

# Coppull Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Coppull Medical Practice on 30 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.
  - Thorough recruitment procedures were carried out before staff were employed.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should consider making improvements :

- Consider developing "Easy to read" information for those who require it.
- Produce a quality assurance policy and procedure to act as an overarching framework for continuous quality improvement

The area where the provider was displaying outstanding practise was:-

# Summary of findings

The practice had corresponded regularly with hospital consultants, other healthcare providers, NHS England and the CCG to try to improve services for patients. This had been recognised by the Clinical Commissioning Group

(CCG) establishing monthly meetings with the practice to identify and resolve issues. Detailed minutes recorded actions agreed with an update on progress at the next meeting.

**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 was rated as good for providing safe services.

Good



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

### Are services effective?

The practice was rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. 86.98% of respondents to the GP patient survey 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 to a national average of 85.3%.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was available and easy to understand although some patients would benefit from “easy to read” information.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

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

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was evidence of a governance framework which supported the delivery of the strategy and good quality care. However there was no overarching policy and procedure for continuous quality improvement.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Care plans and health checks were provided as needed with regular medicine reviews carried out.
- The building was accessible for patients who may have mobility problems.
- The practice established a nursing home programme supporting three homes in the locality. The practice nurse visited the homes monthly to ensure patients chronic disease needs were met, identifying training needs for nursing home staff and supporting them in managing chronic disease. The service had been audited and found to have been successful in improving care for patients, improving knowledge for nursing home staff and saving NHS prescribing costs.
- The practice offered flu, pneumonia and shingles vaccination programmes.
- Dementia screening was offered in chronic disease clinics.
- The Practice nurse had dedicated time (approx. 6 hrs per week) to deliver care in the community to elderly and vulnerable patients. She provided a care plan programme and was proactive with identifying social care needs and assessing safeguarding concerns.
- Referrals to other services were regularly made, for example the falls service and dietetic service.

### People with long term conditions

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

Good



- The practice had a robust chronic disease programme which included:
- Robust annual review call and recall programme, with a dedicated staff member running the programme.
- Annual review with a clinician for all chronic disease patients.
- Comprehensive information leaflet regarding what to expect at annual review sent with all first invites.

# Summary of findings

- A Practice nurse dedicated to chronic disease review, with special interest in diabetes.
- Annual medication reviewed for all patients on repeat medication, with robust procedures for non-compliant patients.
- Longer appointments offered for patients with multiple conditions.
- Home visits carried out by a practice nurse for house bound patients with chronic disease.
- A Warfarin clinic held weekly run by the practice nurse. The practice provided evidence of a 100% satisfaction rating from patients attending this clinic.
- The practice offered diabetic foot screening call and recall
- CQC data indicated that the practice achieved 100% for figures relating to diabetes.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Post-hospital discharge care plan reviews were carried out with patients who attended A&E unnecessarily.
- Pre-diabetes monitoring and NHS health checks were carried out to identify patients who may potentially be at risk of developing a long-term chronic condition.

## Families, children and young people

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

- The practice had high achievement with their childhood immunisation programme achieving up to 100% uptake in 2014/15.
- There were systems in place to identify non-attenders for immunisations. These were discussed with the safeguarding lead and the health visitor.
- There was a dedicated childhood immunisation and development check clinic. Patients were able to also book in to the treatment room if they needed to attend after school.
- The practice had links to the health visitor who was informed of all children who have joined or left the practice.
- There were safeguarding procedures in place for children who were vulnerable. All staff and GPs received regular safeguarding training.

Good





# Summary of findings

- Childhood flu immunisations were offered, with flu clinics on Saturdays to allow school age children to receive their vaccines at the weekend.
- There was a weekly midwifery clinic.
- Vaccine programmes were aimed at students and young people (MMR, Men C).
- The practice offered a private room for breastfeeding and there were baby changing facilities.
- There was a programme for flu and whooping cough vaccinations in pregnant women.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and younger patients who had a high number of A&E attendances.
- 79% of patients with asthma, on the practice register, had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. This compared to a national average of 58.72%.
- 86.58% of women aged 25-64 are recorded as having had a cervical screening test in the preceding 5 years. This compared to a national average of 81.83%.
- There was a dedicated child & adult safeguarding lead. Safeguarding training had been provided to practice staff.

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

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

- The practice had a flexible appointment system for the treatment room clinic
- Patients could book routine appointments up to 6 weeks in advance online.
- Flu clinics were held on Saturday to allow working people to attend at the weekend.
- The practice promoted online services and text messaging to make it easier for patients who worked to access services outside of practice hours.
- The practice had purchased cholesterol and glucose meters to allow patients who work to be able to have their NHS health check in the afternoon, without the requirement to attend for a blood test in the morning.

