

Dr Russell Thorpe

Quality Report

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Date of inspection visit: 21st April 2016

Date of publication: 08/09/2016

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 Old Links Surgery on 21 April 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. However on the day of our inspection the practice did not demonstrate an effective system for ensuring fire safety. This was rectified within three working days.
- Systems were in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

The areas where the provider should make improvements :

- Consider the development of "Easy to read" information for those who require it.
- Ensure all equipment & facilities are regularly maintained and tested

Summary of findings

- Ensure the staff recruitment procedure is revised to include written confirmation of verbal references and forms of identification checks

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice was rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Overall, risks to patients were assessed and well managed.
- Staff recruitment procedures were not always consistent in that identification was not always checked and the recruitment policy was unclear as to how references were confirmed

Systems were in place to safeguard patients from the risk of infection. Systems to assure fire safety and train staff in fire awareness were not in place at our inspection but this was swiftly rectified.

Good



Are services effective?

The practice was rated as good for providing effective services.

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

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

Good



Summary of findings

care.90% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern.This compared to a national average of 85%.

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

Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. These supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The GP encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.
- Every issue we identified at the inspection to improve the service was actioned within a short space of time and evidence provided of this.

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 patients.
- The practice offered home visits and same day appointments for those with enhanced needs.
- Care plans and health checks were provided as needed with regular medicine reviews carried out.
- The practice supported patients who lived in nursing and residential homes by undertaking home visits when needed and providing advice over the telephone.
- The practice offered flu, pneumonia and shingles vaccination programmes.
- Referrals to other services were made regularly, for example to antenatal clinics and the mental health team.
- Where the patient was at risk of Emergency Admission to hospital a Care Plan was created for them as part of the Alternative to Unplanned Admission Enhanced Service. The patient was given a copy of the plan to keep by the phone in case they need medical assistance urgently.

People with long term conditions

Good



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

- The practice had a robust chronic disease programme which included:
- Annual review call and recall programme with a clinician for all patients with chronic disease.
- The Practice nurse undertook the review of patients with chronic disease and had a special interest in diabetes.
- Annual medication reviewed for all patients on repeat medication, with robust procedures for non-compliant patients.
- Longer appointments were offered for patients with multiple conditions.
- Home visits carried out by the GP for house bound patients with chronic disease.

Summary of findings

- A wall chart was used to monitor results of anticoagulation tests so that the results were immediately reported to the GP or followed up if delayed.
- The practice offered diabetic foot screening call and recall. CQC data indicated that the practice achieved 91% for annual foot checks in patients with diabetes compared to the national average of 88%.
- Post-hospital discharge care plan reviews were carried out with patients who attended A&E unnecessarily
- Continuity of care was delivered by seeing the same GP thereby reducing consultation time and allowing more time for the presenting problem that day. The GP had experience of what previous treatments had been the most effective with that patient.

Families, children and young people

Good



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

- The practice had high achievement with their childhood immunisation programme achieving for immunisations.
- There were safeguarding procedures in place for children who were vulnerable. All staff received regular safeguarding training. The GP was the lead for child & adult safeguarding.
- Childhood flu immunisations were offered and promoted via posters in the waiting room.
- The practice nurse undertook all midwifery checks at a time most convenient to the patient.
- There was a programme for flu and whooping cough vaccinations in pregnant women.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and younger patients who had a high number of A&E attendances.
- 83% of patients with asthma, on the practice register, had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. This compared to a national average of 75%.
- 77% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a national average of 82%.

Summary of findings

- Parents could access their GP at short notice without making early morning telephone calls for appointments.

Working age people (including those recently retired and students)

Good



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

- The practice had a very flexible appointment system and patients could access their GP at short notice without calling early in the morning to get an appointment.
- Routine appointments started at 8.30 every day and evening surgeries ran to 6.30pm on Monday and Thursdays, 6pm on Tuesday and 5.30 on Friday thus enabling people with daytime commitments to access their GP.
- Patients could book routine appointments up to eighteen months in advance online.
- The practice promoted online services to make it easier for patients who worked to access services outside of practice hours.

People whose circumstances may make them vulnerable

Good



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

- Patients with a learning disability or other significant disability were known to the GP which meant staff could quickly identify when dealing with a patient that they may require additional assistance.
- The practice had a register of vulnerable adults and children so that staff were alerted when they attended for appointments.
- Clinical staff were trained in the mental capacity act. There were procedures in place for identifying patients with a DOLS in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice had leaflets and posters in the waiting room with information regarding dementia, mental health and carer support.
- The staff team had been stable for many years. The familiar faces and voices were felt to be reassuring for those with mental health problems.
- Patients were monitored as part of QOF to check that they had an up-to-date care plan from the Mental Health Team. These plans were scanned on to the patient's record to ensure the GP was fully aware of the most recent diagnosis and support plan.
- 100% 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 88.47%.
- 76% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This compared to a national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing well above local and national averages. 225 survey forms were distributed and 139 were returned. This represented 7% of the practice's patient list.

