

# Doclands Medical Centre

## Quality Report

Doclands Medical Centre  
Blanche Street  
Preston  
PR2 2RL  
Tel: 01772 723222  
Website: [www.doclandsmc.co.uk](http://www.doclandsmc.co.uk)

Date of inspection visit: 16 February 2018  
Date of publication: 21/03/2018

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	Page 5
Background to Doclands Medical Centre	5
Detailed findings	6
Action we have told the provider to take	22

## Letter from the Chief Inspector of General Practice

### **This practice is rated as Requires Improvement overall.** (Previous inspection 22 April 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students - Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Doclands Medical Centre on 16 February 2018 as part of our inspection programme to inspect 10% of practices before April 2018 that were rated Good in our previous inspection programme.

At this inspection we found:

- The practice generally had clear systems to manage risk so that safety incidents were less likely to happen, although some risk assessments for staff working and emergency medicines were absent and some risks had not been managed well. When incidents did happen, the practice learned from them and improved their processes.
- The practice system for dealing with communications into the practice and for urgent patient referrals needed review as did the process for dealing with uncollected patient prescriptions. Loose prescriptions were not monitored. Policies and procedures for these processes had not been documented.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. We saw evidence of clinical audit although there was no agreed programme of quality improvement and audits were not always shared with all staff.

# Summary of findings

- Practice policies and procedures were not comprehensive. Some policies were lacking, such as the safeguarding adults policy, some were inaccurate and some were out of date.
- Practice governance systems required improvement. There was a lack of oversight of actions taken in respect of patient safety alerts, professional indemnity and staff training.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the practice telephone system made appointments difficult to book although they reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The lead advanced nurse practitioner was leading on the practice transformation programme although there was no dedicated time allotted for this work to ensure that it was sustainable.

We saw two areas of outstanding practice:

- The practice had worked to develop a new patient referral-checking template based on King's Fund recommendations for producing high-quality referrals. We saw a letter from the Lancashire deputy medical director of NHS England that confirmed use of this template had increased the quality of referrals from the practice significantly and allowed for referrals to be directed appropriately and in a timely manner.

- The practice offered a weekly drop-in baby clinic run by the healthcare assistant. This had reduced the number of appointments with GPs, improved communication with new families, improved child safeguarding, increased the uptake of childhood vaccinations and immunisations and offered necessary and timely support. We were told that Doclands Medical Centre was the only practice in the Preston CCG to offer this service.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Allow for clinical audits undertaken to be agreed by and shared with the practice to best inform and share learning.
- Consider the provision of protected time for staff strategic improvement work undertaken in the practice to better sustain this work.
- Implement plans to improve patient telephone access to the surgery.
- Take steps to better identify patients on the practice list who are also carers.

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

# Summary of findings

## The six population groups and what we found

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

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

# Doclands Medical Centre

## 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 a GP specialist advisor in training.

## Background to Doclands Medical Centre

Doclands Medical Centre is situated in Blanche street near to Preston city centre at PR2 2AL and is part of the NHS Greater Preston Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England.

The surgery is housed in single-story purpose-built accommodation and offers access and facilities for disabled patients and visitors. The practice website can be found at [www.doclandsmc.co.uk](http://www.doclandsmc.co.uk).

There are approximately 6815 registered patients. The practice population includes a higher number (19.2%) of children under the age of 15, and a lower number (14.5%) of people over the age of 65, in comparison with the CCG average of 17.5% and 16.4% respectively.

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

The practice opens from 8am to 6.30pm Monday to Friday with a nurse-led clinical cervical screening clinic offered on Monday evenings from 6.30pm to 8pm. Extended GP surgery hours are available on weekday evenings until 8pm and Sunday mornings from 9am to 11am at a neighbouring practice through an arrangement with other local surgeries. Appointments with GPs at the practice are from 9am to 11.30am and 2.30pm to 5.30pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning NHS 111.

The practice has two male GP partners offering seven sessions a week each and one female regular locum GP for one session a week. There are two advanced nurse practitioners, one trainee advanced nurse practitioner, two practice nurses, one healthcare assistant, a practice manager, office manager, reception and administration staff. The practice is a GP training practice.

