

The Euxton Medical Centre

Quality Report

St. Marys Gate
Euxton
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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?	Requires improvement	

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 5 August 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Euxton Medical Centre on 1 March 2018. This

inspection was carried out 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines. There was a comprehensive quality improvement programme in place.
- The practice had systems to manage risk so safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes although action taken as a result of incidents was not reviewed to ensure effectiveness.
- Practice governance systems required improvement. There was a lack of oversight of actions taken in respect of patient safety alerts and professional indemnity. The practice policies for dealing with communications into the practice and for urgent patient referrals were insufficient.
- Practice procedures to safeguard vulnerable patients were comprehensive and kept patients safe.

Summary of findings

- Staff had a good understanding of patients contacting the practice who may need emergency care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients reported a high level of satisfaction with the way that staff cared for them.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue to monitor the security of loose prescriptions in printers.

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

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

The Euxton Medical Centre

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 adviser.

Background to The Euxton Medical Centre

The Euxton Medical Centre is situated on St. Marys Gate, Euxton in a semi-rural part of Chorley at

PR7 6AH and is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England.

The surgery is housed in single-story purpose-built accommodation which was extended in 2012 and offers access and facilities for wheelchair users and visitors. The practice website can be found at www.euxtonmedicalcentre.nhs.uk.

There are approximately 4244 registered patients. The practice population includes a higher number of patients aged between 45 and 75 years of age than the national average; 45% compared to 35% nationally.

Information published by Public Health England, rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area reflects the national average for males at 80 years and 83 years for females.

The practice opens from 8am to 6.30pm Monday to Friday and offers extended opening on Wednesdays until 8.30pm. Extended opening appointments are also offered every weekday evening until 8pm and an additional five appointments on Saturday and Sundays from 9am to 4pm at one of three neighbouring practices through an arrangement with other local surgeries. Appointments at the practice are from 8.30am to 11.30am and 3.30pm to 5.30pm on weekdays and from 6.30pm to 8.30pm on Wednesdays. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning NHS 111.

The practice has two GP partners one male and one female. The practice also uses the services of a regular female locum GP for two surgery sessions each week. A practice nurse, a trainee healthcare assistant, a practice manager, a medicines co-ordinator and an additional team of eight reception and administration staff, assist the GPs. The practice is a teaching practice for undergraduate student doctors although at the time of our inspection, this had been suspended for the time being.

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

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had comprehensive systems to safeguard children and vulnerable adults from abuse. There was a safeguarding folder that contained relevant, up to date information including a register of vulnerable children and was securely held and freely available to staff. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. There were coloured noticeboards in all staff and treatment rooms with essential safeguarding information including contact numbers for staff who needed to report concerns.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration on recruitment where relevant. We saw that clinical staff professional registration was up to date, although management overview of this was on an ad hoc basis and not on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up to date safeguarding and safety training appropriate to their role. The practice lead GP for safeguarding delivered in-house safeguarding presentations to staff to support formal training. There

was a practice leaflet for patients on keeping children and young people safe. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control (IPC). We saw there was an annual audit IPC and action was taken to manage any identified risks. There were policies in place for cleaning the practice and regular audits took place to ensure they were followed.
- The practice ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. The practice information file for new locum GPs was comprehensive.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. We saw that staff had comprehensive knowledge of when patients needed emergency treatment and staff had trained in the recognition and management of sepsis. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff generally had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a practice workflow protocol in place to allow staff to remove items of post without sight of a GP. However, we saw this protocol was

Are services safe?

general in its terminology and was not specific in terms of which items of post were suitable to remove. From talking to staff and GPs, we found there was a difference of opinion as to what items of post were removed. Staff told us they would meet shortly following our inspection to review and revise the workflow protocol with GPs. The protocol allowed for audit of this system but this was not being done. There was a practice process to check that all patients referred urgently to other services using the two-week rule were offered timely appointments. However, there was no check in place that patients had attended these appointments. Some patient non-attendances at hospital appointments were being removed from the post without sight of a GP.

