

Skelmersdale Family Practice

Quality Report

(Formerly known as Dr S K Sur and Partners)

Birleywood Health Centre

Skelmersdale

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Skelmersdale Family Practice on 28 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 and an effective system in place for reporting and recording significant events.
- Appropriate learning outcomes were identified following analysis of significant events, and staff demonstrated they were aware of these. However in some cases communication channels for cascading this learning were informal and lacked a robust documented audit trail of what information had been passed to whom.
- Risks to patients were assessed and mostly well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Complaints were handled in an open, transparent and timely manner.
- Patients said they did not always find it easy to make an appointment with a named GP, but the practice could demonstrate they had implemented a number of changes in order to address and rectify this.
- 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 when provided.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Ensure documentation held around complaints provides a clear audit trail of the learning identifies and how this was shared within the organisation and with external stakeholders.
- Ensure changes made following the inspection around the monitoring of emergency medical equipment and chaperone procedures are fully embedded into practice.
- When a decision has been taken not to seek a DBS check for a member of staff, a risk assessment should be undertaken to provide clear documentation of the reasoning behind this

decision. This applies to clinical staff where a recent DBS check from a previous employment has been deemed appropriate assurance that no risk is posed to patients. Update the practice's recruitment policy to reflect this, and ensure the changes made around the retention of appropriate interview notes are fully embedded into the recruitment process.

- Ensure the protocol produced following the inspection detailing how communication channels for dissemination of learning were to be formalised is fully embedded into practice.

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



- 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. Sharing of learning outcomes internally within the practice was not always clearly documented, although all staff we spoke to were able to show appropriate awareness of them.
- When things went wrong patients received support, truthful information, and an appropriate apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and mostly well managed. The practice took immediate action following the inspection visit to address areas such as Disclosure and Barring Service (DBS) checks for non-clinical staff performing chaperone duties and checks being carried out on emergency equipment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were either in line with or above 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 staff, although some of these were slightly overdue in light of the practice progressing through a merger with a neighbouring location.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it difficult to make an appointment with a named GP, but the practice demonstrated how recent changes had been made in an effort to address this.
- 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. There was however a lack of documentation to demonstrate how learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on, although the practice had struggled to obtain feedback from patients, despite circulating surveys and questionnaires.
- There was a strong focus on continuous learning and improvement at all levels. The organisation was increasing in size. Some management systems and processes needed to be strengthened and formalised in order to support effective communication and organisation across a bigger service which encompassed multiple sites.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs and nurse practitioners regularly attended local nursing homes to carry out ward rounds.
- The practice offered health checks to patients over the age of 75.
- Multidisciplinary gold standard framework meetings were held every three months to ensure patients nearing the end of their lives received the most appropriate care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was generally in line with the national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Review appointments were coordinated and offered in the month of the patient's birth so as to make them more memorable and minimise the need for multiple visits to the practice for those patients with multiple health conditions.
- The practice also offered regular anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine initiated, reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 89%, which was comparable to the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered an evening clinic each Monday evening until 8.30pm for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice told us how they worked closely to deliver care to patients resident in a women's refuge centre as well as a children's home, both of which were located outside the practice's boundary.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 88% compared to the national average of 84%.
- Performance for mental health related indicators was slightly above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A mental health support worker also attended the practice to support patients suffering from schizophrenia and psychoses.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below national averages for questions relating to access. A total of 415 survey forms were distributed and 109 were returned which gave a response rate of 26.3%. This represented 1.2% of the practice's patient list.

- 49% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 51% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received, many identifying clinicians by name to praise the care and treatment they had delivered. While four of the cards, in addition to making positive comments, raised concerns over the time taken to get an appointment, two others praised access at the surgery, saying that they were generally able to get an appointment when phoning up on the day.

We spoke with nine patients during the inspection. All nine patients said they were extremely happy with the care they received. All felt that treatment risks and options were explained thoroughly to them. Eight of the patients told us that staff were approachable, committed and caring. However, six of the patients we spoke with did express concerns about how difficult it could be to get an appointment at the practice.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure documentation held around complaints provides a clear audit trail of the learning identifies and how this was shared within the organisation and with external stakeholders.
- Ensure changes made following the inspection around the monitoring of emergency medical equipment and chaperone procedures are fully embedded into practice.
- When a decision has been taken not to seek a DBS check for a member of staff, a risk assessment

should be undertaken to provide clear documentation of the reasoning behind this decision. This applies to clinical staff where a recent DBS check from a previous employment has been deemed appropriate assurance that no risk is posed to patients. Update the practice's recruitment policy to reflect this, and ensure the changes made around the retention of appropriate interview notes are fully embedded into the recruitment process.

