

# Kingsfold Medical Centre

## 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Kingsfold Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsfold Medical Centre, Woodcroft Close Penwortham, Preston Lancs, PR1 9BX on 12th September 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 however there was no formal system to discuss and learn from these events.
- Generally risks to patients were assessed and well managed however we noted that recommended electrical maintenance had not been carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about the services provided and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.

The areas where the provider must make improvements:

# Summary of findings

The practice recruitment policy must be updated to reflect the practice has undertaken the required recruitment checks, including for example Disclosure and Barring Service (DBS) and identify checks, particularly for clinical staff.

The areas where the provider should make improvements :

- Improve the recording of significant incidents so that actions taken can be reviewed and shared
- Complete the actions identified in the practice's infection prevention and control audit
- All staff should have the I.T. skills required to access policies and procedures on the practice computer system.

- Posters providing information on the complaints process and the availability of chaperones should be visible in the patient waiting area.
- The practice should consider a more formal mechanism to share and review safety alerts, serious events and complaints and monitor that required actions are carried out.
- Continue to undertake regular electrical testing and maintenance of equipment within the practice
- Obtain a set of paediatric defibrillator pads for use with children

**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. However we saw no evidence that 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. However some newly appointed clinical staff had not had DBS checks or had two forms of identification recorded.
- Generally risks to patients were assessed and well managed. However we noted that recommended electrical maintenance had not been carried out. The practice confirmed this was undertaken following the inspection.

Requires improvement



### 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 had been done over one cycle which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals including care homes to understand and meet the range and complexity of patients' needs.

Good



### 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.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example a review of patient access led to the introduction of a new telephone system, telephone consultation by the GP's, pre-booking of appointments up to two weeks ahead and online appointment booking. The majority of patients were now seen on the same day as an appointment was requested.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments always available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient information pack 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. However meetings to discuss these issues were informal and not minuted.

# Summary of findings

- 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 at meetings to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group met annually and were keen to engage with the practice to support further improvement.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older 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.
- Practice staff visited five local care homes to provide health checks and reviews, confer with staff and managers and review medication. Staff referred patients to the primary care team and palliative care teams including district nurses, therapy services, the Wellbeing service and community matrons. Monthly multi-disciplinary meetings were held to discuss patient needs.
- The practice worked as part of the integrated neighbourhood team to support vulnerable older people living at home.
- Extended hours were available for appointments in the evenings and on Saturdays. This improved access for people who worked and who also had caring responsibilities.
- A care coordinator managed the admission avoidance register. These patients were discussed with the GP and a management plan was put in place. All patients aged over 75 years were offered a health check at the surgery or in their own home.
- Where the doctor has asked for a blood test and ECG or other in-house procedure, the practice used a policy whereby all elderly patients saw the practice nurse, who did all the investigations during the same visit.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management such as chronic obstructive pulmonary disease, chronic kidney disease, diabetes and chronic heart disease.
- Performance for diabetes related indicators was better than the national average. In-house initiation of insulin was carried out along with long term monitoring and a 'One-Stop' diabetic clinic was offered for annual reviews. In this clinic patients saw the podiatrist, practice nurse and GP.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All patients at risk of hospital admission had an agreed care plan to try to avoid that eventuality.
- The practice promoted smoking cessation at every available opportunity and referred patients to the in house Stop Smoking Clinic run weekly by the local service.
- Practice staff ran an anticoagulation clinic as a local enhanced service which catered to both ambulatory and housebound patients.
- A monthly meeting was held with the Community Matron, District Nurse, Community Physio, Health Visitor, GPs, Practice Nurse, Health Care Assistant and the Practice Manager. If there were concerns regarding patients with a long-term condition these were discussed and an action plan was put in place to support the patient.

## Families, children and young people

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 high for all standard childhood immunisations with the practice achieving up to 100% uptake in 2014/15.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to the national average of 82%. These appointments were available early in the morning and in the evenings.
- Appointment times were flexible around school attendance such as same day urgent appointments that were bookable after 3pm.