Repeat prescriptions were left in the onsite pharmacy at evenings and weekend, so patients who work could collect their prescription up to 10pm at night and all weekend

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- Patients with a learning disability or other significant disability had an alert on their medical record, this allowed all staff to quickly identify when dealing with a patient that they may require additional assistance.
- The practice had a register of vulnerable adults and children and a review of these patients was undertaken every 3 months to identify any concerns that required further action.
- A patient health form had been introduced with a section for patients to record if they had a disability, medical condition or are a carer. These were passed to the practice manager who ensured this was clearly noted on the record and contacted the patient to discuss their needs if indicated.
- The practice had posters and leaflets informing patients with a disability that they could discuss their individual needs with the practice manager if required.
- Both non clinical and clinical staff were trained in the mental capacity act. There were procedures in place for identifying patients with a DOLS(Deprivation of Liberty Safeguard) in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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

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

Good



- The practice nurse was pro-active in identifying patients with memory problems at their annual review and referring them for memory assessment.
- The practice had a dedicated area in the waiting room with information regarding dementia and carer information, with a leaflet developed by the practice, dedicated informing carers regarding services and support.
- The practice nurse provided carers of patients with dementia with information regarding dementia and caring for a person with dementia.

# Summary of findings

- All patients newly diagnosed with dementia were invited for an enhanced dementia review with the practice nurse. This included health screening, social assessment, discussion regarding future care planning, legal issues and carer assessment.
- Carers of patients with dementia were invited for a carers' health check and social assessment.
- The GPs had been working with the CCG and mental health consultants for several years to identify issues with the current service provision and improvements that can be made. This was due to patients and GPs feeling the current service did not always meet the patients' needs.
- 97.5% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compares to a national average of 88.47%.
- 87.34 % of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This compared to a national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 276 survey forms were distributed and 118 were returned. This represented 1.5% of the practice's patient list.

- 78.9 % of patients found it easy to get through to this surgery by phone compared to the national average of 73.26%.
- 86.4 % of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76.06%).
- 88.32% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85.05%).
- 76.97% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79.28%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received four comment cards which were all positive about the standard of care received. Patients considered they were treated with care and respect by all staff at the practice and the GPs were excellent both in attitude and knowledge. They said the environment could not be faulted.

We spoke with five patients during the inspection. All five patients said they were satisfied with the service they received and three patients thought the appointment system worked well in particular if they needed an appointment the same day.

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2015. This indicated that overall, 98% of patients were 'extremely likely' to recommend the practice to their friends and family.

The practice had carried out a local survey of patient satisfaction and 97% of the respondents indicated their satisfaction with the service.

## Outstanding practice

The practice had corresponded regularly with hospital consultants, other healthcare providers, NHS England and the CCG to try to improve services for patients. This had been recognised by the Clinical Commissioning Group

(CCG) establishing monthly meetings with the practice to identify and resolve issues. Detailed minutes recorded actions agreed with an update on progress at the next meeting.

# Coppull 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 second CQC Inspector.

## Background to Coppull Medical Practice

Coppull Medical Practice is located in Coppull, Chorley, Lancashire. The practice is located in a surgery which also houses a pharmacy. There is easy access to the building and disabled facilities are provided. There is a small car park next to the practice. Primary medical services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Chorley with South Ribble Clinical Commissioning Group.

There are five GPs working at the practice. Four GPs are partners, three male and one female and one female GP is salaried. There are one full time practice nurse and one part time practice nurse and one part time health care assistant (all female). There is a full time practice manager and a team of administrative staff.

The practice opening times are Monday, Wednesday and Friday 8 am to 12.30pm and 1.30 to 6.30pm, Tuesday 8am to 6.30pm, Thursday 8am to 1pm. The practice appointment times are;

Monday: 8.30am to 12.30pm and 1.30pm to 6pm

Tuesday: 8.30am to 12.30 and 1.30pm to 6pm

Wednesday: 8.30am to 12.30pm and 1.30pm to 6pm

Thursday: 8.30am to 1pm

Friday: 8.30am to 12.30pm and 1.30pm to 6pm

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will provide a telephone assessment and if an out of hours GP is required they will pass the patients details to Chorley Medics.

There are 7907 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.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Chorley and South Ribble Clinical Commissioning Group to share what they knew. We carried out an announced visit on 30 March 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the practice nurse, a health care assistant and two admin and reception staff.

# Detailed findings

- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Spoke with five patients.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and information was reviewed annually to identify trends. We saw that action plans were drawn up to demonstrate learning and changes made to practice. Also a review of the measures implemented was completed to ensure the new procedure was safe and effective.
- One example of action taken in response to a prescribing significant event was staff checking all letters about medication post hospital discharge before passing them to GP's for action.

We reviewed safety alerts received by GPs. These were discussed during practice meetings, displayed on the staff notice board and emailed to all clinical staff. We looked at one example whereby GPs had invited patients on a specific medicine for review.

