

# Shakespeare Surgery

## 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 Shakespeare Surgery on 1st June 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 been trained with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. There was also easy-read versions with pictures for patients with learning disabilities. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- A phlebotomy service was commissioned by the practice for the benefit of all patients but particularly for the benefit of the vulnerable and elderly population.

We saw an area of outstanding practice:

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The practice continually monitored, reviewed, learned and changed their working practice to ensure positive outcomes for patients. They did this through regular and open reporting and review of significant events which included all staff, continual audit and reflection, and feedback from staff, students and patients. We saw examples where new protocols and services had been implemented and monitored to ensure they were effective such as the coil and implant service for women.

We saw an area where the practice should make improvement:

The provider should undertake a risk assessment for the mounting of sharps boxes.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Access to the service was reviewed and changes were made according to need.
- A collaboration with the other practices in the building had been formed so that patients could still receive a service when the practices were closed on a Wednesday afternoon.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Changes had been made when patient satisfaction in this area had reduced.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff were able to recognise signs of abuse in older people and knew how to escalate or refer those concerns.
- There was a register of older people who needed extra support and appointments were catered according to the needs of those patients. Care plans, action plans and regular reviews of these patients was demonstrated.
- A phlebotomy service was provided by the practice for the benefit of all patients but particularly for the benefit of the vulnerable and elderly population

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92% which was higher than the local average of 87% and the national average of 88%.
- Longer appointments and home visits were available when needed and appointments were tailored according to need. For example if the client needed to be seen for multiple conditions then longer appointments were available.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were

# Summary of findings

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.

## Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff demonstrated that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 82% compared to 84% locally and 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working and prompt communication with midwives, community matrons, health visitors and school nurses and other services that were situated in the same building.

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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- Patients of Wigan GP practices had the choice to access GP services during weekends and evenings until 8pm available from two hubs within the borough.
- The practice was closed on a Wednesday afternoon and rather than direct patients to Out of Hours providers, the five practices in the building collaborated together, shared information and offered a shared service on a Wednesday afternoon for all their patients.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. One of the GPs had a particular interest and took the lead role for patients with learning disabilities. Clinical and front line staff had undertaken training to enhance the service offered to this group of patients.
- The practice recognised the needs of this patient group and offered longer (or shorter) appointments according to the patient's own specific needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



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

- There was a lead GP for dementia and mental health and patients had a named GP with continuity of care. The



# Summary of findings

practice carried out advance care planning for patients with dementia and staff had a good understanding of how to support patients with mental health needs and dementia.

- 0.47% of the patient population had been diagnosed with dementia. This amounted to 14 patients, 13 of who had received a face to face visit in the last 12 months. This figure was higher than the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff received dementia training and one of the staff was a dementia friend.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 377 survey forms were distributed and 124 were returned. This represented just over 4% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Two patients had taken the time to comment on their experience as carers which was positive. All comments were positive about the staff, the environment and the services.

We spoke with a member of the patient participation group (PPG) during the inspection. They were very satisfied with the care they received and thought staff were approachable, committed and caring. Friends and Family feedback was positive.

## Areas for improvement

### Action the service **SHOULD** take to improve

The provider should undertake a risk assessment for the mounting of sharps boxes.

## Outstanding practice

The practice continually monitored, reviewed, learned and changed their working practice to ensure positive outcomes for patients. They did this through regular and open reporting and review of significant events which included all staff, continual audit and reflection, and

feedback from staff, students and patients. We saw examples where new protocols and services had been implemented and monitored to ensure they were effective such as the coil and implant service for women.

# Shakespeare Surgery

## 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 Shakespeare Surgery

Shakespeare Surgery is one of five small practices situated in a modern purpose built community health centre in Poolstock Lane, close to public transport. 3,000 patients are registered and the practice are accepting new patients. They have a larger than average population of patients between the ages of 30 and 40 years. They are overseen by Wigan Borough Council Commissioning Group (CCG) and delivered services under a General Medical Services contract.

The medical team consists of two male and one female GP partners, (all part time) a salaried GP and two GP registrars. A part time practice nurse provides services over five days and the clinical team are supported by a practice manager and four reception/administration staff who all cross-cover each other's roles. One of the administration team is also trained as a health care assistant and phlebotomist. They are a teaching and training practice offering mentorship to medical students, trainee GPs and student practice nurses. The practice are based in a community centre with access to and close collaboration with the other four GP practices, physiotherapists, health visitors, community midwives and district nurses. There is also a pharmacy on site.

