

The Dicconson Group Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Dicconson Group Practice on 30 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Medicines were well managed and thorough recruitment procedures were in place to ensure suitably qualified staff were employed.
- 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.
- There was evidence of quality improvement including ongoing clinical audits to monitor the effectiveness of the treatments provided to patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They commented they were involved in making decisions about their health care and GPs and nursing staff responded well to their health care needs and kept them informed about test results and information relating to their care such as follow up appointments and flu clinics.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. There was evidence that staff learned from complaints to prevent them from reoccurring.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. There were disabled facilities, a hearing loop and translation services for patients whose first language was not English.
- There was a lead GP for adult and child safeguarding. Most staff had achieved appropriate safeguarding training.
- Staff worked with other agencies to promote patients' health and well-being. The practice had been involved in three major projects relating to the promotion of good health in the community, fuel poverty and promoting the needs and care of homeless people.
- 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. Staff told us there was an open culture within the practice and they have the opportunity to raise any issues at team meetings and feel confident and supported in doing so.
- There was a focus on continuous learning and improvement at all levels within the practice. All staff regularly took time out to work together to resolve problems and to review performance to improve the service provision.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



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.
- All patients had a named GP to coordinate their care.
- The practice participated in the health check local enhanced service in 2015. This was a nine month enhanced service that aimed to screen patients over 75 years for a number of health conditions and social needs, medication compliance and included a general health questionnaire.

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.
- 93% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months. This compared to the CCG average of 87% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- 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 social care professionals to deliver a multidisciplinary package of care.
- Clinical protocols were regularly reviewed against current best practice evidence (including NICE guidance and local guidelines). GPs took a clinical lead in each area to ensure protocol development in the practice and to support staff in their roles.
- Health care assistants were involved in some aspects of chronic disease monitoring (i.e. blood pressure checks and some aspects of COPD review). The Healthcare apprentice role had recently been developed to become more involved in the clinical review process.

Summary of findings

- All cancer patients received a cancer care review by a GP.
- Patients approaching the last 12 months of their life would be discussed in the practice Gold Standards Framework meetings, and the use of advanced care planning was considered.
- Newly registered patients received a new patient registration check. If a long term condition was identified, the patient was signposted to the appropriate clinical team member.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 91% of women aged 25-64 had a record of a cervical screening test being performed in the preceding 5 years. This compared to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff worked with midwives, health visitors and school nurses.
- GPs provided contraceptive and pre-conceptual advice where clinically appropriate, and referred high risk patients to appropriate services (i.e. pre conception diabetic clinic).
- Ante natal care was delivered by community midwives and a “maternity pack” was given to all expectant mothers.
- All pregnant women were offered appropriate vaccinations. Recent data indicated the practice had a higher than average uptake of influenza vaccination.
- The practice nurse team attended annual immunisation update training.
- Post-natal reviews were initially undertaken by telephone consultation. If health care needs were identified, then appropriate advice would be given.
- A face to face review by the GP took place at the 6-8 week Child Health Surveillance check. This appointment was combined with the first immunisations appointment for the convenience of the mother.
- There was a lead GP for child and adult safeguarding. Staff were trained in safeguarding procedures. Some GPs were awaiting further training; an in-house training session was planned in the interim.