Good





# Summary of findings

- The practice offered a designated mother and baby clinic on Monday afternoon, but other appointments were available at different times.
- The practice had a designated health visitor available for discussion regarding safeguarding issues affecting children registered at the practice.
- All the GP's, Practice Nurse provided advice on family planning, sexual health and contraception services.
- The Practice had a weekly ante-natal clinic run by a midwife.
- All patients aged 15-24 years were encouraged to have chlamydia testing as appropriate.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including electronic prescriptions and access to online appointments as well as a full range of health promotion and screening that reflects the needs for this age group.
- A repeat prescription scheme was available which helped working age people, who found it difficult to contact the surgery during working hours.
- A wide range of appointment times were available including pre-bookable appointments from 8.30-9am, extended hours until 7.30pm two evenings per week and Saturday mornings. Telephone consultations were available as appropriate.
- All patients over 40 years were offered an NHS Health Check at the surgery.
- Same day appointments were usually offered in the morning surgery, however for working people who could not attend in the morning, same day appointments were available in the evening surgery.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients were reviewed annually by the GP and staff liaised with the community learning disability team.
- Personalised care plans for 2% of the population, who were at high risk of hospital admission were in place. These care plans were reviewed annually or earlier following a routine or acute home visit or hospital admission.
- Alerts were placed on notes to structure care around needs for example when a vulnerable patient was attending the surgery a longer amount of time was allocated for their appointment. All services were easily accessible for disabled people and were provided from the ground floor. For example, any patient who was visually impaired or hard of hearing had an alert on their records and reception staff made the clinician aware of their needs at the time of the attendance.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, palliative care nurses and district nurses.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Vulnerable patients who repeatedly did not attend appointments were reviewed at practice meetings.
- The practice had increasing number of patients (mainly Europe and Asia) who did not have English as a first language. The Language Line interpretation facility was provided for them.

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

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

- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%. Staff also aimed to increase awareness of dementia by opportunistic screening of at-risk groups during their routine visits.

Good



# Summary of findings

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to a national average of 88%.
- 95% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and provided personalised medicine management.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and information in the waiting room provided relevant leaflets about mental health problems, dementia for carers and patients.

Care plans were reviewed with patients. The telephone number of the Crisis Team was always offered. Urgent appointments were also offered if patients felt unable to cope.

- 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 above or comparatively to local and national averages. 249 survey forms were distributed and 116 were returned. This represented 2.9% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried, compared favourably to the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% 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 thirty six comment cards which were all positive about the standard of care received. One person referred to difficulty in booking an appointment over the telephone early in the morning however patients commented that staff treated them with dignity and respect, the environment was safe and hygienic, the doctors provided excellent medical care and urgent appointments were always available. We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were excellent and provided care quickly and efficiently. Patients told us they did not feel rushed in consultations and staff provided home visits whenever required. All said they would recommend the surgery to others.

Staff told us there was very little Family and Friends Test feedback across 2015/16 however 92.6% of respondents said they were highly likely or likely to recommend the practice to others.

## Areas for improvement

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

The practice recruitment policy must be updated to reflect the practice has undertaken the required recruitment checks, including for example Disclosure and Barring Service (DBS) and identity checks, particularly for clinical staff.

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

- Improve the recording of significant incidents so that actions taken can be reviewed and shared
- Complete the actions identified in the practice's infection prevention and control audit.
- All staff should have the I.T. skills required to access policies and procedures on the practice computer system.
- Posters providing information on the complaints process and the availability of chaperones should be visible in the patient waiting area.
- The practice should consider a more formal mechanism to share and review safety alerts, serious events and complaints and monitor that required actions are carried out.
- Continue to undertake regular electrical testing and maintenance of equipment within the practice.
- Obtain a set of paediatric defibrillator pads for use with children.

# Kingsfold Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Kingsfold Medical Centre

Kingsfold Medical Centre is located on Woodcroft Close in Penwortham approximately three miles outside Preston, Lancashire. The medical centre was built in the 1983 by the current Senior GP partner and has a car park on site. There is easy access to the building and disabled facilities are provided.

The practice holds a General Medical Services (GMS) contract with NHS England and is part of Chorley and South Ribble Clinical Commissioning Group.