The practice uses a GP telephone triage service each day to assess the health care needs of patients who request same day appointments. Both urgent and routine appointments are available each day. On line services include appointment booking and ordering repeat prescriptions.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

The practice generally had clear systems to keep patients safe and safeguarded from abuse.

- The practice had improved the safety risk assessment process since our last inspection in April 2015. There were premises risk assessments recorded and checked daily and an external provider had been used to support and inform risk assessment procedures. The practice had also instigated the checks on water temperatures required by the legionella risk assessment missing at our previous inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.) There was a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice did not assess working conditions for new staff were suitable following their recruitment.
- The practice had systems to safeguard children and vulnerable adults from abuse. We saw the provision of a weekly drop-in baby clinic supported the safeguarding process; staff could identify those patients who had not visited the clinic for some time and check all was well. However, the practice had no policy for safeguarding vulnerable adults in place. We saw staff were trained to the appropriate level for safeguarding patients and knew who to contact if they had concerns; contact numbers for reporting concerns were displayed on the surgery walls for staff. There was a safeguarding folder in the staff reception area which contained relevant policies and information however this needed updating; the safeguarding children policy in the folder was out of date and did not match the policy kept on the practice shared drive.
- The practice monitored the attendance of vulnerable patients at the local A&E department and took action if needed.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff

took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff had received training in patient equality and diversity.

- The practice carried out staff checks, including checks of professional registration where relevant on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We saw professional registration for all staff was current although at the time of our inspection there was no management overview that this was the case. Following our inspection, we were sent evidence that this had been addressed.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had lost two GP partners since our last inspection in April 2015 and had recruited two advanced nurse practitioners and one trainee advanced nurse practitioner in their place.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice was working with other local practices to produce a new, shared business continuity plan for use in emergencies. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. There was a poster identifying the signs of sepsis in the patient

# Are services safe?

waiting area and the senior advanced nurse practitioner was in the process of developing a practice policy for the management of sepsis. Staff were aware of how to prioritise and escalate the clinical care for acutely ill patients.

- We were told that the practice paediatric pulse oximeter (a piece of equipment used for measuring oxygen levels in children) had been stolen. The practice had not replaced it at the time of our inspection. The practice sent evidence following our inspection to show that they had placed an order for this.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver care and treatment. However, staff were removing items of post without sight of a GP and with no practice protocol in place or audit of this system. There was a practice process to check that all patients referred urgently to other services using the two-week rule were offered timely appointments. However, there was no check in place that patients had attended these appointments and patient non-attendance at hospital appointments were being removed from the post without sight of a GP.
- Referral letters included all of the necessary information. Following a clinical commissioning group (CCG) audit of all of the CCG practices' referrals, the practice had worked to develop a new patient referral-checking template to provide better information to services. This template was based on King's Fund recommendations for producing high-quality referrals. We saw a letter from the Lancashire deputy medical director of NHS England that confirmed use of this template had increased the quality of referrals from the practice significantly and allowed for referrals to be directed appropriately and in a timely manner. The director also indicated that other practices should be encouraged to adopt the practice system.

## Safe and appropriate use of medicines

The practice lacked reliable systems for appropriate and safe handling of medicines in some areas.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment generally minimised risks. There were medicines kept for emergency use although there was no risk assessment in place as to why some medicines were not held by the practice, for example, there was no injectable hydrocortisone to treat patient anaphylaxis or medicines to treat patients who were having epileptic fits. We were also told if a GP needed to take medicines on a home visit, they would take the emergency medicines out of the practice. We also saw that one penicillin medicine in a GP bag was out of date although we were told that a replacement had been ordered.
- Medicines requiring refrigeration were kept in two fridges. We saw that temperatures were monitored daily for both fridges although one fridge did not have a second, digital thermometer to ensure that temperatures for this fridge were accurate. There was also no monthly calibration for this fridge. We saw medicines in this fridge were stacked inappropriately against one wall without the recommended ventilation. Following our inspection, we saw that the practice had placed an order for a second digital thermometer for the fridge.
- Members of reception monitored prescriptions that were not collected from the practice. They informed GPs that prescriptions had not been collected when they felt it was appropriate; there was no documented protocol for this.
- The practice kept prescription stationery securely and monitored the use of prescription pads. However, there was no monitoring system in place for loose prescription forms.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship and we saw that the practice had achieved a significant reduction in prescribing antimicrobial medicines.

## Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Actions taken as a result of significant

events were reviewed and learning points clearly identified for each event although there was no summary of significant events made to help identify possible trends and aid annual review.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, as a result of an incident when a practice vaccine fridge was unplugged, the practice ensured that a clear label not to unplug the fridge was in place, discussed the incident with all staff and developed a standard operating procedure relating to the incident. Also, as a result of a patient receiving an incorrect vaccine given by a GP in training, specific medicines were subsequently kept in a locked cupboard so that a check could be made before they were administered.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw that action had been taken in relation to safety alerts, however, there was no management overview of this and alerts were not kept for locum staff to access.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as good for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice for 01/07/2015 to 30/06/2016 showed the average daily quantity of hypnotics prescribed per Specific Therapeutic group was lower than local and national averages; 0.49, compared to 0.74 locally and 0.9 nationally. (This data is used nationally to analyse practice prescribing and hypnotics are drugs primarily used to induce sleep.)
- Similar data for the prescribing of antibacterial prescription items showed practice prescribing was comparable to local and national levels; 1.14 compared to 1.15 locally and 0.98 nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed evidence of practice performance against results from the national Quality and Outcomes Framework (QOF) for 2016/17 and looked at how the practice provided care and treatment for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.)

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. Clinical staff visited patients at home who were unable to visit the practice.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had carried out 114 checks.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Blood measurements for diabetic patients (HbA1c of 64 mmol/mol or less in the preceding 12 months) showed 86% of patients had well controlled blood sugar levels compared with the clinical commissioning group (CCG) average of 78% and national average of 79%. Exception reporting for these patients was higher than local and national rates, 19% compared to 11% locally and 12% nationally. (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.)
- The number of patients with hypertension (high blood pressure) in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 95% compared to the CCG average of 92% and the national average of 87%. Exception reporting for these patients was comparable to local and national averages at 4% compared to 4% locally and 6% nationally.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the target percentage of 90% or above. The practice had achieved an average rate of over 93% for all childhood immunisations.

# Are services effective?

## (for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 69%, which was in line with the CCG average of 68% and national average of 72%. The practice had considered their results in comparison to the 80% coverage target for the national screening programme. They had initiated a cervical screening clinic on Monday evening between 6.30pm and 8pm to give increased access to testing and used a text-messaging system to remind patients to attend or book appointments.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those 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.
- Clinical staff at the practice had completed training on the management of patients with learning difficulties.

People experiencing poor mental health (including people with dementia):

- 90% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was higher than the local average of 85% and the national average of 84%. Exception reporting was lower at 2% compared to 6% locally and 7% nationally.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the CCG and national average of 90%. Exception reporting for these patients was lower at 9% compared to the local average of 11% and national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption (CCG and national averages, 91%). Exception reporting for this indicator was lower than local and national rates (practice 7%; CCG 9%; national 10%).

### Monitoring care and treatment

At this inspection we saw the practice carried out quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. However, as in our previous inspection in April 2017, this activity was not well governed and there was no comprehensive programme of audit activity. We saw many examples of practice clinical audit and quality improvement work but this was generally not conducted at a practice level or always shared between staff. Where appropriate, clinicians took part in local and national improvement initiatives. We saw quality improvement work was carried out as a result of national patient safety alerts, for example in relation to the prescribing of high doses of pain-relieving medicines.

The most recent published QOF results were 99.7% of the total number of points available compared with the CCG average of 94.7% and national average of 95.5%. The overall exception reporting rate was 11.9% compared with a national average of 9.9%.