Good



Summary of findings

- Children and young people were signposted to appropriate support agencies where appropriate. For example, the Fit for Fun activity group and young people's drug and alcohol service.
- Regular safeguarding meetings were held, and the practice received reports from other agencies. The IT system alerted clinicians and other practice team members when seeing a patient where safeguarding concerns existed.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- A wide range of appointment times and types were available i.e. telephone or face to face, and included early morning and later practice nurse appointments.
- Routine GP and practice nurse appointments were also available via the local "Primary Care Hub". These appointments ran from 6 30pm to 8pm Monday to Friday and all day Saturday and Sunday.
- Repeat prescriptions could be requested electronically at any time of day and could be ordered via the patients' nominated pharmacy.
- General NHS health checks were available where clinically appropriate.
- The practice had on site access to community link workers and health trainers for lifestyle and social / welfare issues.
- All patients over 65 years were offered influenza and pneumococcal vaccinations.
- The practice was proactively involved in the bowel screening programme and was currently discussing how best to target at risk patients before they received their test packs and chase up patients who failed to respond.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered regular reviews for patients identified with learning disabilities and mental health problems. GPs had close links with the local Learning Disability Team regarding those patients who did not attend review appointments.
- Homeless patients were identified and staff had regular dialogue with social workers where appropriate, and other support agencies staff including drug and alcohol link workers.
- Hearing and sight impaired patients had alerts added to their notes to facilitate appropriate contact with the patient and discussion with family members or carers. For example, a note to physically call a patient in from waiting room as they were unable to see the information screen.
- The practice had access to a hearing loop system, and the building was wheelchair friendly.
- Patients' needs were identified and met on an individual case by case basis. For example, vulnerable patients were given the practice manager's direct line telephone number to allow rapid access to GPs for advice from a suitably qualified staff member.
- The practice had received positive feedback from the community link worker service regarding the appropriateness of referrals. Patients referred into this service presented at times of financial or social crisis (or impending crisis that had a considerable potential health impact). These patients may not always see themselves as vulnerable in the long term, but were appropriately signposted to reduce their vulnerability (and hopefully avoid deterioration in medical and social functioning).
- The practice worked with other agencies to promote health and well-being and in the last two years the practice had been involved in three major projects promoting good health in the community which included fuel poverty and promoting the needs and care of homeless people.

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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to the CCG average of 92% and the national average of 88%.
- 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 and patients were monitored under the admission avoidance register where appropriate. .
- The practice had told patients experiencing poor mental health and dementia 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. One of the GPs was the dementia care lead and a member of the reception staff was the appointed dementia care champion offering support and advice to patients' carers.
- Patients with severe mental illness were actively recalled for physical health checks. If necessary, appointments were booked via the carer or relative and a longer appointment was allocated.
- Alerts were added to certain patient notes where risks to staff had been identified. These alerts were removed on the advice of clinical staff should their situation change.
- The register of patients with dementia was kept updated to ensure patients received the care they needed.
- GPs and members of the patient participation group were planning a dementia awareness day to bring together services that could support patients and their families.
- Staff provided holistic care to family units. For example, support was offered to family members of patients with dementia.

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 in line with local and national averages. 283 survey forms were distributed and 107 were returned. This represented 1% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% 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%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who had 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 the inspection. We received 18 comment cards which were all positive about the standard of care received. Patients confirmed that staff treated them with dignity and respect. They said they received the right care and treatment at the right time. Patients said that staff were understanding of their health care needs and they always had enough time during their consultation to talk about the things that were important to them. They described the staff as

professional, helpful and caring. One person commented the staff appeared to work well as a team. Another patient commented their family had received excellent care and support from all of the staff.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said they were involved in making decisions about their health care. They commented that GPs and nursing staff responded well to their health care needs and kept them informed about test results and information relating to their care such as follow up appointments and flu clinics. They described the staff as caring and helpful. One patient commented they felt well looked after. Another patient said they found it difficult to get through to the practice in the morning to make an appointment.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they had received. The practice received a low return rate of completed questionnaires. However, results were positive and patients commented positively on the service they received and staff attitudes. Since April 2016, most patients said they were 'extremely likely' to recommend the practice to friends and family. Other patients commented they were 'likely' to recommend the practice to friends and family.

Areas for improvement

The Dicconson Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist adviser and a practice nurse specialist adviser.

Background to The Dicconson Group Practice

The Dicconson Group Practice, Boston House, Frog Lane, Wigan WN6 7LB is located in the NHS Wigan Borough CCG. The practice is located in a large purpose built health centre. Other health care services are located in the building. These include; a pharmacy, health visitors, podiatry and an eye clinic. There is a large car park and a local bus service to Wigan town centre.

There are two male GPs and four female GPs (all partners) working at the practice. They work between four and eight sessions per week. There are two female practice nurses; one is a nurse prescriber, a practice manager, a practice supervisor and a team of 11 administrative staff.

The practice is a training and teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice is open between 7am and 12 noon and 1.30pm and 6.30pm Monday, Tuesday, Thursday and Friday. The practice is open on Wednesday between 8am and 1pm.

The practice appointment times are as follows:

Monday and Tuesday 7.10am to 11.30am and 1.30 to 5.50pm

Wednesday 8.30am to 11.30am

Thursday and Friday: 8.30am to 11.30am and 1.30 pm to 5.50pm

Extended hours appointments are offered between 7am and 8am Monday and Tuesday.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

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 30 August 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, the practice manager, the practice nurse and health care assistant, and members of the administration team.
- We spoke with four patients who used the service.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and there was evidence of learning among the staff team. For example, Staff were more vigilant in completing the necessary protocol in the event of a GP leaving the practice.
- A named GP was responsible for coordinating medical alerts to ensure a consistent approach to practise.