- There was a practice procedure for the management of tasks allocated to staff and GPs which ensured they were actioned safely and appropriately, although there was no formal documentation of this procedure.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases and emergency medicines and equipment minimised risks. The practice generally kept prescription stationery securely and monitored its use although loose prescriptions were kept in practice printers overnight when the practice was closed. The practice sent us information following our inspection that said these prescriptions would be removed and kept in a locked cabinet in the future.
- The practice had a comprehensive system for checking the emergency medicines kept in GPs' bags and in the practice for use in patient emergencies.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. We saw antimicrobial prescribing had been checked both before and after the absence of one GP for a period of time, to ensure good practice had been maintained in that GP's absence.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Significant events and actions taken were shared with staff on the practice computer system, although shared discussion of those events only happened at an annual review of reported incidents. Actions taken as a result of events were not reviewed, although the process for review was part of the event reporting form.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when a patient received an incorrect vaccine, the practice reviewed the booking process for staff making patient appointments and agreed further checks to be made by clinicians before any vaccination was given. Also, the importance of checking that the correct patient details were recorded on all samples sent for analysis was stressed to clinicians following an incorrect patient identifier recorded on a patient urine sample.
- There was a system for receiving and acting on safety alerts. We saw safety alerts were handled appropriately, however, there was no record made of actions taken. We were sent a spreadsheet following our inspection that had been introduced to record these actions in the future. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice for 01/07/2015 to 30/06/2016 showed the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was comparable to local and national averages; 0.62, compared to 0.76 locally and 0.9 nationally. (This data is used nationally to analyse practice prescribing and Hypnotics are drugs primarily used to induce sleep.)
- Similar data for the prescribing of antibacterial prescription items showed practice prescribing was comparable to local and national levels; 1.15 compared to 1.05 locally and 0.98 nationally.
- Data for the prescribing of antibacterial prescription items that were co-amoxiclav, cephalosporins or quinolones showed practice prescribing was comparable to local and national levels; 10.2% compared to 9.7% locally and 8.9% nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed evidence of practice performance against results from the national Quality and Outcomes Framework (QOF) for 2016/17 and looked at how the practice provided care and treatment for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.)

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were contacted by a GP following discharge from hospital to ensure their needs were met. This was followed up by a home visit or appointment at the practice if necessary.
- The practice followed up on all older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Blood measurements for diabetic patients (HbA1c of 64 mmol/mol or less in the preceding 12 months) showed 86% of patients had well controlled blood sugar levels compared with the clinical commissioning group (CCG) average of 83% and national average of 80%. Exception reporting for these patients was the same as local and national averages at 12%. (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.)
- The number of patients with hypertension (high blood pressure) in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 92% compared to the CCG average of 85% and the national average of 83%. Exception reporting for these patients was a little higher than local and national averages at 7% compared to 5% and 4% respectively.
- There was a "diabetic hub" service at a neighbouring practice for those practice diabetic patients who were treated with injectable medicines, insulin-dependent patients who were being cared for by the hospital and who preferred community care and all diabetic patients who were finding control of the condition difficult. This service was run by GPs with a special interest in diabetes and specialist nurses with support from a diabetes consultant doctor.

Families, children and young people:

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the target percentage of 90% or above. The practice achieved 100% for vaccines given to children aged one year old and 100% for haemophilus influenzae type b and meningitis C booster vaccines for children aged two years old. Rates for other vaccines given were 97%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 78%, which was lower than the 80% coverage target for the national screening programme, but higher than the local rate of 76% and national rate of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including practice patients who were veterans and those with a learning disability. They carried out a regular monthly audit of patients to ensure they had identified those patients who were subject to deprivation of liberty safeguards (DoLs).
- The practice alerted staff to patients with a visual or hearing impairment by use of the patient electronic health record.
- The practice valued continuity of care and we saw evidence of good management of this.

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

- 93% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was higher than the CCG average of 88% and national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the local average of 95% and the national average of 90%. Exception reporting for these patients was the same as the national average and lower than the local average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption (CCG average 96% and national average 91%). Exception reporting for these patients was lower at 4% compared to the local average of 16% and national average of 10%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw examples of clinical audits that were of good quality, well-documented and responsive to the needs of the practice. For example, the practice had carried out an audit of the use of the Epley manoeuvre for patients with vertigo. (The Epley manoeuvre is a sequence of patient positions performed by a clinician to relieve vertigo.) The audit showed that for the seven patients treated this way in the period January to September 2017, all reported good outcomes and needed no referral to secondary care. Where appropriate, clinicians took part in local and national improvement initiatives. A member of the administration team was the practice medicines co-ordinator and worked with members of the CCG pharmacy team to ensure practice prescribing was carried out in line with local and national recommended guidelines.

