

Dr DM Doherty and Partners

Quality Report

Waterfoot Health Centre
Cowpe Road, Waterfoot Rossendale
Lancashire
BB4 7DN
Tel: 01706 253300
www.waterfootgroupofdoctors.co.uk

Date of inspection visit: 19 September 2016
Date of publication: 08/11/2016

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

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr DM Doherty and Partners	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr DM Doherty and Partners on 19 September 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

Our key findings across all the areas we inspected were as follows:

- Staff had a comprehensive understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands.
- There was evidence of an all-inclusive team approach to providing services and care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice promoted a culture of openness and honesty. There was a nominated lead for dealing with significant events.
- All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- Risks to patients were assessed and well managed.
- There was a safeguarding lead in place and robust systems to protect patients and staff from abuse.
- The practice sought patient views about how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and engagement with patients and their local community.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive.

Summary of findings

- The practice complied 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).

We saw two areas of outstanding practice

- The practice had piloted and introduced a GP-led allergy testing clinic in response to long waiting lists at the hospital. Nursing staff were trained up to support the GP.

- A military veteran's project had been introduced to identify patients who required support and signpost them to additional services.
- The practice is piloting a GP led ear, nose and throat (ENT) service in response to long hospital waiting lists. It has been running for twelve months and is available to all local practices to use.

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.

Good



- Risks to patients were assessed and well managed.
- There were systems in place for reporting and recording significant events and near misses. There was a nominated lead that ensured all incidents were recorded. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- Lessons were shared between clinical staff to make sure action was taken to improve safety in the practice.
- There was a nominated lead for the safeguarding of patients. Systems were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details in place.
- There were processes in place for safe medicines management. The practice had regular support from a pharmacist advisor who supported safe prescribing and medicines management.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control (IPC). They undertook IPC audits and regular checks of the building.
- The practice has undertaken research to improve the safety of the patients. For instance they have undertaken a study which looked at polypharmacy in older people. This resulted in a reduction of overall prescribing.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with local and national pathway and NICE guidance.
- The practice was a reflective learning practice with a focus on consistently improving patient outcomes.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- We saw evidence of appraisals and up to date training for staff.

Summary of findings

- There was evidence of working with other health and social care professionals, such as the health visitors, midwife, palliative care nurses, district nurses and the mental health team to meet the range and complexity of patients' needs.
- Clinical audits demonstrated quality improvement.
- End of life care was delivered in a caring and coordinated way.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- The practice had piloted and introduced a GP-led allergy testing clinic in response to long waiting lists at the hospital. Nursing staff were trained up to support the GP.
- The practice is piloting a GP led ear, nose and throat (ENT) service in response to long hospital waiting lists. It has been running for twelve months and is available to all local practices to use
- The practice was instrumental in the introduction and development of a GP – led Dermatology service. This is now run by a previous partner from the practice but still operates from the practice building. Patients had previously had to travel long distances out of area to dermatology clinics.

Are services caring?

The practice is rated as good for providing caring services.

Good



- There was evidence of working with other health and social care professionals, such as the community matron and palliative care team, to meet the range and complexity of patients' needs.
- We observed that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations.
- Data from the National GP Patient Survey showed patients rated the practice comparable to other practices for the majority of questions regarding the provision of care.
- It was apparent when talking with both clinical and administrative staff during the inspection there was a genuine caring and supportive ethos within the practice.
- The practice had identified 212 patients who were carers, which equated to 2% of the practice population. The practice held a carer's support group at the practice and signposted individuals to alternative services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked with East Lancashire Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed.
- The practice offered pre-bookable, same day and online appointments. All patients requiring urgent care were seen on the same day as requested.
- They provided access to extended hours services and telephone and email consultations and text message reminders.
- The practice staff had a very good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing additional GP appointments when required.
- All patients requiring urgent care were seen on the same day as requested.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- National GP patient survey responses regarding access were variable. For example, 64% of respondents said they could easily get through to the practice by telephone and 98% said the last appointment they got was convenient.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.
- In response to difficulties in recruitment in the local area the practice became an enhanced training practice for medical students and qualified doctors training and a lead hub in the local area as an enhanced for practice nurse training. The practice works with ten GP practices and five nursing homes to provide placements and education for student nurses.

Are services well-led?