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.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The guidance made reference to child exploitation and female genital mutilation so staff were aware of these issues and knew who to contact if they had concerns. There was a lead member of staff for safeguarding who was trained to safeguarding level three. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff

demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. GPs were trained in child and adult safeguarding procedures and further training was planned.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Notices were displayed in clinical rooms and in the patient waiting area informing them of this service.
- 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 staff had received up to date training. Annual infection control audits were undertaken 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. One of the nurses had qualified as a nurse prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Thorough recruitment procedures were in place. We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

references, qualifications and the appropriate checks through the Disclosure and Barring Service. Staff disciplinary procedures were in place to manage staff that were unsuitable for their role.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a risk assessment in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen. 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. A copy of this was also held off site in case of a fire.
- Staff were provided with guidance about how to manage patients with challenging behaviours and senior staff were always available for support and advice. Staff met to discuss such incidents for the purpose of learning.

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.
- One of the GPs took responsibility for monitoring NICE guidelines to ensure there was a systematic approach taken to possible changes to practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had consistently met all higher level QoF indicators for chronic disease management.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. There was a 7.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were 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 2014/2015 showed:

Performance for diabetes related indicators was similar to the national average. 98% of patients with diabetes, on the register, had influenza immunisation in the preceding 1 August to 31 March. This compared to the CCG average of 96% and the national average of 94%.

Performance for mental health related indicators was similar to the national average. 93% of patients with

schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months. This compared to the CCG average of 94% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There was a programme of ongoing clinical audits. These were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one audit looking into the use of a particular medicine used for patients with osteoporosis had resulted in the reduced risk of fractures. Another audit in certain types of medicines prescribed to patients resulted in the reduced risk of a stroke occurring.

Effective staffing

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

- GPs at the practice were qualified to support a programme of training for medical students and trainee GPs. A programme of supervision was provided by one of the GP partners to ensure their work was checked and supervised in light of them being unfamiliar with patients visiting the practice.
- The practice had an induction programme for all newly appointed staff to ensure they were aware of their responsibilities and knew how to work safely. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- 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. However, the staff training records were not up to date so it was not possible to establish clearly the training staff had completed. Ongoing support was provided through one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months to assess the staff member's performance and to identify training and development needs.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Plans were being made to allow staff access to e-learning training modules. There was a lead GP for induction training and one of the GPs took responsibility for trainee GPs 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. For example, drugs and alcohol services and mental health agencies.
- 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 were referred to, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.
- Senior staff met regularly to share information and discuss patient care needs and the running of the business. Staff met every three months to discuss any significant events and to monitor for their reoccurrence.
- Nursing and health care staff did not hold formal meetings, although they did communicate daily for the purpose of discussing patients' health care 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.
- All GPs partners were aware of Fraser competency issues.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, 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.
- The practice's uptake for the cervical screening programme was 91%, which was higher than the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100% and five year olds from 96% to 98%.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new

patients and NHS health checks for patients aged 40–74. Appropriate follow-up appointments 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 18 patient Care Quality Commission comment cards we received were positive about the service they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They said they received the right care and treatment at the right time. Patients said that staff were understanding of their health care needs and they always had enough time during their consultation to talk about the things that were important to them. They described the staff as professional, helpful and caring. One person commented the staff appeared to work well as a team. Another patient commented their family had received excellent care and support from all of the staff.

We spoke with two members of the patient participation group (PPG). They told us they met regularly with the practice manager and GPs and felt their views were listened to and respected. They said their meetings were minuted for the purpose of ensuring issues raised were addressed and monitored, and a regular newsletter was drawn up to keep patients informed about the issues the group were involved with. The PPG was focused on providing patients with information about the services available to them and how to stay healthy and well. The PPG had established links with local community groups such as Citizens Advice and were involved in setting up events to promote good health care, for example 'The Perfect Week'. This looked to gather patients' views on the services they needed in any given week and promote already existing services. The PPG was also included in the current development of dementia services at the practice.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 92% 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%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Patients who reach 75 years and 90 years were sent a birthday card and those that reach 100 years were sent flowers.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated that patients felt involved in decision making about the care and treatment they received. They noted they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatments available to them. Patients spoken with also said they were happy with the standard of the service they received. They said they were kept informed about appointments and test results and clinical staff listened to what they had to say and acted on this promptly.