The practice is open every day from 8.15am until 6.30pm every day except Wednesday and appointments are ten minutes in length throughout each day. Appointments can

be made in advance, on the day, and in an emergency and the practice offers telephone triage. On Wednesday afternoons patients have access to a GP from one of the five practices who each provide a service on a rotational weekly basis. Extended hours appointments are available from 6.30pm to 8pm weekdays and from 10am to 4pm on Saturdays via the Prime Minister's Challenge Fund (PMCF) Extended Access Programme.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide 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 to share what they knew. We carried out an announced visit on 1st June 2016. During our visit we:

- Spoke with a range of staff including two of the GP partners, the practice nurse, the practice manager and two reception/administration staff. We spoke to one patient who was also a member of patient participation group (PPG).
- Observed how patients were being cared for.

# Detailed findings

- Reviewed policies, procedures and administration records for the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- There was a responsible lead for significant events and staff told us they would inform the lead or practice manager of any incidents. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice were not aware of their statutory duty to report certain incidents to the Care Quality Commission but said they would do so in the future when necessary.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Events were not limited to clinical instances and included administration and system errors. The practice carried out a thorough analysis of the significant events and all significant events were discussed at the monthly practice meeting which included clinical and administration staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw that new protocols had been introduced and formularies for prescribing had been developed and embedded into every day practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. In addition the practice staff were trained to recognise vulnerability in people with learning disabilities or dementia.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The offer of a chaperone was extended to male patients as well.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They had completed the General Practice Preventing Infection Together (GP PIT Programme) overseen by Wigan Borough CCG. This is an infection prevention programme aimed at enabling primary medical services to meet the requirements of the Health and Social Care Act. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

## Are services safe?

- Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. Regular audits of PGDs had identified an area for improvement. We saw that new protocols were discussed, agreed and embedded into working practice to keep patients safe in relation to the administration of B12 injections.
- We did not review personnel files as there had been no recruitment of any staff in the previous seven years. We did however see Disclosure and Barring Service (DBS) checks and certificates of qualification for all the staff, including trainees. We also saw that appropriate checks relating to registration, indemnity and insurance were carried out for all medical, clinical and training staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed with the exception of sharps boxes which were not wall mounted and were within easy reach of small children.

- There were robust procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and evacuations. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella were managed by the building owners. We saw that the necessary safeguards were in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and all staff were able to cross cover.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The clinical and medical staff we spoke to evidenced that NICE guidelines were being followed and we saw good examples where treatment had been changed accordingly.
- They used practice meetings to discuss and act on Medicines and Healthcare Products Regulatory Agency (MHRA) or other medical alerts that came to the attention of practice.

### 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. Exception reporting relating to peripheral arterial disease was double that of the local and national averages. (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). We discussed this with the practice. They had a protocol for exception reporting and followed all the appropriate steps before any patient was excepted from the submission. In specific cases, if the patient did not attend the practice for review, especially if the patient was elderly, the practice felt that an aggressive approach was detrimental.

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

Performance for diabetes related indicators was better when compared to the local and national average.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 90% compared to 81% locally and 77% nationally.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 96% compared to 83% locally and 78% nationally.

Performance for mental health related indicators was better when compared to the local and national average :

- The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 98%. The local average was 95% and the national average was 94%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to the local average of 92% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years and three of those presented were completed two-cycle audits where the improvements made had been implemented and monitored. We saw that continual monitoring and audit was regularly undertaken both in a formal and informal way.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. There was a safety netting system to ensure that two-week wait appointments were attended, review of all cancer diagnoses was done regularly and referral reviews were done with GP trainees.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changes to the protocol for administering vitamin B12 injections.
- Information about patients' outcomes was used to make improvements such as a new diabetes protocol (following a review of exception reporting) and changes in medication following reviews and annual audits.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse attended regular updates in relation to the management of long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance at nurse forums 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- They had reviewed all their patients and identified those with learning disabilities and dementia who needed extra support and carried out a review of their physical health.
- The local council scheme "Find and Treat" was operated by the health care assistant and opportunistic health advice was provided through community link workers.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its