- Ensure the protocol produced following the inspection detailing how communication channels for dissemination of learning were to be formalised is fully embedded into practice.

Skelmersdale Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a specialist advisor who was a practice manager, a second CQC inspector and an Expert by Experience (someone with experience of using GP services who has been trained in our inspection methodology).

Background to Skelmersdale Family Practice

Skelmersdale Family Practice (formerly known as Dr S K Sur and Partners) is housed in Birleywood Health Centre in a residential area of Skelmersdale. At the time of inspection the provider had recently taken over a neighbouring GP practice (Skelmersdale Family Practice at Sandy Lane Health Centre) and the inspection team was informed that the intention was to operate the Sandy Lane site as a branch surgery of the Birleywood location. The provider was in the process of updating the registration with CQC to reflect this. At the time of inspection, the Sandy Lane site was still registered separately, so was not included as part of the visit nor data analysis quoted in this report.

The practice is part of the NHS West Lancashire Clinical Commissioning Group (CCG) and provides primary medical services to 9260 patients through a Personal Medical Services (PMS) contract with NHS England.

The average life expectancy of the practice population is below local and national averages for both males and females, with males on average living to 75 years and females to 79 years (CCG average being 79 and 82 respectively, national averages being 79 and 83 years). The

practice's patient population consists of a higher proportion of younger people, with 7.5% being aged four and under (CCG average 5%, national average 5.9%), 14.1% being aged between five and 14 years (CCG average 11%, national average 11.4%) and 25.8% being under the age of 18 (CCG average 19.8% and national average 20.7%). The practice also caters for a slightly higher proportion of patients with a long-standing health condition at 58.8%, compared to the CCG average of 55.5% and national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

There is parking available outside the premises, and there is a ramp to facilitate wheelchair access to the building.

The practice is staffed by five GP partners (all male), two nurse clinicians, two practice nurses and two health care assistants. Clinical staff are supported by an executive practice manager, a practice manager and a team of non clinical staff including receptionists, secretaries, notes summarisers and a medicines management coordinator.

The practice is open from 8.30am until 6.30pm Monday to Friday apart from Wednesdays when the practice closes at 4.30pm. Appointments are available between 9.00am and 11.40am each morning, and 3.00pm until 6.00pm each afternoon (apart from Wednesdays when they are available between 1.00pm and 3.00pm). Extended hours appointments are also available each Monday evening between the hours of 6.30 and 8.30pm. Outside normal surgery hours, patients are advised to contact the out of hours service, offered locally by the provider OWLS CIC Ltd.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse clinician, practice nurse and health care assistants, the practice management staff, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being spoken to and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We were told by the GPs that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, an appropriate apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident resulting in documentation being misfiled, the practice altered the working patterns of administrative staff carrying out document scanning into patient records. Staff were rotated to this task every 30 minutes and it was carried out in a quieter part of the surgery to maximise concentration levels. Another incident documented involved an error being identified on the practice's electronic records management system which resulted in incorrect medication being added to a prescription. This was swiftly identified by the practice and dealt with appropriately. We saw documentation that evidenced the practice contacted the medicines management team to seek advice and that an alert was sent round to all other practices to advise them of the potential of this error occurring. The practice notified the provider of the electronic software and as a result the software's coding was updated in order to prevent reoccurrence.

Discussion with staff revealed they were able to discuss changes to practice that had occurred following significant event analysis. We were told that learning from such events was cascaded via practice meetings. However, the meeting minutes we viewed did not contain documented evidence of these discussions. They contained no standing agenda items for significant event analysis feedback. This meant that the practice lacked a clear audit trail of what information had been passed to whom.

Overview of safety systems and processes

The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, although some gaps were identified during the inspection visit. The systems included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. We reviewed three examples in detail where concerns around vulnerable patients were appropriately managed by the practice and involvement from outside agencies sought.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. However, non clinical staff who carried out chaperone duties had not received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). While a risk assessment document was stored in their personnel files to demonstrate this decision, this document had not been signed by the staff members and discussion with these staff indicated that there was potential for them to be left alone with the patients should the

Are services safe?