There is a principal GP and one junior partner working at the practice. Both GPs are male. There is a total of 1.8 whole time equivalent GPs available. There is one practice nurse and one part time health care assistant both female. There is a full time practice manager, a medicines coordinator and a team of administrative staff.

The practice opening times are 8am until 6.30pm Monday to Friday. The practice is open 8am to 1pm Thursday. Appointments are available 8.40am to 11.30am and 3.30pm to 5.50pm each day. There are also extended opening hours from 6.30pm to 7.30pm Tuesday and Wednesday and 9am-12pm Saturday.

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will transfer them to the Out of Hours provider Chorley Medics.

There are 3999 patients on the practice list. The majority of patients are white British with a high number of people aged 60-74years. The practice population scores seven on the Index of Multiple Deprivation which means it is in the fourth less deprived decile in England.

## 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 12th September 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager, practice nurses and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available from the assistant practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice recorded learning and action required following significant events however we saw no formal review of the action taken or analysis of trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a fridge was unplugged and stocks of vaccine became unusable a sign was placed on the plug warning staff not to disconnect the electricity supply in future. Following a recent medicines alert all stocks of the medicine were checked and patients contacted if they had received a vaccination from the batch in question.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- We did not see notices in the waiting room advising patients that chaperones were available if required. However patients were aware of this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However paintwork and walls showed signs of damage and wear and tear. One of the practice nurses was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken but there was no action plan in place to make identified improvements.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed three personnel files and found some appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body had been checked. However, appropriate checks through the Disclosure and Barring Service (DBS) were not always carried out for clinical staff. The recruitment policy did not include the importance of undertaking a DBS check and required updating.

# Are services safe?

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment had been checked to ensure the equipment was safe to use but recommended maintenance had not occurred. This was rectified following our inspection. Clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises but there were no paediatric pads. Oxygen was available with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had attained 99.3% of the total number of points available. This is 2.2% above the CCG average and 4.5% above the England average. The practice clinical exception rate was 2.75% comparing well with the national average of 5.33%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example the practice achieved 95% regarding patients with diabetes who had a foot examination in the preceding August 14-March 2015. (National average 94%).
- Performance for mental health related indicators was better than the national average for example 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (National average 88%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been regular clinical audits completed in the last two years such as a two cycle audit of patients using the drug Amlodipine (used to treat patients with high blood pressure) and their management.
- Findings were used by the practice to improve services. For example, the practice had a higher than average number of patients with hypertension (high blood pressure) and the audits done had led to review of the use of medication in use and reviews of the patients involved. Also the practice had engaged with the CCG medicines optimisation scheme and resultant work had reduced their antidepressant prescribing rates so that they were now one of the 10 lowest prescribing practices in the CCG area.

### 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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had received updates in vaccination, in diabetic care, sexual health and COPD.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. 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, and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- 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 training provided by the CCG.

### 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. When patients were discharged from hospital or attended Accident & Emergency they were contacted, any follow up arranged and where appropriately advised about other use of services. 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care were supported by the team. The practice held regular meetings to discuss patients newly identified as nearing the end of life, practice staff ensured they became familiar with the patient and relatives, the district nursing team was involved and anticipatory drugs prescribed when appropriate. The practice had close contact with the local hospice. Following a bereavement GPs made contact with the family, visited if necessary and referred to other support agencies.
- Patients who attended the learning disability review service had their physical health check, were screened for breast, cervical and testicular cancer and received healthy lifestyle advice. These patients were given longer appointments and their needs flagged up on the care records.
- 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.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and conducted screening on the premises.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 94% to 100%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the thirty six 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, patient and caring. We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were excellent and provided care quickly and efficiently. Patients told us they did not feel rushed in consultations.

We spoke with five members of the patient participation group (PPG). They told us they felt the practice team did things well. One patient commented they could not praise them highly enough for the care offered to families.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 92.5% of patients said the GP gave them enough time compared to the CCG average of 90% 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 97% and the national average of 95%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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 broadly in line with local and national averages. For example:

- 93.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.(no CCG data available)
- 98% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 97.5% 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. However this was very rare.

We did not see any information leaflets or posters available in easy read format suitable for patients with learning disabilities.

