

# Dr C M Wilson & Partners

## 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 Dr C M Wilson & Partners, also known as the Healthcare Centre, on 24 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

**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
- Learning from events was 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.
- Strong governance processes across each of the three sites supported staff and clinicians in working to high standards.
- Risks to patients were assessed and well managed.

### 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 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

# Summary of findings

- 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. For example, extended hours surgeries were available at weekends and one weekday evening per week.
- 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.
- The practice had good facilities on all three sites 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.

## Are services well-led?

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

Good



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

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles.
- Patients over the age of 75 had a named GP and had received a structured annual review to check that their health needs were being met.
- Care planning was carried out for patients with dementia care needs.

### 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.
- 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.

### 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.

# Summary of findings

- 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.
- Performance data from the Quality Outcomes Framework (QOF) showed the practice achievement for delivering cytology to women between the ages of 25 and 65 was in line with the local and national average.
- Appointments were available outside of school hours and the premises at all three sites 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).

- 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.
- We saw that access for working patients was good, with extended hours surgeries offered each week on Tuesday evening and at weekends on Saturday and Sunday mornings.

**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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.

**Good**



# Summary of findings

- 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).

- 82% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is comparable to the national and local averages.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty seven survey forms were distributed and one hundred and twelve were returned. This represented the views of less than 1% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and 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 38 completed comment cards, 36 of which were highly positive about the standard of care received. Two comment cards referred to length of wait for a routine appointment and the wait at reception sometimes which can be busy in peak periods. Within the positive comments, particular reference was made to the caring nature of GPs, the time they gave to patients and the high standard of care delivered. People also referred to the nursing team and reception staff. Some patients commented on how privileged they felt to be a patient at the practice.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the practice Friends and Family Test showed that month on month, patients were either likely or highly likely to recommend the practice to friends, family or somebody new to the area.

# Dr C M Wilson & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr C M Wilson & Partners

Dr C M Wilson & Partners is a partnership GP practice based in central Preston, Lancashire, and falls within the Greater Preston CCG area. The practice patient list size is approximately 13,700 and is made up of a main site – The Healthcare Centre in Flintoff Way, Preston, plus two fully operational branch surgeries, Longsands Medical Centre and Sharoe Green surgery. We inspected the main surgery and visited both branch surgeries as part of our inspection.

The practice has five partners, three male and two female. The practice partners are supported by two salaried GPs (one male and one female) and there is currently a vacancy for a third salaried GP. The practice is a teaching practice hosting GP Registrars.

The practice nursing team is led by an Advanced Nurse Prescriber (ANP), and has two nurses (both female) with a further nurse due to take up post in January 2017. The nursing team are supported by two healthcare assistants (both female).

The practice administrative function is led by a practice director, who is supported by two assistant practice managers. The practice reception and administrative function is delivered by 16 who work a variety of full and part time hours.

All three buildings are fully accessible for disabled patients with car parking available. Patient toilets are available which are fully accessible and have been upgraded to provide baby change facilities. At each site, there is a small, private room available for any mothers who need to breast feed, or for any patients who need more privacy when dealing with matters at the reception desk. The Healthcare Centre is based in a purpose built building that is shared with another, unrelated GP practice.

The branch surgeries at Longsands Medical Centre and Sharoe Green Surgery are open from 8.30am to 6pm, Monday to Friday, with a half day closure of both branch surgeries on Thursday afternoon from 12.30pm. Patients from either surgery can access appointments at the main Healthcare Centre (Dr C M Wilson & Partners), during normal and extended hours, if this is more convenient. The Healthcare Centre is open from 8am to 6.30pm, Monday to Friday, and offers extended hours surgeries for all patients from 6.30pm to 8.45 pm on Tuesday evening each week and from 8am to 11am each Saturday and Sunday. All services are delivered under a PMS contract.

When the practice is closed, patients ringing the surgery are directed by a phone message to ring NHS 111. Following review of patients, NHS 111 can refer patients to the locally commissioned out of hours service, Go to Doc.

## 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

# Detailed findings

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 24 November 2016. During our visit we:

- Spoke with a range of staff including administrators, a secretary, the practice director and assistant practice manager. We spoke with the advanced nurse prescriber (ANP), a health care assistant, two GP partners and a salaried GP. We also spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how patients were being cared for and how staff interacted with patients on arrival at the practice.
- 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

- The provider was aware of their responsibilities to report 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).
- The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at practice meetings. We looked at a sample of safety alerts and how they had been managed. The information had been disseminated and action had been taken to make required changes to practise for the sample we looked at. Staff told us they would inform the practice manager of any incidents.

### 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.
- Safeguarding 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 were designated leads for safeguarding. They provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities to report safeguarding concerns and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the advanced nurse prescriber (ANP) and practice nurses were trained to child protection or child safeguarding level three. Health care assistants were trained to safeguarding level two.
- 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.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The ANP 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.
- We saw that 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 an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. This nurse received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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. A range of health and safety related policies and procedures were readily available to staff.