We also saw documented discussion of GP patient peer review where specific patients were discussed so that learning could be shared. For example, there were instances of documented learning related to diagnoses of cancer and also of prescribing issues. Other learning such as raising the awareness of sepsis in the practice was documented.

Are services effective?

(for example, treatment is effective)

The most recent published QOF results were 100% of the total number of points available compared with the CCG average of 98% and national average of 96%. The overall exception reporting rate was 12% compared with the local and national average of 10%.

- The practice used information about care and treatment to make improvements. We saw that patient attendances at the local A&E department and use of the out-of-hours service were audited annually for those patients receiving palliative care. The audit carried out in 2016 showed one of the recorded contacts could have been avoided and this information was used to improve the care for patients. In 2017, it was shown all of the contacts were necessary and unavoidable.
- The practice was actively involved in quality improvement activity. The practice medicines co-ordinator carried out medicines audits to check practice prescribing and adherence to best practice guidelines. Where appropriate, clinicians took part in local and national improvement initiatives. The practice supported the local programme to improve patient care by arranging training for non-clinical staff to direct patients to the most appropriate care and treatment available to them.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. We saw all staff training was up to date although there was no management overview of some clinical staff training. We were sent a copy of a new staff training matrix following our inspection that included clinical staff training. Staff were encouraged and given opportunities to develop. The practice had decided to train a member of administrative staff as a healthcare assistant through an accredited apprenticeship to help support the practice nurse. This training had started in April 2017 and was planned to finish in July 2018, and included the requirements of the Care Certificate.
- GPs attended clinical update training held at a local practice outside of practice core hours when possible.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision-making, including non-medical prescribing. The trainee healthcare assistant told us they received support and mentorship from the practice staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. There were regular meetings with staff from other health and social care services including community staff and the local carers' support service.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. All patients who were high attenders at the local A&E department were reviewed regularly as were those with an unplanned admission to hospital.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Patients on the practice palliative care register were discussed at regular multi-disciplinary case review meetings.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Are services effective?

(for example, treatment is effective)

- Patients were encouraged to attend national cancer screening programmes. We saw that 80% of women invited for breast screening had attended compared to the CCG average of 72% and national average of 70%. Also, a total of 66% of patients invited for bowel screening had attended, higher than the CCG average of 60% and national average of 54%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. There was a designated noticeboard in the patient waiting area that was themed each month for specific health conditions. We saw that the theme for March in the practice was ovarian cancer.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. All staff had trained in equality and diversity.
- The practice gave patients timely support and information.
- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 37 patient Care Quality Commission comment cards we received were very positive about the service experienced. Two of the cards mentioned they sometimes had difficulty getting an appointment and one that the telephone system was in need of improvement but five cards specifically praised the ease of access to appointments. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. We were given copies of nine testimonials collected by the practice from health and social care staff associated with the practice. All praised the caring and inclusive nature of staff and spoke of the friendly, responsive and professional work done by the practice.
- Staff were encouraged and supported to take place in fundraising events to raise money for local charities. We saw that in 2017 a member of staff had raised considerable funds for the local hospice by undertaking such an event.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 223 surveys were sent out and 108 were returned (48%). This represented about 2.5% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG average 89%; national average 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and national average of 95%.
- 99% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average 88%; national average 86%.
- 95% of patients who responded said the nurse was good at listening to them; CCG average 94%; national average 91%.
- 96% of patients who responded said the nurse gave them enough time compared to the CCG average of 95% and national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average 99%; national average 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average 93% and national average 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 86% and national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The practice used an information sheet with patients to identify which language interpretation was needed for.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Alerts were added to patient computer health records to inform staff of any communication needs.
- Patient mobility problems or any special patient requirements were highlighted on patient records to help staff to know when a patient may need assistance.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They asked all new patients whether they were carers or were being cared for and recorded caring responsibilities when patients mentioned caring roles to staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (0.8% of the practice list).