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

- We saw evidence of formal minutes for meetings, such as partner, nurses, reception staff, multidisciplinary, palliative care and safeguarding.
- The practice proactively sought feedback through engagement with patients and their local community.

Good



Summary of findings

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The practice promoted a culture of openness and honesty. Staff and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.
- The practice proactively sought feedback from patients through engagement with patients, the Patient Participation Group (PPG) and their local community.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had led in the development of a local consortium and was part of a larger East Lancashire federation of GPs to provide better outcomes for patients through a partnership approach. The practice led the “winter pressures” clinic pilot in which additional appointments were provided at a central location and made available to all practices in the immediate locality. Lessons learned from the pilot have informed the design of future extended hours services which will reduce the pressure on local A&E and urgent care services.

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



- Proactive and responsive care were provided to meet the needs of the older people in its population.
- Registers of patients who were aged 75 and above and also the frail elderly were in place to ensure timely care and support were provided. Health checks were offered for all these patients.
- Double appointments were standard for the over 85 year olds.
- Immunisation and phlebotomy services were provided for housebound patients.
- Close relationships with local nursing homes and residents with care plans given direct number to contact practice.
- The practice worked closely with other health and social care professionals. These included local integrated neighbourhood teams, multi-disciplinary care teams and a consultant geriatrician.

People with long term conditions

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

Good



- The practice nurse had lead roles in the management of long term conditions, supported by the GPs. Annual reviews were undertaken to check patients' health care and treatment needs were being met.
- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- The practice had a same day access policy for those patients who experienced deterioration in their condition. Longer appointments and 'one stop clinics' were in place to support patients to minimise unnecessary repeated appointments.
- A named GP lead was in place for those patients taking cytotoxic medications to ensure robust system of monitoring.
- An in house phlebotomy service was provided.
- 84% of patients diagnosed with asthma had received an asthma review in the last 12 months, which was higher than 76% locally and 75% nationally.
- 93% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared with 90% both locally and nationally.

Summary of findings

- Online access was being trialled to help diabetic patients monitor bloods.
- 98% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 87%, national average 90%)

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.
- The practice worked with midwives and health visitors to support the needs of this population group. For example, the provision, ante-natal, post-natal and child health surveillance clinics.
- A weekly baby clinic was held at the practice with a GP and practice nurse in attendance. Immunisation rates were relatively high for all standard childhood immunisations.
- A dedicated vaccination recall lead was in place to ensure children who did not attend vaccination appointments were followed up.
- A dedicated baby-changing and breast-feeding room was provided at the practice.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day access was available for all children under the age of twelve.
- Childhood immunisations were offered in line with the public health programme. Uptake rates for all children aged eight weeks to 5 years were between 91% and 98%.
- Family planning clinic was held every two weeks at the practice in addition to GPs providing comprehensive family planning support.

Good



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).

Good



Summary of findings

- The needs of these patients 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 offered pre-bookable, same day and online appointments. They also provided extended hours appointments during the week, early morning and evening.
- Telephone consultations and text message reminders were offered and prescriptions could be ordered online and collection arranged from a nominated pharmacy.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- Health checks were offered to patients aged between 40 and 74 who did not have a pre-existing condition.
- Travel health advice and vaccinations were available.

People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- A carer's support group was held at the practice every two weeks.
- There was a named GP and named nurse for patients with learning disabilities.
- The practice maintained good links with the local learning disabilities team.
- Annual reviews for patients with a learning disability were provided where the patient preferred for example at their home or at the practice. A dedicated telephone number and email was provided to ensure a prompt response.
- The practice had worked with a local home for adults with a learning disability and involved them in a gardening project at the practice to ensure patients had a relaxing and peaceful place to wait if they were anxious whilst waiting at the practice.
- A military veteran's project had been introduced to identify patients who required support and signpost them to additional services.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



- The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- The practice had developed comprehensive care plans for patients with dementia.
- All staff had attended dementia awareness training.
- Data showed that 96% of patients diagnosed with dementia and 95% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had received a review of their care in the preceding 12 months. These were both higher than the national averages of 84% and 88% respectively.
- Same day appointments or phone consultations were available for patients experiencing poor mental health.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016 and related to data collected from July – September 2015 and January- March 2016. The national GP patient survey distributed 334 survey forms of which 104 were returned. This was a response rate of 38% which represented approximately 1.3% of the practice patient list.

