had confidence and trust in the last nurse they had spoken to compared to a CCG average of 98% and the national average of 97%.
- 85.5% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We saw that one of the GP's was retiring from her post and patients had the opportunity to record their comments in a retirement book at reception. The book contained many compliments and expressions of thanks and described the GP as kind, caring, professional and supportive.

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 and did not feel rushed 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 in line with local and national averages. For example:

- 92% 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%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

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

- Staff told us that they had a small group of patients who were Polish and with whom they used translation services if needed.
- Information leaflets were available in easy read format and in large print at reception.

Are services caring?

- We saw patient information leaflets in use on medicine and dehydration and a personal diabetes handheld record and care plan.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as carers and felt there was more work to be done in that area. Identified carers were coded on the system so that staff

could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check. Staff had recently met with West Lancs Carers Association a voluntary agency who provided advice and support and were reviewing how carers might be identified and supported more effectively. Written information was available in leaflets and posters in the reception area 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 to meet the family's needs or by giving them advice on how to find a support service.

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.

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included care homes where nominated GP's visited to do weekly ward rounds and case conferences were held for patients with complex needs. Meetings were held with the home managers and advice offered to the staff on condition management. This had significantly improved outcomes for patients and was about to be rolled out to other nursing homes.
- There were two large establishments in the local area which provided twenty four hour care and treatment for patients with dementia. All clinical staff at the practice had attended training in dementia awareness to provide better support.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as the facility for young mothers bringing their children for immunisations or consultations after school hours.
- One of the GP partners was palliative care lead to West Lancs CCG and contributed that knowledge and experience to his work at the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12 midday every morning and 2.30pm to 5.30pm daily. Pre-bookable

appointments that could be booked up to four weeks in advance were available and the on call GP had urgent appointments available for people that needed them on the same day.

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

- 63% of patients were satisfied with the practice's opening hours compared to the national average of 78%. However following this result the practice improved access by creating open appointments every day with the GP on call. Reception staff triaged calls, passed the urgent requests to the GP on call who telephoned the patient to offer an appointment or advice by phone.
- 60% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The practice had taken action in response to this by promoting online access to appointments and introducing a new telephone queuing system.

People told us on the day of the inspection that they were able to get appointments when they needed them although they might need to wait up to three weeks to see a doctor of choice. Patients told us they were happy to see any doctor if the appointment was urgent.

The on call GP triaged patients by telephone to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system which included posters in the reception area and a guidance leaflet in the patient information pack in the waiting rooms. We looked at 14 complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. 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. These were discussed at staff meetings.

For example, one patient was waiting for a referral to secondary care. The patient was anxious as they had a history of cancer and reception staff had incorrectly informed them a result was normal. The GP spoke with the patient immediately and apologised for the error and updated them regarding the referral. Learning points were discussed and agreed as diligence in identifying abnormal results and better communication on the actions being taken by the GP including offering an urgent appointment if the patient was anxious.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust five year strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The previous inspection in May 2015 had found gaps in the governance structures for the practice. For example, staff had been unclear of the management structure and there was not a nominated lead for clinical governance. At this visit we found that improvements had been made in this area.

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 was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Each doctor had an area of responsibility within the practice. For example one partner

led on clinical governance, one on complaints and pharmacy, one on liaison with CQ and safeguarding, another on carers and learning disability and one on Caldecott and information governance. Staff told us the GP's were approachable and always took the time to listen to all members of staff.

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, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held weekly team meetings and we saw the minutes of these.
- 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 annual workshops were held for all staff to contribute to improvement and learning.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the practice manager. 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.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had just begun to meet regularly, and had previously contributed to patient surveys and informally suggesting improvements to the practice management team. For example, the telephone system had been improved following the last GP survey and access was much easier.
- The practice had gathered feedback from staff through training afternoons 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. The recent review of the appointment system had involved the views and suggestions of all staff.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and initiated schemes to improve outcomes for patients in the area such as the ward rounds at nursing homes.
- The partners met quarterly with the practice manager to monitor the impact of new initiatives, the progress of new staff, QOF results, CCG & CQC visits and action required, and listen to feedback from other meetings and education sessions.
- Action plans were produced following any surveys carried out. Improvements introduced included the

introduction of a new telephone system and on call GP's providing triage and on the day appointments. Practice staff had produced an improvement plan following the last CQC inspection in May 2015 all of it was achieved by September 2015 and found to be in place during this inspection. This included updating policies and procedures and ensuring they were fully accessible on the shared drive.

- We noted that QOF results had improved since 2014/15 for example people with mental health conditions who had an agreed care plan had improved from 52% in 2014/15 to 73% in 2015/16. (unvalidated). Following review of QOF results at the end of 2015/16 an improvement plan was developed including work with the CCG medicines management lead on some aspects of prescribing, improving coding and recruiting a nurse to improve management of chronic health disease (the nurse is now employed by the practice).
- The practice had produced a business improvement plan in November 2015 summarising progress and outlining their business plans for 2016-2020. Intentions included succession planning, further improvements to the appointment system and full development of the PPG.
- The practice had meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team. We were told the practice manager was a member of the West Lancs CCG Executive meeting and was secretary (previously chairperson) of the practice manager's forum.