- 99% of patients found it easy to get through to this surgery by phone compared to the national average of 73.26%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76.06%).
- 94% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85.05%).
- 94% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79.28%).

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

We received forty five comment cards which were all positive about the standard of care received. Patients considered they were treated with kindness and courtesy by all staff at the practice and the service was repeatedly described as excellent. Patients commented they could always get an appointment on the same day and said the environment was clean, tidy and hygienic.

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

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2015. This indicated that overall, 100% of patients were 'extremely likely' to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Consider the development of "Easy to read" information for those who require it.
- Ensure all equipment & facilities are regularly maintained and tested

- Ensure the staff recruitment procedure is revised to include written confirmation of verbal references and forms of identification checks

Dr Russell Thorpe

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 advisor.

Background to Dr Russell Thorpe

Old Links Surgery is located in Highbury Road East, St. Annes, Lancashire. The practice is located in a bungalow in a residential area. There is easy access to the building and disabled facilities are provided. There is a car parking on the road in front of the practice. Primary medical services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Fylde and Wyre Clinical Commissioning Group.

There is one GP working at the practice. He is the provider of the service. There is one part-time female practice nurse, a part-time practice manager and a team of administrative staff.

The practice opening times are 8.30am to 7pm Monday, 8.30 till 6.30pm Tuesday, 8.30 till 5pm Wednesday, 8.30 till 7pm Thursday and 8.30 till 6pm Friday.

The practice appointment times are; Monday to Friday: 8.30am to 10.30 and Monday 5pm to 6.30pm, 4.30 to 6pm Tuesday, 5 to 6.30 Thursday and 4 to 5.30pm Friday.

Patients requiring a GP outside of normal working hours are advised to call Fylde Coast Medical Services using the usual surgery number and the call will be re-directed to the out-of-hours service.

There are 1976 patients on the practice list. The majority of patients are white British with a high number of elderly patients and patients with chronic disease prevalence.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Fylde and Wyre Clinical Commissioning Group to share what they knew. We carried out an announced visit on 21 April 2016. During our visit we:

- Spoke with a range of staff including the GP, the practice manager, the practice nurse, and one member of the reception staff.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- We spoke with 6 patients.

Detailed findings

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

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

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

- Older people

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and information was reviewed annually to identify trends. We saw that action plans were drawn up to demonstrate learning and changes made to practice. Also a review of the measures implemented was completed to ensure the new procedure was safe and effective.
- One example of action taken in response to a significant event was staff checking all first names and surnames to ensure that requests for laboratory tests were done for the correct patient.

We reviewed safety alerts received by GPs. These were discussed during practice meetings, and were emailed directly to the GP who discussed them with the practice nurse. We looked at one example whereby a false glucose monitoring result had been alerted and all patient records were checked and coded for future reference.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies provided contact information for further guidance if staff had concerns about a patient's welfare including the Local Authority Designated Officer. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse acted as a chaperone and was trained for the role. Also if patients expressed a wish to see a female doctor this was arranged through a local practice.
- The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. All staff had received up to date training. Infection control audits were carried out quarterly.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- A wall chart was used to record all anticoagulation test results (monitoring of warfarin levels in the blood). These details were added to all prescriptions for anticoagulation medicine so the GP was aware of the last result when he signed every prescription for warfarin.
- A safety net procedure was in place for follow up of abnormal results and reviewing patients who presented with concerns and ensuring blood tests and referrals were followed up. This improved diagnosis and care.
- We reviewed two staff personnel files and found that employment references had been taken by telephone with brief notes placed on the staff file. Copies of identity checks were inconsistent prior to the member of staff commencing employment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice did not have up to date fire risk assessments or regular fire drills. Electrical equipment had not been PAT tested (checked to ensure the equipment was safe to use and that it was working properly.) All of these issues were rectified immediately following our inspection.

Are services safe?

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. A regular GP locum was used to cover annual leave and this was planned for the year ahead.
- 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 did not have a defibrillator available on the premises although this was available at a nearby sports club. The practice had undertaken a risk assessment on this and felt the situation could continue unchanged. There were oxygen cylinders on the site. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Arrangements to deal with emergencies and major incidents

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

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 and audits.
- Care plans (which contain all current problems, allergies, medication and contact numbers such as the District Nurses, the surgery and Community Matron) were produced for all patients who were vulnerable and were reviewed at least once per year or updated when there was any significant change to either the patient's condition or their DNACPR status.