## Are services effective?

(for example, treatment is effective)

patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 88% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that 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. Chaperones were offered to male patients as well as female patients.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 22 of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

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

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format and the complaints procedure was available with pictures.
- Specific communication avenues had been set up for patients who were deaf such as direct access via email.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified more than 40 patients as carers (1.3% of the practice list). They also used the register to identify patients who were cared for. Carers were invited to discussions (with consent) and offered immunisations and support. Written information was available to direct carers to other various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. Deaths were discussed every month at the practice meetings so that all staff were aware. Post bereavement reviews were carried out with the district nurses and GPs provided outreach to relatives.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

The practice had audited and recognised that a coil and implant service would be beneficial to the female population at the practice and had developed this service in-house. They continually reviewed their access and changed their appointment system to meet the demands of the patients.

- Patients of Wigan GP practices could access services in the evening at weekends at two local hubs.
- The five practices in the building collaborated to offer services on Wednesday afternoons when the out of hours service had been withdrawn.
- There were longer appointments available for all patients that needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice commissioned their own phlebotomy service one day a week for all patients but specifically for the elderly and vulnerable.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice worked in partnership with the MASTA travel clinical group. Personalised health briefs, travel information and vaccinations were offered to patients of the practice and the surrounding Wigan population. The practice were also a registered yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available. Patients who were partially sighted were also known to the practice and were assisted by all the staff.
- The practice provided a range of minor surgeries to patients such as coils and implants services.

### Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday. Although the practice was closed on a Wednesday afternoon a service was offered through the GP collaboration within the centre. Appointments were at varying times throughout each morning and afternoon. Extended hours appointments were available from 6.30pm to 8pm weekdays and from 10am to 4pm on Saturdays via the Prime Minister's Challenge Fund (PMCF) Extended Access Programme. Appointments were pre-bookable up to six weeks in advance and telephone triage and urgent appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters and leaflets in picture format.
- When patients passed comments or concerns to reception staff they were asked if they wished to escalate the issue and notified the practice manager in any event. These comments were recorded.

We looked the complaints log submitted of concerns received by the practice in the last 12 months. We found that these were satisfactorily handled in an open and transparent way. The practice also submitted full complaints information on an annual basis to the CCG and

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

we saw records dating back several years. Lessons were learned from concerns and complaints and also from analysis of trends. As a result of that analysis, action was

taken to improve the quality of care. For example the induction process for trainees was reviewed to see what could be amended and improved upon following a patient's dissatisfaction with their consultation.

# 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 and staff knew and understood the values. All staff demonstrated passion for their work and their patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- They had a five year development plan which reflected the needs of the local population and identified areas where the practice could develop and implement change to benefit patients in the surrounding borough of Wigan as well as their own patients.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and they evidenced this throughout the inspection. Staff told us the partners were

approachable and always took the time to listen to them and act on their suggestions. They all said they felt part of a team and worked together to provide the best possible outcomes for their patients.

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

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

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

- Staff told us the practice held 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 and supported in doing so. The practice staff went out together regularly at least once a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- They were a teaching and a training practice and provided mentorship on a regular basis to medical students, GP trainees and student nurses. The practice nurse demonstrated how this had a positive impact on learning for the practice as well as learning for the students.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they introduced easier ways to order repeat prescriptions and opened up further in advance pre-bookable appointments because of patient dis-satisfaction. They then carried out a survey to ensure that satisfaction had increased; and found that it had.
- The practice gathered feedback from staff through informal discussions and during practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Two members of staff said that they felt particularly valued because the GPs asked their opinion on patient care. Staff told us they felt involved

and engaged to improve how the practice was run. The appointment system and the way tasks were carried out were being reviewed based on staff reports and feedback.

- The practice also used the friends and family test, the GP patient survey and their own in-house surveys to benchmark themselves against local and national results.

## Continuous improvement

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

The practice demonstrated how they used findings from national quality information such as national audits and how they put them in to practice. They worked with NHS Direct, the Collaboration for Leadership in Applied Health Research (CLARHC) and others to pilot methods for capturing complete prevalence, researched and reviewed chronic kidney disease (CKD) and monitored dementia trends on a monthly basis within the Clinical Commissioning Group (CCG).