- A member of staff acted as a carers' champion to help ensure the various services supporting carers were coordinated and effective and they had received training for the role. The practice supplied carers with a comprehensive pack of information that gave support to carers and had been produced with the help of the local carers' service. There was also a folder of information for carers in the reception waiting area. We saw that the practice had received a certificate for being a carer-friendly practice in February 2017. A member of the local carers' service was invited to the practice multi-disciplinary care review meetings every month.
- Staff told us if families had experienced bereavement, their usual GP sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
- Staff also sent congratulations cards to patients who reached special birthdays.

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 higher than local and national averages:

- 98% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average 94%; national average 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were offered on Wednesday evenings until 8.30pm. Extended opening appointments were also offered every weekday evening until 8pm and an additional five appointments on Saturday and Sundays from 9am to 4pm at one of three neighbouring practices through an arrangement with other local surgeries. There were online services such as repeat prescription requests and advanced booking of appointments. The practice used staff from the company who supplied the patient record computer software to come into practice and help patients to register to use online services.
- The practice used GPs to triage patient requests for urgent appointments when surgeries were busy. All patients were contacted to ensure they were seen or reviewed appropriately.
- The practice improved services where possible in response to unmet needs. They joined the local collaboration of practices to be able to offer extended hours appointments and to work to share services in the future.
- The facilities and premises were appropriate for the services delivered. The surgery had been extended to provide an additional two treatment rooms in 2012.
- The practice made reasonable adjustments when patients found it hard to access services. The practice nurse visited patients who were unable to visit the surgery to provide reviews of patient long-term conditions. Longer appointments were available for those patients with complex needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services including the out-of-hours service.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. We saw examples of good continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice was responsive to the needs of patients receiving end of life care and reviewed these patients on a regular basis.
- In response to patient difficulties with the uneven surface of the car park, the practice had had it re-surfaced.
- The practice ensured all patients who were identified as severely frail were referred to the local falls clinic.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The provision of a community-based "diabetic hub" for patients allowed them care nearer to the practice to avoid travelling to the local hospital, and reduced waiting times for appointments.
- The practice had recognised the need to support the practice nurse in the management of these patients and had initiated training for a staff member to be a healthcare assistant.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- There was a baby-changing facility at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to book appointments up to four weeks in advance.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a practice policy for the treatment of patients who had veteran status to ensure that their treatment was expedited when appropriate.
- Patients with a learning disability were invited for an annual review using easy-read information.
- There was a wheelchair available at the practice for patient use.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff had trained in the care of patients with dementia and had been recognised as dementia friends.
- Patients with symptoms of memory loss were referred appropriately for assessment.
- The practice proactively signposted patients to support organisations for those with mental health needs and those who had recently suffered bereavement.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection, completed comment cards and the practice own annual patient survey.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 66% of patients who responded said they could get through easily to the practice by phone; CCG average 70%; national average 71%.
- 82% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 88% and national average of 84%.
- 84% of patients who responded said their last appointment was convenient; CCG average 87% and national average 81%.
- 79% of patients who responded described their experience of making an appointment as good; CCG average 76%; national average 73%.
- 63% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 66% and national average of 58%.

The national patient survey was conducted before the practice had been able to offer patients extended appointments every weekday and at weekends. The practice annual patient survey in 2017 had also indicated that 91% of patients were either very satisfied or fairly satisfied with opening hours and 84% said that the opening hours were convenient. This had also been carried out prior to offering the new extended hours appointments. The practice had put together an action plan and told us that they hoped that the extra extended hours appointments would increase patient satisfaction with access. The practice had also addressed patient dissatisfaction with telephone access and had purchased a new system which was in use at the time of our inspection. They told us that they were monitoring its use and would introduce new capabilities as needed.

Listening and learning from concerns and complaints

Are services responsive to people's needs? (for example, to feedback?)

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. There was a suggestion box on the reception counter. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The policy set out how written complaints were managed although reference to verbal complaints was not made in the policy and verbal complaints were not formally recorded. The practice had received one written complaint in the last year. We

reviewed it and found it was handled comprehensively in a timely way. A patient we spoke to also told us how the practice had handled a verbal complaint to the patient's satisfaction.