## Are services safe?

- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked regularly 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, 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. We saw there was a rota system in place for all the different staffing groups to ensure enough staff were on duty to meet patient need.
- GPs and nursing staff rotated between the three practice buildings and we saw that at all times there was sufficient staff cover to meet patient demand.

### **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 all the practice 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 rooms of each premises.
- The practice had a defibrillator available on each of the premises and oxygen with adult and children's masks. 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 emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed the practice achieved 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

Performance for diabetes related indicators was slightly higher than the national average. For example:

- The percentage of patients with diabetes, on the register, whose last measured total measured cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 82.4%. (CCG average 80%, national average 77%).
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 75mmol/mol or less in the preceding 12 months was 93% (CCG average 90%, national average 86%).
- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 92% (CCG average 90%, national average 88.5%).

We did note that some rates of exception reporting were higher than average. (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). We saw that an action plan was in place to address this, for example, the practice nursing staff were following up patients who failed to attend appointments at diabetic clinics held at the practice. It was anticipated that a new nurse due to start at the practice in January 2017 would be able to dedicate further resource to following up those patients who missed these appointments.

Performance for mental health related indicators better than 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 their record, in the preceding 12 months was 96% (CCG average 90%, national average 89%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption in the past 12 months was 93%. (CCG average 89%, national average 89%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been nine clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review of patients on high dose inhaled corticosteroids (via asthma inhalers). All of these patients were reviewed to ensure stepping down from this medication was taking place appropriately, to reduce the possibility of side effects from long term usage of this type of inhaler.

Information about outcomes for patients was used to make improvements such as in the prescribing of more appropriate statins, which was in line with up to date guidance on the use of this medicine.

# Are services effective?

## (for example, treatment is effective)

### 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, 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. We saw that all nurses had evidence of role specific training in the management of the long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their 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 had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and 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.
- 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.
- We saw that all GPs and nurses worked across the three sites and that this worked well for those patients who required continuity of care.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 81%. 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 in an easy read format for those with a

## Are services effective?

(for example, treatment is effective)

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 91% to 95% and five year olds from 85.5% to 95%.

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

# Are services caring?

## Our findings

### 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.

We received 38 completed patient Care Quality Commission comment cards; 36 of those were highly 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. Two patients commented on the length of wait for a routine appointment and on the length of wait at the reception desk during peak hours.

We spoke with four 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% 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 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 89% 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 national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 91.5% 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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback 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:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 93% 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 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.
- Information leaflets were available in easy read format.
- If patients required written information in an alternative language staff could provide this.

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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 148 patients as carers (approximately 1% of the practice population). We saw that reception staff were aware of these patients and a marker had been set on their records to remind staff which

patients had caring responsibilities. Written information was available to direct carers to the various avenues of support available to them. Carers could be offered a longer appointment to ensure they had sufficient time to discuss their health care needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support or counselling 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. For example the GPs delivered a weekly scheduled visit to the nursing homes it supported. Although the numbers of care home patients were not overly large, we did note that the overall number of patients in this group was higher than other practices in the locality. For example, as of April 2016, the practice had a list size of approximately 13,700 patients and 172 of these patients were in residential care homes. The practice also delivered family planning services and other practices that did not offer this service could refer patients to the practice to receive this treatment. We also saw there were plans in place to offer minor surgical procedures to practice patients and also to patients who could not access this service at their own practice.

- The practice offered extended hours clinics on Tuesday evening until 8.45pm for working patients who could not attend during normal opening hours, and on Saturday and Sunday morning between 8am and 11am.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to be seen at one of the branch surgeries or at the main Healthcare Centre if this was more convenient for them.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice offered extended hours surgeries on Tuesday of each week from 6.30pm to 8.45pm, and on

Saturday and Sunday of each week between 8am and 11am. Patients who used Sharoe Green and Longsands branch surgeries accessed the extended hours appointments at the main Healthcare Centre. 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.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 79%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

We saw that all requests for home visits were recorded by staff and reviewed by GPs.

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

### Listening and learning from concerns and complaints

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

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

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

- We saw that information was available to help patients understand the complaints system. Information on how to register a complaint and how it would be handled was also available on the practice website. This was also set out in plain English and easy to understand.

We looked at a sample of complaints received in the last 12 months and found these had been handled in line with the practice complaints policy. 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.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### 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. We noted that governance arrangements were the same across the three sites and it was clear that the framework in place supported all staff in their roles.
- A comprehensive understanding of the performance of the practice was maintained across the three sites.
- 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 and implementing mitigating actions.

### 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. Communication in the practice, again across the three sites, was good. Staff were engaged and felt part of the wider team delivering health care to all patients.

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 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 practice management team 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 (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

# Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, the group wanted to support the practice leaders in their to bid upgrade the existing, main health care centre.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking; we saw how the development of the nursing and healthcare assistant team had contributed to the better management of patients with long term conditions, which had a positive impact on the use of GP appointments. The practice were seeking to recruit a further salaried GP and/or another advanced nurse practitioner. The provider told us that when this is achieved, the practice would like to be involved in more innovative projects and pilots.