- The practice used information about care and treatment to make improvements. For example, an audit of patients who had peripheral arterial disease (a common circulatory problem where narrowed arteries reduce blood flow to the limbs) resulted in the review and changing of medicines taken by some patients and better identification of patients with the disease.
- The practice was actively involved in quality improvement activity. We saw evidence of audit of patients who had been seen in the practice for minor surgery. Also, the uptake of childhood nasal flu vaccinations had been improved in 2017/18 following better promotion of the vaccination programme by staff in the practice. Where appropriate, clinicians took part in local and national improvement initiatives. The practice worked with members of the CCG medicines management team to maximise practice prescribing and ensure prescribing was in line with best practice. We saw evidence of reduced prescribing of antimicrobial

# Are services effective?

## (for example, treatment is effective)

medicines. The practice had moved from being significantly high prescribers of these medicines in April 2017 to being below the national average in October 2017.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. The lead advanced nurse practitioner kept an overview of clinical staff training to ensure it was up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. Records of skills, qualifications and training were kept although training records did not always include details of external or in-house training. The lead advanced nurse practitioner was developing a new training matrix that included all staff core competencies and was to be rolled out to all practice staff. This work also included developing the skill mix and knowledge of the clinical team with reference to the CCG five year forward view.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The appraisal process for clinicians had been revised to ensure it was based on staff core competencies. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice met with other health and social care professionals regularly to discuss vulnerable patients. Since our last inspection in April 2015, the practice had ensured the outcome of these discussions were recorded on the patients' clinical records and care plans were updated accordingly.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Patients with suspected cancer were referred using the urgent two week wait referral pathway. The practice had referred 51% of patients who were diagnosed with cancer this way which was comparable to the national average of 52%.
- The practice encouraged patients to attend national cancer screening programmes. Patient attendance for bowel screening was comparable to local and national averages; 53% compared to 54% locally and nationally. Patient attendance for breast screening was lower than average; 57% compared to 64% locally and 70% nationally. The practice was aware of this and had nominated a member of staff as 'screening champion'. They had received training for this role and told us they used a telephone messaging service to remind patients to attend appointments.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. There was a self-monitoring machine in the practice patient area for patients to take their weight, height and blood pressure.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

# Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information. The patient electronic check-in system indicated to patients whether there was any delay in their appointment time.
- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 18 patient Care Quality Commission comment cards. Of these, nine were totally positive about the service experienced, seven were mixed and two were negative. All but four of the cards commented on the friendly, caring attitude of the staff, and two cards made reference to the poor attitude of some staff. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 347 surveys were sent out and 141 were returned (41%). This represented about 2% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time; CCG average 87%; national average 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and national average of 95%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average 85%; national average 86%.

- 95% of patients who responded said the nurse was good at listening to them; CCG average 92%; national average 91%.
- 92% of patients who responded said the nurse gave them enough time compared to the CCG and national average of 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average 98%; national average 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG and national average 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 86% and national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw posters that were used to identify the correct language for patient communications.
- Staff communicated with patients in a way they could understand, for example, communication aids and easy read materials were available. The practice healthcare assistant was trained in the use of British sign language.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They asked new patients to identify themselves if they were carers or being cared for. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (0.7% of the practice list).

Staff told us if families had experienced bereavement, their usual GP offered them a patient consultation at a flexible time and location to meet the family's needs and/or gave them advice on how to find a support service.

## Are services caring?

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

- 78% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average 91%; national average 90%.

- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours offered in collaboration with other local practices and online services such as repeat prescription ordering and booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises appeared to be appropriate for the services delivered although the practice told us that they had outgrown the existing building. At the time of our inspection, a new building was under construction in the local area which the practice planned to move into in October 2018.
- The practice made reasonable adjustments when patients found it hard to access services. They had increased the number of appointments available to be booked in advance and introduced a cervical screening clinic on Monday evenings between 6.30pm and 8pm.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice actively encouraged older patients to have the flu vaccination. Staff visited patients at home who were unable to come to the practice.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs. At the time of our inspection, staff were working on streamlining patient appointments to reduce the number of times that they needed to attend the practice.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice provided a weekly drop-in baby clinic with the healthcare assistant who had a background as a nursery nurse. This enabled patients to attend the surgery to weigh the baby and discuss any concerns. If a consultation with a GP was needed, this was arranged at the time. Referrals to other health and social care services could also be made. We saw that this provided excellent communication with families and enhanced children safeguarding; the healthcare assistant was able to contact those patients who had not attended for some time to check that there were no concerns. We also saw evidence that this improved the uptake of the childhood vaccination and immunisation programme; the practice achieved an average of over 93% for all vaccinations in the programme. We were told that Doclands Medical Centre was the only practice in the Preston CCG to offer this service.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

#### Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Sunday appointments at a neighbouring practice by way of an agreement with other local practices.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to book appointments up to two weeks in advance and online. We saw that the next routine appointment available to be booked was on the day following our inspection.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Staff took account of the needs of vulnerable people. We saw an example of an appointment that had been arranged for a patient who was an asylum seeker. The appointment was planned for one-hour duration in a face-to-face review with a translation service available at the time.
- The practice facilitated patients who were homeless or were travellers to register easily at the practice.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively signposted patients to support organisations for those with mental health needs and those who had recently suffered bereavement.
- GPs included the principles of cognitive behavioural therapy (CBT; a type of talking therapy) in consultations for patients with mental health problems.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. The practice offered a daily GP-led triage system so that all patients requesting an appointment with a GP that day could be medically assessed and managed.

- The practice offered a minimum of 15 minutes for face-to-face appointments with GPs.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was variable when compared to local and national averages. Observations on the day of inspection and completed comment cards indicated a degree of difficulty with accessing appointments. A total of six patient cards commented on difficulties in getting appointments and three of these indicated that the practice telephone system was not fit for purpose.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 46% of patients who responded said they could get through easily to the practice by phone; CCG average 72%; national average 71%.
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG and national average of 84%.
- 81% of patients who responded said their last appointment was convenient; CCG and national average 81%.
- 57% of patients who responded described their experience of making an appointment as good; CCG average 72%; national average 73%.
- 70% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.

The practice told us they had introduced a new phone system but it had not delivered what had been promised. They were tied to the contract with the provider until the move to the new premises in October 2018 when a new and better system would be in place.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.



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

- We saw the practice complaint procedures were in line with recognised guidance although the practice complaint policy was not comprehensive and lacked detail including timescales for dealing with complaints. A total of 17 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice conducted its own patient survey every year.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, as a result of patient problems with the practice telephone system, the practice increased the number of appointments able to be booked online and advertised the online service better to patients. They also installed a hand sanitizer next to the patient check-in screen at the suggestion of a patient.

# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.**

### Leadership capacity and capability

Leaders generally had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience and skills to deliver the practice strategy and address risks to it although we saw there were potential constraints on the ability to sustain this because of pressures of work.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The lead advanced nurse practitioner was driving the practice transformation programme although work for this was principally done without dedicated time in the practice.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. We saw opportunities for better formal communication between leaders in the practice to allow for improved governance, for example in the use of set agendas for meetings and for information sharing between leaders.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. A practice transformation plan was underway aligned with the NHS five year forward view.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. Business plans were not formally recorded but were known by all staff.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. The practice was working with other local practices to produce shared services and to share policy development.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region and with the NHS five year forward plan. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. However, they were not all consistently given protected time to fulfil important roles.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw examples of significant events and complaints where patients had been invited into the practice to discuss relevant issues and records of internal meetings in the practice had been shared with patients. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an appraisal in the last year and the appraisal process had been reviewed and developed for clinical staff to reflect their core competencies. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

Requires improvement 

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were not always comprehensive.

- The structures, processes and systems to support good governance and management were not always clearly set out, understood and effective. Patient safety alerts were acted on but these actions were not recorded and there was no management oversight that this had happened. Alerts were not kept for locum staff. Although staff met regularly, there was no set agenda for meetings which meant that some areas of quality improvement such as audits or actions taken as a result of patient safety alerts were not documented to evidence and share learning.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Some policies and procedures were not comprehensive or were lacking; there was no policy for safeguarding adults. There was no policy for administration staff removing items of post without sight of the GPs, and no audit of this process. The practice complaints policy was not comprehensive and some policies such as the chaperone policy were out of date. Some policies were undated and some did not reflect what the practice was doing, such as the child protection policy which suggested that staff re-trained in child protection every two years when in fact staff were re-training every three years. The repeat prescription policy was very brief and large areas of practice prescribing procedure did not have a practice policy documented. There was also no documented policy for uncollected prescriptions, the monitoring of loose prescriptions or for GPs taking medicines on home visits. We saw that the safeguarding folder in the staff reception area needed review; the safeguarding children policy in the folder was out of date.
- Management overview of staff training and membership of professional bodies was lacking. Work was in progress

by the lead advanced nurse practitioner to address this and we were told that this would be shared with all management in the practice. An overview of significant incidents in the practice was not available and the practice did not carry out an annual review of incidents to identify possible trends.