The results showed the practice was performing in line with local CCG and national averages, for the majority of questions. For example:

- 91% of respondents described their overall experience of the practice as fairly or very good (85% both local and nationally)
- 79% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local CCG 76%, nationally 78%)

- 96% of respondents said they had confidence and trust in the last GP they saw or spoke to (local CCG 94%, nationally 95%)
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (local CCG 97%, nationally 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 50 comment cards. They stated they felt listened to and also cited staff as being caring and helpful.

We also spoke with nine patients on the day; most of whom were positive about the staff and the care they received, however some felt that it was difficult to get an appointment on the same day

Dr DM Doherty and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, a GP specialist advisor and practice manager specialist advisor and a second CQC inspector.

Background to Dr DM Doherty and Partners

Dr DM Doherty and Partners is a member of the East Lancashire Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England.

The surgery is situated in a purpose built health facility, which has been extended over the last ten years. The building is well designed and spacious with good facilities for those with restricted mobility. The practice offers a comprehensive range of services including minor surgery.

The practice is located in an area of high deprivation in Rossendale in Lancashire. Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice currently has a patient list size of 9,160. The average life expectancy of the practice population is comparable with both CCG and national averages number for males at 77 years (compared to CCG 77 years and national average 79 years). Life expectancy for females is also comparable with CCG and national averages at 82

years (CCG 81 years and national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

- 60% of patients have a long standing health condition (58% CCG)
- 55% are in paid work or full time education (57% CCG)
- 8% are unemployed (6% CCG)

There are seven GPs (four female and three male), who work at the practice. The practice is also a training practice for future nurses and GPs.

The nursing staff team consist of a male advanced nurse practitioner (prescriber), two practice nurse and two health care assistants; all of whom are female. There is a practice manager, and a team of reception and administrative staff who oversee the day to day running of the practice.

The practice is open Monday to Friday 8am to 6:30pm, with extended opening hours Tuesday 6.30pm to 8pm and Friday 7.15am to 8am (pre booked appointments only.)

In addition to pre-bookable appointments that could be booked up to six weeks in advance, the practice has urgent appointments daily.

When the practice is closed out of hours services are provided by East Lancashire Medical Services and can be contacted by telephoning NHS 111.

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 and inspection programme. The inspection was planned to check whether

Detailed findings

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 that we hold about the practice and asked other organisations, such as NHS England and East Lancashire CCG, to share what they knew about the practice.

We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 19 September 2016. During our visit we:

- Spoke with a range of staff, which included GPs, nurse practitioner, practice nurses, health care assistant, the practice manager and reception staff.
- Observed in the reception area how patients, carers and family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Met with a representative from the Patient Participation Group (PPG).

- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.

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 are provided for specific groups of people and what good care looks 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, recording and investigating significant events and near misses.

- The practice was aware of their wider duty to report incidents to external bodies such as East Lancashire CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- 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.
- There was a nominated lead to ensure all significant events and near misses were recorded on the electronic reporting system. We saw there was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- All significant events relating to medicines were monitored by the pharmacy advisor and local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.
- The practice has undertaken research to improve the safety of the patients. For instance they have undertaken a study which looked at polypharmacy in older people. This resulted in a reduction of overall prescribing.
- There was a system in place to ensure all safety alerts were cascaded to staff and actioned as appropriate.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare.

Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. A

dedicated member of staff acted in the capacity of safeguarding lead for adults and children and clinical staff had been trained to the appropriate level. The GPs met regularly with the health visitor who also regularly attended the practice and any child safeguarding issues or concerns were communicated to them.

Notices were displayed in the waiting room and treatment rooms, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Clinical staff only acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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. There was a nominated lead for infection prevention and control (IPC) who could evidence an organised and knowledgeable approach. They undertook regular checks of the building and we saw evidence that an IPC audit had taken place and action had been taken to address any improvements identified as a result. There were spillage kits available in the practice, which could be used to deal with the spillage of bodily fluids, such as blood.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out by the pharmacy advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines, in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Are services safe?

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A health and safety policy and up to date fire risk assessment.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

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

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 peoples' 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. We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 100% of the total number of points available, with 13% exception reporting. This was higher than the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

Data we looked at showed;

- 94% of patients with diabetes had an HbA1C result which was within normal parameters, which was higher than 79% locally and 78% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- 97% of patients with diabetes had received a foot examination and a risk classification for potential problems, which was higher than 89% locally and 88% nationally.