Are services caring?

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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered regular reviews for patients identified with learning disabilities and mental health problems. The practice had close links with the local Learning Disability Team regarding those patients who do not attend review appointments.
- Homeless patients were identified and there was regular dialogue with social workers where appropriate, and other support staff including drug and alcohol link workers.

- Hearing and sight impaired patients had alerts added to notes to facilitate appropriate contact with patients and discussion with family members or carers. For example, a note to physically call a patient in from waiting area as they were unable to see the information screen.
- The practice had worked with other agencies to promote patients' health and well-being. In the last two years the practice had been involved in three major projects relating to the promotion of good health in the community which included fuel poverty and promoting the needs and care of homeless people.

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 459 patients as carers. Information was available to carers in the patient waiting area about services and support agencies. Carers were encouraged to register with Wigan Carers Association; an agency which offered emotional and practical support and advice to carers. All carers were offered an NHS annual health check which enabled clinicians to identify any health care issues and to support them to maintain good health.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice ethos was to treat all patients with respect and to acknowledge patients' individual differences.
- The practice had recently informed patients to be aware of possible fraudulent phone calls as this had been raised by a neighbouring practice.
- Facilities were available for mothers who were breast feeding.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- There was a lift to support patients with mobility problems.

Access to the service

The practice was open between 7am and 12 noon and 1.30pm and 6.30pm Monday, Tuesday, Thursday and Friday. The practice was open on Wednesday between 8am and 1pm.

The practice appointment times were as follows:

Monday and Tuesday 7.10am to 11.30am and 1.30pm to 5.50pm

Wednesday 8.30am to 11.30am

Thursday and Friday: 8.30am to 11.30am and 1.30 pm to 5.50pm

Extended hours appointments were offered between 7am and 8am Monday and Tuesday.

Pre-bookable appointments were available and urgent appointments were also available for patients that needed them.

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

- 89 % of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

On the day of the inspection most patients said they could book an appointment when they needed one, and this was reflected in the CQC comment cards we received. However a number of patients told us they found it difficult to book an appointment. In response to this we were informed that staff were monitoring this part of the service for improvements.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance.
- 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 for examples posters and summary leaflets were available in the patient waiting area.

We looked at the summary of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, communication within the staff team had improved as a result of a patient missing their appointment.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice mission statement was; 'We aim to provide high quality medical services in a friendly and patient centred manner and we work with our patients, carers and other allied support services to allow us to achieve our goal'.

- The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored.
- We saw evidence that the service was well managed and senior staff listened to patients' comments and views and took appropriate action to improve outcomes. Lessons were learned when things went wrong to make sure action was taken to improve safety.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- GPs worked with an HR consultancy agency to ensure the practice systems operated within current legislation and guidelines.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

• The practice had gathered feedback from patients through the patient participation group and through surveys and complaints received.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and

Are services well-led?

Good 

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

discuss any concerns or issues with colleagues and management. Staff told us they enjoyed their work and were well supported in their role. They said they felt involved and engaged to improve how the practice was run.

- The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they had received. The practice received a low return rate of completed questionnaires. However, results were positive and patients commented positively on the service they received and staff attitudes. Since April 2016, most patients said they were 'extremely likely' to recommend the practice to friends and family. Other patients commented they were 'likely' to recommend the practice to friends and family.
- A practice newsletter was available to patients to keep them informed of developments within the practice.

Continuous improvement

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

- Staff were developing services provided to patients with dementia.
- Nursing staff were working on developing ways of encouraging patients from ethnic backgrounds to attend for cervical screening.
- The practice nurse had recently qualified as a nurse prescriber and was commencing a practice nurse foundation degree.
- A newly recruited GP will lead on dermatology and develop this service within the practice.
- There was a plan to develop the apprentice health care assistant role to take on extra responsibilities.
- The practice team had been involved in pilot schemes to improve outcomes for patients in the area. For example, the practice had worked with other agencies to promote health and well-being and in the last two years the practice had been involved in three major projects relating to the promotion of good health in the community which included fuel poverty and promoting the needs and care of homeless people.