## Managing risks, issues and performance

There were insufficient processes for managing risks, issues and performance.

- There was generally an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice had improved risk assessment processes and procedures since our last inspection in April 2015 although there was no risk assessment in place for new staff working conditions such as a confidential health questionnaire. There was also no risk assessment in place for those emergency medicines not held in the practice and for the process of removing emergency medicines from the practice on home visits. Loose prescriptions in the practice were not monitored.
- Risks to the appropriate storage of refrigerated medicines in the practice had not been sufficiently managed. There was no second digital thermometer in one fridge and medicines were stored against the fridge wall.
- The process for ensuring that patients who were referred urgently under the two week wait referral system was incomplete. There was no final check that patients were attending appointments and staff were removing letters saying patients had not attended hospital appointments without sight of GPs.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. However, as in our last inspection in April 2015, there was no shared quality improvement or audit programme and audits were not always selected by or shared with the practice team.

# Are services well-led?

Requires improvement 

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

- The practice had plans in place and had trained staff for major incidents. Staff were working with other practices in the locality to develop a new, shared local plan to ensure business continuity.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. The practice lead advanced nurse practitioner proactively managed this.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. They used feedback from the friends and family test (FFT), the practice patient survey, complaints and discussion at meetings to improve services. For example, a member of staff had suggested a change in the way the practice

used the patient clinical records system, in order to stop using another IT system to process post coming into the practice. This amalgamated processes and saved on costs.

- There was an active patient participation group. This group met at least three times a year, were consulted on surveys and asked for suggestions for improvement. For example, as a result of a suggestion from the group and to try to reduce wasted patient appointments, a simple "cancel" button was added to the practice website to make it easier for patients to cancel appointments that were no longer needed.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had developed a referral-checking template with reference to King's Fund information. We saw recognition of this good work from the Lancashire deputy medical director of NHS England that confirmed use of this template had increased the quality of referrals from the practice significantly and allowed for referrals to be directed appropriately and in a timely manner. The practice also offered a drop-in baby clinic run by the healthcare assistant to improve communication with new families, improve child safeguarding, increase the uptake of childhood vaccinations and immunisations and offer necessary and timely support.
- Staff knew about improvement methods and had the skills to use them. The GPs told us that they were planning to introduce a six-monthly review process of the "Nigel's Surgery" tips for practices on the CQC website.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance although time restraints did not ensure that this was always sustainable.

# Are services well-led?

Requires improvement 

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

- Both GPs were trainers for GPs in training. At the time of our inspection, there were three GP trainees. The lead advanced nurse practitioner was also a nurse trainer who was assisting in the training of the trainee advanced nurse practitioner in the practice.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice must comply with Regulation 17(1)</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Policies and procedures were not well managed. Some policies were not comprehensive, were lacking or were inaccurate. There was no safeguarding adults policy.</li><li>• There were no risk assessments in place for emergency medicines not held by the practice or for those taken on home visits.</li><li>• There was no confidential health check made by the practice to assure that suitable provision was made for working conditions for new members of staff.</li><li>• Risks associated with the storage of refrigerated medicines had not been mitigated; there was no second, digital thermometer or monthly calibration for one fridge and medicines were inappropriately stored.</li><li>• The practice did not have a paediatric pulse oximeter.</li><li>• The system for monitoring the use of prescriptions was incomplete.</li><li>• There was no annual summary or review of significant events in the practice to identify possible trends.</li></ul>

## Requirement notices

- Staff training records were incomplete and there was no management overview of staff training or professional registration.
- Non-clinical staff were filing some items of post without sight of the GP and without a protocol or any audit of activity in place.
- There was no system to ensure that patients referred urgently to secondary care attended appointments.
- Non-clinical staff were destroying some uncollected prescriptions without a protocol to indicate when a GP should be told.
- There was no management overview of actions taken as a result of patient safety alerts. Alerts were not kept for locum staff.