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

## Are services caring?

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 68 patients as carers (1.7% of the patients registered). This could possibly indicate that even with the relatively low proportion of older people on the register some patients with caring responsibilities had not been identified. Patients who had been identified as carers were coded on the system. This

enabled staff to monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or at a specific health check. Written information was available in leaflets and posters in the reception area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a telephone call and a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included two care homes where the GP visited monthly to do a surgery of patient reviews, physical health checks and advise staff about medicine management. They also responded almost daily to requests for visits to patients at care homes.
- A diabetic one stop shop ran twice a month which offered a joint clinic with specialist nurse input, GPs and foot care with a podiatrist. This meant the patients could receive local treatment and support without having to travel to the hospital in Preston.
- Same day appointments were always available for children, those patients with medical problems that required same day consultation and patients told us it was rare not to see or speak to a GP on the day they contacted the surgery.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as the early morning and evening appointments for working age people and after school appointments for young families.
- One of the GP's ran a minor operations clinic to administer joint injections in the surgery. These considerably reduced patients wait for an appointment and treatment. They were referred to secondary care or physiotherapy if appropriate. Physiotherapy sessions were available at the surgery.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Wednesday and Friday, Thursday 8am to 1pm.

Appointments were from 8.40am to 11.30am every morning and 3.30pm to 5.50pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments were offered at 6.30 to 7.30pm Tuesday and Wednesday and 10am to 1pm Saturday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance. Urgent appointments were available for people that needed them on the same day and some appointments were not released until 12 midday to allow better access to immediate care.

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.

- 93% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 93% of patients said they could get through easily to the practice by phone which compared favourably to 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.

The GP consulted with patients by telephone to assess:

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

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw no evidence that information was available to help patients understand the complaints system apart from within the practice leaflet provided to new patients. We noted the practice had received two complaints in 2014/15. We found they were satisfactorily handled, dealt with in a

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

timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints however we saw no evidence of analysis of trends or review of the actions taken.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice was considering becoming involved in the formation of a federation called Unity Health comprising five local practices. They met together monthly to consider joint arrangements for the future such as sharing staff who spent time in each practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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. However some clinical staff lacked the IT skills to access these on the computer system.
- A comprehensive understanding of the performance of the practice was maintained through monthly practice meetings which reviewed complaints, serious events, and safeguarding and complex patient management issues.
- 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 of risks, however we saw no evidence of analysis which might lead to mitigating action.

### Leadership and culture

On the day of inspection the provider 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. Staff told us both GPs were very approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings and we saw the minutes of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that social events were held regularly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Senior staff were involved in discussions about how to run the practice, and were encouraged to identify opportunities to improve the service.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met annually and advised on patient surveys in conjunction with the practice team. For example, surveys had been

# Are services well-led?

Good 

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

carried out in January/February 2016 and the PPG had been consulted over the results and proposed actions. This included, where appropriate, offering telephone consultations if there were no appointments the same day, improving pedestrian access to the surgery and improving usage of the electronic prescribing system.

- The practice had gathered feedback from staff through training afternoons, through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They were actively consulted in changes to the staff rota to ensure their personal circumstances were respected. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice, for example their involvement in a local GP federation which would look to sharing staff in order to introduce new services to the population. The practice had attempted to recruit a female GP and were continuing to do so whilst planning for the retirement of the senior partner.
- The GPs met monthly with the practice team to monitor the impact of new initiatives, the progress of new staff, QOF results, CCG & CQC visits and action required, and listen to feedback from other meetings and education sessions.
- Action plans were produced following any surveys carried out. Improvements introduced included the introduction of telephone consultations, improvements to pedestrian access to the surgery and improving the electronic prescribing system.
- The GP partners met weekly to discuss clinical care and gained continuous professional development from professional education sessions every two months. We saw no evidence of regular, minuted reviews of performance or analysis and review of serious events or complaints.
- The practice had monthly meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team including engagement with the medicines optimisation team and meetings regarding the development of a local federation.



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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>Appropriate recruitment checks were not carried out prior to staff commencing work.</p> <p>This was in breach of regulation 19(1)() of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>