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 95% of the total number of points available. Data from 2014/2015 showed the following:

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. For example, 87% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (01/04/2014 to 31/03/2015). This was above the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national average. For example, 93% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compares to a national average of 94%.

Clinical audits demonstrated quality improvement.

- We looked at two clinical audits completed in the last two years. These were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent three antibiotic audit had led to altered prescription habits and better treatment for patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff were provided with role-specific training and updating. Staff administering vaccinations and giving midwifery advice had received specific training which had included an assessment of competence. The practice nurse was currently completing her evidence for re-validation which was due in July 2016.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from senior staff, one-to-one meetings and appraisals for revalidating the GP and practice nurse. All staff had participated in an appraisal within the last 12 months.
- Staff received training that included safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The GP attended peer group meetings with other local GPs to share experience and learning.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and younger patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77% which was slightly below the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were all 100.0% and five year olds ranged from 86% to 93%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 forty five comment cards were positive about the standard of care received. Patients considered they were treated with kindness and courtesy by all staff at the practice and the service was repeatedly described as excellent. Patients commented they could always get an appointment on the same day and said the environment was clean, tidy and hygienic.

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:

- 91.5% of patients said the GP was good at listening to them compared to the national average of 91%.
- 95% of patients said the GP gave them enough time (CCG average 89% and national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 99.5% of patients said they found the receptionists at the practice helpful (CCG average 85.5% and national average 87%).

Patients we spoke with commented on the continuity of care offered by the surgery and felt welcomed when they came to the practice.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and for patients with multiple conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for the majority of patients, in particular children and those with serious or urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The building was accessible for patients who may have mobility problems. There was no hearing loop however reception staff said they rarely encountered difficulties in communicating with patients with a hearing loss. They said they could take the patient into a private room if needed.
- Staff told us there were no "Easy read" leaflets suitable for people with learning disabilities.

Access to the service

The practice was open between 8.30am to 7pm Monday, 8.30 till 6.30pm Tuesday, 8.30 till 5pm Wednesday, 8.30 till 7pm Thursday and 8.30 till 6pm Friday.

The practice appointment times are; Monday to Friday: 8.30am to 10.30 and Monday 5pm to 6.30pm, 4.30 to 6pm Tuesday, 5 to 6.30 Thursday and 4 to 5.30pm Friday.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. Patients were aware that they could access their GP at short notice and did not have to ring early in the morning for an appointment. Patients who required a GP outside of normal working hours were advised to call Fylde Coast Medical Services using the usual surgery number and the call would be directed to the out-of-hours service.

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

- 95% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% of patients said they could get through easily to the surgery by phone (national average 73%).

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

- The practice supported patients who lived in care homes in the locality. The GP visited the homes and provided telephone advice.
- The practice regularly worked with multi-disciplinary teams including district nurses and Macmillan nurses in the case management of patients deemed to be vulnerable.
- Patients who attended A&E were monitored and offered support.
- A small team of staff meant that the receptionists were familiar to them and the receptionists knew which patients required a reminder to help them attend surgery at the correct time. If they did attend at the wrong time or on the wrong day, they were seen regardless.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice had not received any complaints in 2015/16.
- We saw that information was available to help patients understand the complaints system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This included policies, procedures and structures to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. These documents were reviewed regularly with future review dates set.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions including a safety net procedure to review patients about whom the practice were concerned and the new procedure to monitor abnormal results.

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was highly visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a strong culture of working together for the good of the patients.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice. They also contributed to the wider public health of the locality such as a recent dialogue with Blackpool Unitary Authority had led to an improved procedure to screen applicants to become taxi drivers.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) which had operated since 2004 meeting quarterly. We met with two representative of the PPG. They told us the group communicated well with each other bringing different skills and experience to discussions. They had carried out patient surveys and submitted proposals for improvements to the practice management team such as changing the layout of the waiting room to improve privacy and confidentiality of patients at the reception desk and suggesting that calls to patients were made in the office behind reception.
- The GP and the practice manager attended all of the PPG meetings and the group felt that their opinions were valued by the practice. All complaints and serious events were anonymised and discussed with the group..

Are services well-led?

Good 

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

- The practice displayed an update on the work of the PPG and there was an invitation to join the group on the prescription sheets.
- There was an online newsletter which encouraged patient feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

- A new procedure for follow up of abnormal results on a monthly basis had recently been introduced and a safety net procedure was in place for reviewing patients who presented with concerns.
- The practice had regular meetings with the Clinical Commissioning Group (CCG) so they could influence local services and report against their contract.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.