

Ashton Medical Centre

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 Ashton Medical centre on 26 September 2017. Overall the practice is rated as good.

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

- There was a clear leadership structure and staff felt supported by management. The practice had systems in place to obtain feedback from staff and patients.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and all further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed and there was a system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand.
- The practice was part of the SSP Health group of practices and provided flexible staff working across different SSP locations.

We saw two areas of outstanding practice :

- The practice identified a high number of patients in residential and nursing homes requiring home visits. To reduce the impact on clinical time an acute visiting service was introduced. Following consultation with 12 neighbouring practices it was ascertained that they would also benefit from this service and a business case was submitted to the Clinical Commissioning Group (CCG) to introduce a community acute visiting services. This was approved and commenced in March 2017 and a re-audit in September 2017 confirmed that home visit demand had reduced because of this service.

Summary of findings

- The practice implemented and developed a Childhood Initiative Scheme for parents, expectant parents, guardians and grandparents. The sessions included professional advice and support on how best to deal with common minor illnesses such as coughs and colds, fever and febrile convulsions. In addition Basic Life Support training was delivered. The practice was able to evidence that this service reduced attendance at accident and emergency, hospital admissions and inappropriate requests for GP appointments. Feedback from the first year's appraisal identified

where improvements could be made and the sessions now included meningitis awareness, help and advice about routine emergency conditions and one-to-ones at the end of each session. Collaboration has taken place with the CCG who plan to link the practice with Sure Start in order to share the learning more widely across the Wigan Borough.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as Good for providing safe services.

- There was a system in place for reporting and recording significant events. We saw that information about safety was recorded, monitored and reviewed.
- We reviewed a number of recorded incidents and saw that lessons were shared to make sure that safety was improved when required.
- Staff told us that they understood their responsibilities to raise concerns, and to report incidents and near misses.
- When things went wrong, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was evidence that risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average for the locality.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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. Two schemes had been initiated and introduced by the practice and then shared with the wider community to benefit patients with Wigan. They were able to produce evidence that suggested a reduction in attendance at accident and emergency by parents with young children and older people because of the services they had initiated.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day. This was seen on the day and with the patients we spoke to.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice usually responded quickly to issues raised.

Good



Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice identified a high number of patients in residential and nursing homes requiring home visits. To reduce the impact on clinical time an acute visiting service was introduced. Following consultation with 12 neighbouring practices it was ascertained that they would also benefit from this service and a business case was submitted to the Clinical Commissioning Group (CCG) to introduce a community acute visiting services. This was approved and commenced in March 2017 and a re-audit in September 2017 confirmed that home visit demand had reduced because of this service.
- The practice held charity coffee mornings to encourage patients to come together and to help reduce social isolation.
- The needs of older people in the community had been assessed and services were offered to support those needs. They worked in conjunction with local pharmacies to ensure the elderly population were assisted with ordering and collection of prescriptions.
- There was a dedicated telephone line for patients on the unplanned admissions register.
- All patients over 75 years were offered an extensive health check and care plans by the practice nurse who discussed coping mechanism, social support and emotional frailty.
- The Integrated Care Team, which is made up of various agencies, met with the practice on a monthly basis to discuss patients who have been referred into the service

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nursing staff also worked with other nurses in the area to raise increase knowledge throughout the community.
- The advanced nurse practitioner implemented and developed patient group consultations which were personal medical consultations delivered by a clinician in a supportive peer group setting with other patients in the group listening in and learning from one another. The process was in its infancy but there had been two sessions, with a third planned. The first

Good



Summary of findings

cohort (three sessions in total) was for patients with diabetes. The aim of the sessions was to empower patients to know their numbers (ie: blood results, cholesterol level, blood pressure etc) and look at target setting. The group gave the patients the chance to talk with each other, discuss coping mechanisms and share good practice as well as receiving input from a clinician on how to manage their condition.

- The practice offered appointments of up to 60 minutes duration for patients with long term conditions
- Patients had a six monthly or annual review with either the GP and/or the nurse to check that their health and medication. Longer appointments and home visits were available when needed.
- The practice had registers in place for several long term conditions including diabetes and asthma.
- Rescue packs were prepared in advance for patients with chronic obstructive pulmonary disorder to reduce the risk of hospital admission.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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.

- The practice implemented and developed a Childhood Initiative Scheme for parents, expectant parents, guardians and grandparents. The sessions included professional advice and support on how best to deal with common minor illnesses such as coughs and colds, fever and febrile convulsions. In addition Basic Life Support training was delivered. The practice was able to evidence that this service reduced attendance at accident and emergency, hospital admissions and inappropriate requests for GP appointments. Feedback from the first year's appraisal identified where improvements could be made and the sessions now included meningitis awareness, help and advice about routine emergency conditions and one-to-ones at the end of each session. Collaboration has taken place with the CCG who plan to link the practice with Sure Start in order to share the learning more widely across the Wigan Borough.