- The practice learned lessons from individual concerns and complaints and also from analysis of trends. The practice complaint recording form supported the need to identify any learning needs for staff. Staff acted as a result to improve the quality of care. The practice encouraged patients to use online access to patient services following complaints related to access. They arranged patient training days in the practice, added information about registering for online access to new patient forms and put up further posters in the waiting area.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff had lead roles in the practice at all levels.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. This vision was “Our mission is to provide a high quality of care to our patients and a happy and safe environment for patients and staff, using the core values of openness, respect, fairness and accountability”. The practice leaders met regularly to discuss service strategy and we saw plans that allowed for an increase in the patient list size due to the growth of the local population.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. Staff skill-mix had been reviewed and the practice had received funding from the clinical commissioning group (CCG) to enable training and staff development to meet patient needs.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The practice mission statement was displayed to patients in the waiting area.

- The strategy was in line with health and social priorities across the region and aligned with the NHS five year forward plan. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. We saw that there was a low turnover of practice staff.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values if there was a need to do so.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw minutes of a meeting with a patient and family members following a complaint that demonstrated this. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. There was a duty of candour policy in place.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. New staff were supported with reviews of progress shortly after starting, after six weeks and again after six months. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were given protected time for professional development and evaluation of their clinical work. The new trainee healthcare assistant told us they were well-supported and mentored.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

Requires improvement 

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

- There were positive relationships between staff and teams. The staff kitchen had been refurbished to give a pleasant environment for staff to relax in and there were noticeboards with photographs of staff social and charitable events.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had generally established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended. However, we saw some practice policies were in need of review; the practice workflow protocol for the management of post into the practice lacked sufficient detail to ensure that staff adhered to the process as GPs had intended, and it was not being followed in that there was no GP audit of the process. The practice policy allowed for staff to check patients referred urgently to secondary care were given a timely appointment, but did not allow for staff to check they had attended these appointments. The complaints policy was in need of review to include the recording and management of verbal complaints. Also, the security of loose prescriptions in printers was lacking and, following our inspection, we were sent information to show this had been addressed. We also saw management overview of some aspects of the service was insufficient in the area of clinical professional membership and clinical training, although we saw these were up to date. Following our inspection, we saw that records of clinical staff training had been added to the staff training matrix document. There was evidence that tasks allocated to staff and GPs were appropriately addressed but there was no documented procedure for this to guide staff.

Managing risks, issues and performance

There were generally clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints although the management of patient safety alerts did not allow for actions taken to be recorded and records of staff general discussion of significant events and learning points were lacking. There was no review of actions taken as a result of significant events although the form used to record events allowed for this review.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The practice had a comprehensive audit plan and used documented peer review to inform and share learning.
- The practice had plans in place and had trained staff for major incidents. Staff awareness of possible patient emergency situations was comprehensive.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients which were collected using surveys and a patient suggestion box in reception.
- The practice used staff quizzes in meetings to assess staff knowledge of service issues and identify any training needs.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

Are services well-led?

Requires improvement 

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

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had introduced a new telephone system to improve access and had the car park resurfaced at the request of a patient.
- The practice produced newsletters for both staff and patients to give useful information and communicate service developments.
- There was an active patient participation group. This was a virtual group at the time of our inspection although we were told that a new member of staff had been given the responsibility of facilitating face-to-face meetings in the future.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was part of the newly-formed Chorley Central Collaborative group of six local practices which was able to offer extended hours appointments and work together to develop services, including the “diabetic hub” clinic for diabetic patients. The practice had also extended the number of administrative staff hours provided in response to the growing demand of practice contractual arrangements.
- The practice was registered as a teaching practice for undergraduate student doctors and we saw they had been awarded a gold award by Manchester University in 2015/16 for the teaching of year four students. At the time of our inspection, the practice had suspended this teaching because of GP commitments and told us that they planned to start again in the Autumn of 2018.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice must comply with Regulation 17(1).</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The policy for non-clinical staff filing some items of post without sight of the GP was insufficient and there was no audit activity as described by the policy.• Some policies were in need of review, specifically the practice complaints policy and the policy for patient urgent referrals. There was no policy for the management of tasks allocated to staff and GPs.• There was no management overview of staff professional registration.• There was no management overview of actions taken as a result of patient safety alerts.• Records of staff general discussion of significant events and learning points were lacking. There was no review of actions taken as a result of significant events.