- 95% of patients with hypertension had a blood pressure reading which was higher than 84% both locally and nationally.

We saw several clinical audits and reviewed one relating to appropriate prescribing of antibiotics and another regarding accident and emergency frequent attenders. We saw evidence of the audit process, outcomes and shared learning. Both these audits could demonstrate where improvements had been identified and subsequently maintained. These were also reflected in positive preventative outcomes for the practice and patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. All staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence. We were informed staff kept up to date of any changes by accessing online resources or guidance updates.
- The GPs were up to date with their revalidation and appraisal.
- The advanced nurse practitioner and practice nurses were up to date with their nursing registration.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They

Are services effective?

(for example, treatment is effective)

could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues regularly took place.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

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. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

- who were socially isolated
- with alcohol and drug dependency

These patients were then signposted or assisted to the services relevant to them.

The practice also liaised with a range of services, these included, mental health counselling, midwives, health visitors, a pharmacist advisor, cancer support nurses and hospice liaison.

The practice encouraged its patients to attend national screening programmes for instance cervical screening. The uptake for cervical screening was 78%, compared to 74% both locally and nationally. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable with national averages. For example, children aged 24 months ranged from 87% to 95% and for five year olds they ranged from 86% to 98%.

The practice offered a weekly baby clinic which was facilitated by a GP and practice nurse.

The practice had piloted and introduced a GP led allergy testing clinic in response to long waiting lists at the hospital. Nursing staff were trained up to support the GP.

The practice is piloting a GP led ear, nose and throat (ENT) service in response to long hospital waiting lists. It has been running for twelve months and is available to all local practices to use

The practice was instrumental in the introduction and development of a GP led Dermatology service. This is now run by a previous partner from the practice but still operates from the practice building. Patients had previously had to travel long distances out of area to dermatology clinics.

A military veteran's project had been introduced to identify relevant patients and support them with their health needs and signpost to additional services.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- There was a private room available should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations to ensure confidentiality was maintained.
- Chaperones were available for those patients who requested one and the use of a chaperone was recorded in the patient's record.
- Members of staff were courteous and helpful to patients and treated them with dignity and respect.

All of the CQC comment cards were positive and some described services as excellent to describe the care and service received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Data from the national GP patient survey showed respondents rated the practice higher than CCG and national averages for many questions regarding how they were cared for. For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 88%, nationally 89%)
- 97% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 92%, nationally 91%)
- 92% of respondents said the last GP they saw or spoke to was good at giving them enough time (87% both locally and nationally).
- 98% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 93%, nationally 92%)

Care planning and involvement in decisions about care and treatment

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

- The choose and book service was used with all patients as appropriate.
- Interpretation and translation services were available for patients who did not have English as a first language.
- There were information leaflets and posters displayed in the reception area available for patients.
- There was a named GP and named nurse for patients with a learning disabilities.
- The practice maintained good links with the local learning disabilities team.
- Annual reviews for patients with a learning disability were provided where the patient preferred for example at their home or at the practice. A dedicated telephone number and email was provided to ensure a prompt response.
- The practice had worked with a local home for adults with a learning disability and involved them in a gardening project at the practice to ensure patients had a relaxing and peaceful place to wait if they were anxious whilst waiting at the practice.

Data from the national GP patient survey showed respondents rated the practice higher than CCG and national averages for many questions regarding how they were treated. For example:

- 92% of respondents said the last GP they saw was good at treating them with care and concern (local CCG 85%, nationally 85%)
- 94% of respondents said the last nurse they saw was good at treating them with care and concern (local CCG 92%, nationally 91%)
- 93% of respondents said the last GP they saw was good at explaining tests and treatments (local CCG 86%, nationally 86%).
- 98% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (local CCG 92%, nationally 90%)

Patient and carer support to cope emotionally with care and treatment

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a

Are services caring?

carer. All carers were offered a health check and influenza vaccination. Additional support was provided by the practice and a carer's support meeting was regularly held at the practice.