Good



Summary of findings

- 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.
- There were weekly and ad-hoc baby immunisation clinics and eight week baby checks to allow more flexibility for parents with young children. Immunisation rates were high for all standard childhood immunisations.
- The practice has an early year fact sheet for all new parents in the practice and a childhood initiative scheme to support new parents in areas of emergency first aid. We saw good examples of joint working with midwives, health visitors and school nurses to support families.
- 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 patients who had a high number of A&E attendances.
- The practice offered travel vaccinations to students and young people travelling abroad, contraception and sexual health advice and chlamydia screening.
- The practice supported the Text Santa charity and had annual Christmas Jumper days with the proceeds going to a local charity chosen by staff or the patient participation group (PPG).

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 practice offered extended access to appointments for example on Tuesday, Wednesday and Friday mornings with first appointment being 7am.
- The practice was part of the Wigan GP alliance service and patients could book into one of the local hubs to see a clinician.
- Appointments were available weekdays between 6.30pm and 8.00pm and weekends between the hours of 10.00am to 4.00pm. The clinicians working at the hubs were local and were fully aware of all local services. They had full access to patients' medical records.
- 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.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and had a safeguarding lead and deputy. We saw evidence where considerable safeguarding concerns had been highlighted and actioned because of the diligence of staff.
- The practice held a register of patients living in vulnerable circumstances including homeless people and also the carers of these patients.
- The practice nurse worked closely with patients to educate and improve access for them.
- The practice worked with multi-disciplinary teams in the case management of vulnerable patients.
- All staff were trained in safeguarding and the IT system alerted staff to patient who were subject to safeguarding alerts.
- Regular safeguarding meetings took place to ensure those patients received the support and medical treatments they needed.
- Staff were trained to act as chaperones.
- The practice was accredited by the Lesbian Gay Bisexual and Transgender (LGBT) Foundation and received a gold award for its services provided to LGBT patients.
- There was wheelchair access, disabled parking areas and large font leaflets for patients who were partially sighted.
- Patients who were deaf or partially deaf could contact the practice in a number of other ways including email and text speak.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 most recent national GP patient survey results were published in July 2017. The results showed the practice was usually performing above local and national averages. 292 survey forms were distributed and 103 were returned. This was a completion rate of 35%, representing 1% of the practice's patient list.

- 89% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 88% and the national average of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

- 83% 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 80% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards. All the cards were complimentary of staff and five out of the eight cards were specifically complimentary about the lead GP.

We spoke with three patients, one who was a member of the patient participation group (PPG), during the inspection. They were very happy with the care they received.

Outstanding practice

We saw two areas of outstanding practice :

- The practice identified a high number of patients in residential and nursing homes requiring home visits. To reduce the impact on clinical time an acute visiting service was introduced. Following consultation with 12 neighbouring practices it was ascertained that they would also benefit from this service and a business case was submitted to the Clinical Commissioning Group (CCG) to introduce a community acute visiting services. This was approved and commenced in March 2017 and a re-audit in September 2017 confirmed that home visit demand had reduced because of this service.
- The practice implemented and developed a Childhood Initiative Scheme for parents, expectant parents, guardians and grandparents. The sessions included

professional advice and support on how best to deal with common minor illnesses such as coughs and colds, fever and febrile convulsions. In addition Basic Life Support training was delivered. The practice was able to evidence that this service reduced attendance at accident and emergency, hospital admissions and inappropriate requests for GP appointments. Feedback from the first year's appraisal identified where improvements could be made and the sessions now included meningitis awareness, help and advice about routine emergency conditions and one-to-ones at the end of each session. Collaboration has taken place with the CCG who plan to link the practice with Sure Start in order to share the learning more widely across the Wigan Borough.

Ashton 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 advisor and a nurse advisor.

Background to Ashton Medical Centre

Ashton Medical Centre is located in Wigan Road, Ashton in Makerfield and is part of and managed by the SSP Health group of practices. It is overseen by Wigan Borough Clinical Commissioning Group (CCG). At the time of our inspection there were approximately 7,600 patients registered at the practice. The majority of patients those patients were of white British background.

The practice is a two storey building with all clinical treatment taking place on the ground level which is fully accessible to those with mobility difficulties. There is car parking available with disabled parking spaces.

There are six GPs undertaking 27 clinical sessions (four male and two female). They are supported by an advanced nurse practitioner (ANP), two practice nurses and assistant practitioner who provide 16 clinical sessions to the patient population. There is also a practice manager, assistant practice manager, and a supporting administration and reception team. There is regular support for the practice from the senior leadership team, including clinicians and managers, within SSP Health.

The practice opening hours are Monday 8am to 6.30pm, Tuesday 7am to 6.30pm, Wednesday 7am to 6.30pm, Thursday 8am to 6.30pm and Friday 7am to 6.30pm. They

are closed on Saturdays and Sundays. Patients requiring a GP outside of normal working hours are advised to call NHS 111 to access out-of-hours service. Appointments are also available weekdays between 6.30pm and 8.00pm and weekends between the hours of 10.00am to 4.00pm via the Wigan Borough Wide hub. The clinicians working at the hubs are local and are fully aware of all local services. They have full access to all patients' medical records (if agreed by the patient).