### 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 to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies provided contact information for further guidance if staff had concerns about a patient's welfare. Local Authority Designated Officer. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- 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 high standards of cleanliness and hygiene. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. All staff had received up to date training. The last infection control audit was undertaken in 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the 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.
- We reviewed three staff personnel files and found that full recruitment checks had been undertaken prior to employment.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

## Are services safe?

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. A first aid kit and accident book was available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 100% of the total number of points available, with 11.9% 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. Data from 2014/2015 showed the following:

- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average. For example, 91.75% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (01/04/2014 to 31/03/2015). This compares to a national average of 83.65%.
- Performance for mental health related indicators was similar to the CCG and national average. For example, 94.19% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compares to a national average of 94.1%.

Clinical audits demonstrated quality improvement.

- We looked at two clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to make improvements.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff were provided with role-specific training and updating, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations demonstrated how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from senior staff, one-to-one meetings and appraisals for revalidating GPs. All staff had participated in an appraisal within the last 12 months.
- 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.
- GPs attended peer group meetings with other local GPs to share experience and learning

### 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.

# Are services effective?

## (for example, treatment is effective)

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

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. 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 younger patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking

The practice's uptake for the cervical screening programme was 86.58% which was comparable to the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.7% to 100.0% and five year olds from 94.6% to 100%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place between treatment rooms one and two could be overheard. Staff told us they normally mitigated against this by using a "noise masking" method.
- 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 four patient Care Quality Commission comment cards we received were positive about the service experienced. Patients considered they were treated with care and respect by all staff at the practice and the G.P's were excellent both in attitude and knowledge. They said the environment could not be faulted.

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

- 87.9% of patients said the GP was good at listening to them compared to the national average of 91%.
- 86.3% of patients said the GP gave them enough time (national average 90.4%).
- 94.5% of patients said they had confidence and trust in the last GP they saw (national average 96.5%).
- 86.98% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).
- 88.91% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.5%).

- 87.8% of patients said they found the receptionists at the practice helpful (national average 88%).

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

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

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

- 86.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 89.2%.
- 83.17% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81.61%).
- 90.86% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85.09%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Information was also available in large print for patients with visual difficulties.

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

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to signpost them to the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and for patients with multiple conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious or urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. There was no hearing loop however reception staff said they rarely encountered difficulties in communicating with patients with a hearing loss. They said they could take the patient into a private room and could request British Sign Language interpreters if needed.
- We saw no "Easy read" leaflets on display suitable for people with learning disabilities or literacy problems.

### Access to the service

The practice was open between 8 am to 6.30pm Monday to Friday. Appointments were available from 8.30am to 6pm Monday to Friday. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

Patients requiring a GP outside of normal working hours were advised to call 111 and the service would pass their details to Chorley Medics if an out of hours GP was required.

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

- 79.4% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 78.92% of patients said they could get through easily to the surgery by phone (national average 73.3%).

- 50.81% of patients said they always or almost always see or speak to the GP they prefer (national average 36.17%).
- Patients told us that they were able to get appointments when they needed them, although two patients commented they found it difficult to get an appointment with their GP of choice.

The practice had worked to improve access to services for vulnerable patients.

- The 'green car scheme' provided access to paramedics from the North West Ambulance Service for patients in their own homes with the aim of avoiding hospital admission.
- The practice supported three nursing homes in the locality. The practice nurse visited the homes monthly to ensure patients chronic disease needs are met, identifying training needs for nursing home staff and supporting them in managing chronic disease.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- The GPs had been working with the CCG and mental health consultants for several years to identify issues with the current service provision and improvements that can be made.
- Patients who attended A&E were monitored and offered support.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice had received eight complaints in 2015/16. All of these were responded to appropriately and within the timescales set out in the practice complaints policy.
- We saw that information was available to help patients understand the complaints system

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This included policies, procedures and structures to ensure 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. These documents were reviewed regularly with future review dates set.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A quality assurance policy would bring all of these systems together to ensure continuity and clarity for staff.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- 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.
- Staff said they felt respected, valued and supported, particularly by the GPs and Practice Manager in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the GPs 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.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) which operated virtually. We met with two representative of the PPG. They told us the group communicated by email and carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had been invited to meet as a group from April 2016 which representatives welcomed.
- We saw a suggestion box in the reception area and there was an online newsletter which encouraged patient feedback.
- The practice displayed a "You said...We did..." summary on the reception notice board. This described the results of the most recent practice survey and what changes the practice had made as a result of that and other feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

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Good 

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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 wanted to establish a higher uptake for education sessions for new diabetic patients for example and generally decrease waiting times for appointments.
- The use of practice nurse appointments had been regularly audited and led to the introduction of more

appointments for dressings and a reduction in urgent appointments. There are now more open appointments available and the practice has introduced a weekly chronic disease clinic.

- The practice had corresponded regularly with hospital consultants, other healthcare providers, NHS England and the CCG to try to improve services for patients. This had been recognised by the Clinical Commissioning Group (CCG) establishing monthly meetings with the practice to identify and resolve issues. Detailed minutes recorded actions agreed with an update on progress at the next meeting.
- Following the introduction of access to the Family and Friends Test by text the practice received eighty responses in the last month it was done.