At the time of our inspection the practice had identified 211 carers, which equated to 2% of the practice population. Support was offered to carers directly by the practice and they were signposted to support groups in the area.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were 22 patients on the palliative care register. It was noted the practice also provided direct contact details of GPs to support patients and families during end of life care. The practice sent bereavement cards and GPs contacted families individually after their loved ones had passed where they felt this was appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with East Lancashire CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need
- Telephone and email consultations
- Longer appointments as needed
- Travel vaccinations which were available on the NHS
- Some of the staff were multilingual which supported effective communication with their patients
- Disabled facilities, a hearing loop and translation services available.

The practice demonstrated a comprehensive understanding of their practice population and individual patient needs.

In response to difficulties in recruitment in the local area the practice became an enhanced training practice for student nurses, medical students and qualified doctors training. The success of the programme can be measured by the number of former trainees working in East Lancashire and the wider North West as well as four GPs currently working in the practice.

In response to difficulties in recruitment of nurses the practice became a lead hub in the local area as an enhanced for practice nurse training. The practice works with ten GP practices and five nursing homes to provide placements and education for student nurses. The first student nurses are now in placements organised by our practice leads. The initiative also involves the development of shared training packages for the staff of homes involved in the project.

Access to the service

The practice is open Monday to Friday 8am to 6:30pm, with extended opening hours Tuesday 6.30pm to 8pm and Friday 7.15am to 8am (pre booked appointments only.)

In addition to pre-bookable appointments that could be booked up to six weeks in advance, the practice has urgent appointments daily.

Same day appointments were available for children and those with serious medical conditions and the practice also offered email and telephone consultations.

Data from the national GP patient survey showed respondents rated the practice comparable to other local and national practices. For example:

- 88% of respondents were fairly or very satisfied with the practice opening hours (local CCG 84%, nationally 85%).
- 64% of respondents said they could get through easily to the surgery by phone (local CCG 75%, nationally 76%).

We discussed phone access with the provider who confirmed that the system had recently been improved to provide better access to patients but overall there were limitations on the telephone system.

Listening and learning from concerns and complaints

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

- The 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 kept a record of all written and verbal complaints
- All complaints and concerns were discussed at the practice meeting
- Information was available to help patients understand the complaints system. For example

information was available and displayed in the waiting area and was also available via the practice website.

There had been 10 complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.

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 and robust strategy to deliver high quality, safe and effective care in response to the needs of patient within their community.

There was a statement of purpose submitted to the Care Quality Commission which identified the practice values, for example to improve the health and well-being of patients and to treat individuals with respect. All staff knew and understood the practice vision and values.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

There were good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there was:

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, data and recall of patients, and infection prevention and control.
- Practice specific policies implemented, updated, regularly reviewed and available to all staff.
- Weekly partner, clinical and team meetings where practice performance, significant events and complaints were discussed.
- A comprehensive programme of clinical audit in place, which was used to monitor quality and drive improvements.
- Consistent arrangements for identifying, recording, managing and mitigating risks.

Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and supported.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. We saw evidence of:

- Clinical meetings and other team meetings being held regularly.
- Multidisciplinary meetings held with other health and social care professionals to discuss patient care and complex cases, such as palliative care.
- An all-inclusive team approach to providing services and care for patients.

The practice 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). When there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through day to day engagement with them.
- Members of the patient participation group (PPG). The PPG met regularly, carried out patients' surveys and felt confident in submitting proposals for improvements to the practice. For instance proposals to improve patient access to appointments.
- Complaints and compliments received.
- Staff through meetings, discussions and the appraisal process. Staff told us they were able to raise any concerns with the management team and there was an open and transparent culture within the practice.

Continuous improvement

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

Are services well-led?

Good 

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

- There were plans to form a 'Hub' with other local practices to provide extended services to patients in the evenings and weekends.
- They were part of a federation of practices within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- The practice had led in the development of a local consortium and was part of a larger East Lancashire federation of GPs to provide better outcomes for patients through a partnership approach. The practice led the "winter pressures" clinic pilot in which additional appointments were provided at a central location and made available to all practices in the immediate locality. Lessons learned from the pilot have informed the design of future extended hours services which will reduce the pressure on local A&E and urgent care services.
- The practice had formed a consortium with two other practices and East Lancashire Hospitals Trust to provide services. The vision includes cross boundary working, introducing secondary care services into the community. This will improve access for all patients. The consortium plan to introduce a practice based pharmacist who will improve medicines management across primary/secondary care.