clinician need to leave the room during the consultation. The practice acted swiftly to address and mitigate this risk following the inspection. Within 24 hours the practice provided evidence that the chaperone policy had been updated to explicitly state that non clinical chaperones would not under any circumstances remain alone in the room with the patients. This updated document had been signed by all non-clinical staff as proof they were aware of the protocol. The practice also submitted an action plan that stated their intention was to apply for DBS checks for all non-clinical staff who act as chaperones.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 and most staff had received up to date training. An infection control audit had been undertaken in April 2016 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found some inconsistencies in the recruitment checks had been undertaken prior to employment. For example, proof of identification was present in all four, as were CVs and appropriate proof of registration with the appropriate professional body. However there were some discrepancies with references sought and documented to confirm previous employment and suitability for the role. The practice's recruitment policy identified that two

references would be sought. In one file we reviewed only one reference was documented. In another, there were no documented references. However, discussion with the management staff and GPs suggested this was the case as the offer of employment was made with one of the GP partners having prior knowledge of their competence having worked with them previously in a different setting. A letter was drafted immediately following the inspection confirming this, to be stored in the personnel file to provide an audit trail and record of this decision making process. Interview notes were not available in any of the files we reviewed and we also noted that no updated DBS checks had been carried out for two clinical staff. Copies of DBS certificates were stored in their files, but these were both from previous employers. In both cases the certificates had been issued approximately four months prior to employment at the practice. While the practice did update its recruitment policy and procedure document immediately following the inspection to reflect that interview notes would be maintained and stored on file, the updated document did not make reference to the requirement to carry out DBS checks for patient facing staff.

Monitoring risks to patients

Risks to patients were assessed and mostly 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 had up to date fire risk assessments and carried out regular fire drills. Community healthcare staff who worked on the premises had been identified as fire marshals. However, they were not always available on site when the practice was open, and the practice staff we spoke to were not aware that they fulfilled this role. The practice immediately produced an updated protocol following the inspection to govern the response to a fire at times when nominated fire marshals were unavailable. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

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

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, although the inspection did highlight some gaps in these arrangements with the practice acted quickly to rectify.

- 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 and behind reception.
- The practice had a defibrillator available in the treatment room and oxygen with adult and children's masks. Practice staff informed us that the community healthcare staff who worked in the treatment room took responsibility for checking and maintaining this emergency equipment, and we saw that regular weekly checks were documented. However, the oxygen cylinder had expired on 24 February 2016 and the pads attached to the defibrillator had also gone out of date on 28 February 2016. New pads for the defibrillator were available on site and were immediately used to replace the expired pads. The practice provided evidence the following working day to demonstrate that a new oxygen cylinder had been acquired and provided assurance that protocols would be updated to ensure the practice took responsibility itself for the upkeep of this emergency equipment. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included comprehensive risk assessments to mitigate the risks of disruption to continuity of service delivery.

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 audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.9% of the total number of points available. The practice's exception reporting rate across the clinical domains was 2.5% (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).

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

- Performance for diabetes related indicators was generally in line with the national averages. For example:
 - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 76% compared to the national average of 78%.
 - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 88%, compared to the national average of 78%.

- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 81% compared to the national average of 81%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 95% compared to the national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 79% compared to the national average of 88%.
- Performance for mental health related indicators was slightly above the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 92% compared to the national average of 88%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92% compared to the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 88% compared to the national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 89% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The GPs showed us four clinical audits completed recently in the practice, and two of these were completed audit cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and research.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit examining use of the combined oral contraceptive pill resulted in improvement in the recording of relevant risk factors and therefore maximised appropriate use of the medicine for patients.

Information about patients' outcomes was used to make improvements, for example we saw how practice protocols around registration and patients who failed to attend appointments had been modified to ensure appropriate support was offered to vulnerable 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. This covered such topics as safeguarding, infection prevention and control, fire safety, and health and safety. Recently recruited staff told us they felt well supported through a thorough induction process and had been able to shadow colleagues as part of their introduction to the role. However, we noted that there was no evidence of signed confidentiality agreements in the personnel files of recently recruited staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions we saw certificates demonstrating appropriate training and updates had been attended.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff we spoke to told us that they accessed regular appraisals and that these generally took place

on an annual basis. A number of staff had been due an appraisal in February, however, these had been pushed back in light of the impending merger with a neighbouring practice. We were told they would be carried out once the merger was finalised.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and infection prevention and control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A number of other professionals were available on site which the practice could refer patients onto, including a dietician. A mental health support worker also attended the practice to support patients suffering from schizophrenia and psychoses.

The practice's uptake for the cervical screening programme was 89%, which was comparable to the CCG average of 82% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, uptake was low. For example 38.4% of patients aged 60-69 had attended for bowel cancer screening within six months of being invited, compared to the CCG average of 53.8% and national average of 55.4%. The percentage of female patients aged 50-70 who had been screened for breast cancer within the last 36 months was 57.8%, compared to the CCG average of 69.6% and national average of 72.2%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.2 % to 98.5% and five year olds from 80.5% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 as well as health checks for patients over the age of 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

We spoke with nine patients, two of whom were also members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Eight of the patients we spoke to and all of the comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One patient did describe an experience when they felt practice staff were abrupt, but qualified this by saying they felt it was a one off occurrence.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A number of the GPs were also multilingual.
- Information leaflets were available in easy read format.
- The 'choose and book' system was used for over 90% of referrals on to secondary care from the practice, giving the patients choice over when and where they would attend secondary care appointments.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 104 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Patients were able to give examples of when families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs. Advice on how to find a support service was also offered.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an evening clinic each Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- Standard consultation appointments were 12 minutes long to ensure sufficient time was spent with patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Weekly ward rounds were offered to cater for the needs of those patients resident in local nursing homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Reviews to monitor the needs of patients experiencing multiple and complex health issues were coordinated and offered as part of a single consultation in the month of their birthday so as to minimise the need for multiple visits to the surgery.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice told us how they worked closely to deliver care to patients resident in a women's refuge centre as well as a children's home, both of which were located outside the practice's boundary.
- The practice also offered regular anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine initiated, reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.
- The practice carried out minor surgery clinics which were accessible to patients of other GP practices in the area.

Access to the service

The practice was open from 8.30am until 6.30pm Monday to Friday apart from Wednesdays when the practice closed at 4.30pm. Appointments were available between 9.00am and 11.40am each morning, and 3.00pm until 6.00pm each afternoon (apart from Wednesdays when they were available between 1.00pm and 3.00pm). Extended hours appointments were also available each Monday evening between the hours of 6.30 and 8.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. On the day of inspection, the next routine pre-bookable appointment was available in five days' time.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 51% of patients said that the last time they wanted to see or speak to a GP or nurse at the practice they were able to get an appointment compared to the CCG average of 74% and national average of 76%.

Three of the patients we spoke to told us on the day of the inspection that they were able to get appointments when they needed them. However, six did express some concern about how it could be difficult to access appointments in a timely manner. Four of the patient comment cards raised concerns over the time taken to get an appointment, while two others praised access at the surgery, saying that they were generally able to get an appointment when phoning up on the day.

The practice were aware of the difficulties patients were experiencing accessing appointments and were able to demonstrate changes that had been made in an effort to improve access and appointment availability. For example, they had increased the number of telephone lines into the practice and adjusted staff working patterns to ensure more administration staff were available to answer the telephone first thing in a morning. They had also recently introduced a triage system for their urgent on the day appointments whereby the duty GP would phone patients

Are services responsive to people's needs?

(for example, to feedback?)

back to prioritise their needs for the appointments available. The practice was also optimistic that moving forward the merger with another local practice would offer greater flexibility of appointments across two sites.

The practice had a system in place to assess:

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

Information was obtained over the telephone in advance of the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. There was a chest pain protocol in place that detailed the action that should be taken in such circumstances.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available both on the practice website and in the reception / waiting area, with clear signage in the waiting area prompting patients that this document was available.

There had been 17 complaints received in the last 12 months. We looked at two of these in detail and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. We did note that the written response to one of the complaints did not signpost the complainant to NHS England or the Parliamentary health Service Ombudsman should they have been unhappy with the outcome of the complaint. However, this information was given in the practice's complaints leaflet. Documentation was unclear once a complaint had been resolved as to any learning that had been identified and how any learning had been shared amongst practice staff or other stakeholders.

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.

- Practice staff were able to articulate this vision to demonstrate they knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values.
- The practice had implemented a staffing structure that was tailored for succession provision amongst the management staff.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice responded swiftly to make these systems more robust once a number of gaps had come to light during the inspection process.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people support, truthful information and an appropriate apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 attempted to gather feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a 'virtual' group and liaised with the practice via email. Members of the PPG confirmed to us that the practice circulated questionnaires to gauge feedback around issues such as parking and staff availability. The practice had received limited responses to its efforts to gauge patient feedback in this way, for example we saw that a recent survey around the proposed merger with another practice had received no responses.
- 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

Are services well-led?

Good 

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

any concerns or issues with colleagues and management. Nursing staff were able to give examples of how suggestions they had made around changes to the appointment system had resulted in increased appointment availability. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, in the past the practice had piloted learning disability reviews for the West Lancashire area. The practice had supported nursing staff through training to gain skills to become a nurse practitioner.

The practice had recently expanded by merging with a neighbouring practice in the locality, and there were plans

to further amalgamate with other local practices in the near future. While this would afford the practice greater access to space and potential for greater flexibility with services and appointments it would also present pressures on the current leadership infrastructure of the practice. While good communication channels were evident on the existing site, these were informal in some cases with a lack of clear documentation to provide a robust audit trail of what information had been given to whom. While manageable on a small scale, as the service expands in the future it will be important for the systems and processes to be formalised and strengthened to ensure effective management of a much larger team spread over multiple locations. Immediately following the inspection the practice had drafted a policy document detailing how communication arrangements with the practice would be made more robust.