The practice has a Primary Medical Services (PMS) contract and also offers enhanced services for example: rotavirus and shingles immunisation, care plans for patients and supporting patients with dementia.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed :

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.

Detailed findings

- Carried out an announced inspection visit on 26 September 2017.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

We saw that there was a system in place for reporting and recording significant events. We saw that information about safety was recorded, monitored and reviewed.

We reviewed a number of recorded incidents and saw that lessons were shared over time to make sure that safety was improved when required.

Staff told us that they understood their responsibilities to raise concerns, and to report incidents and near misses.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had appointed a dedicated GP as the lead in safeguarding, with the practice nurse as deputy lead for all vulnerable adults and children. The GPs and nurses at the practice had been trained to level 3 safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw evidence where considerable safeguarding concerns had been highlighted and actioned because of the diligence of staff.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was

working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- The assistant practitioner (AP) 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 by the AP. Annual flu and pneumonia training was carried out for staff at the practice and in the wider community.
- The practice maintained appropriate standards of cleanliness and hygiene. Areas that had been identified as needing attention at the last inspection had all been dealt with. Carpets had been removed and surgeries were clean, tidy and hygienic. There was a cleaner attending the practice and a cleaning rota with a log of cleaning and actions taken was in place.
- A notice in the waiting room and on each door into a clinical room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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.
- Prescription pads were securely stored and there were systems in place to monitor their use. We saw evidence of a clear process for all uncollected prescriptions which ensured these were clearly documented and actioned.
- SSP head office was responsible for appropriate recruitment checks 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

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office.
- The practice had up to date fire risk assessments and carried out regular fire drills, we saw evidence of regular fire evacuation drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an internal alarm system and an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and spillage kit available.
- Emergency medicines were easily accessible to staff in an area of the practice and all staff knew of their location. At the time of the inspection we found that this area was not secure because the door was not kept locked. A risk assessment was sent to us after the inspection to evidence that the risk had been assessed and, according to the practice, was minor. All the medicines we checked were in date and fit for use.
- 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, all staff we spoke with knew where and how to access the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- A range of policies and procedures relating to the running of the practice were available to staff so they were aware of their responsibilities and knew how to work safely.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 2015-16 where the practice achieved 100% of the total number of points available, with 12% exception reporting. (The QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed;

- Performance for diabetes related indicators was 100% which was above the Clinical Commissioning Group (CCG) average of 92% and national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was above the CCG average of 92% and national average of 97%.
- The dementia diagnosis rate indicator was 100% which was above the CCG average of 98% and national average of 96%.

- Performance for mental health related indicators was 100% which was above the CCG average of 95% to the CCG and national average 93%

Clinical audits demonstrated quality improvement.

- Multiple clinical audits had been completed, we sampled more than two clinical audits completed in the last two years, and these were completed audits where the improvements made were implemented and monitored.
- The practice participated in multiple in-house audits and local audits, as well as national benchmarking, accreditation, peer review and research.
- Practice locality meeting with neighbouring SSP practices were carried out, where various items such as clinical audits were discussed in full.
- The assistant practitioner undertook infection control audits. Annual flu and pneumonia training was carried out for staff at the practice and in the wider community.
- Information about patients' outcomes was used to make improvements such as the clinical IT system having an alert set up for all GP to ensure safe prescribing of high risk medicines following from advice given from an alert.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw evidence that Locum GPs used by the practice had received a thorough induction into the practice's clinical and non-clinical routine ways of working. We saw the locum packs which included information on how to access company policies and procedures, lead roles within the practice and all contact numbers. In addition locum staff were included in findings from consultation audits to ensure that they worked safely and were kept up to date.
- The practice clearly demonstrated how role-specific training was carried out. We saw that staff, such as those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme were up to date with training requirements.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included, safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- We also saw evidence that all staff received further enhanced training such as :
 - PREVENT which is training for front line staff, managers and clinicians, to help make them aware about their contribution in preventing vulnerable people being exploited for terrorist purposes.
 - BRASS (Befriending Refugees and Asylum Seekers) training to help frontline staff support patients' needs.
 - Other subjects such as dementia, carers and cancer support for those who held champion roles within the practice.

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. Information such as NHS patient information leaflets were also available.
- 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 services 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice supported new parents with an early year's fact sheet; this included a range of useful information such as importance of childhood immunisation, cytology screening and encouraging breast feeding.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 100%, which was better than the national average of 97%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given in 2014/2015 were comparable to CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new

Are services effective?

(for example, treatment is effective)

patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

The eight patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring and treated them with dignity and respect.

We also spoke with a member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Five of the comment cards were particularly complimentary about the attitude and care provided by the lead GP.

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

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 86%.
- 85% said the GP gave them enough time compared to the CCG average of 88% and national average of 86%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 85% and national average of 86%.

- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 53% usually get to see or speak to their preferred GP compared to the CCG average of and national average of
- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care CCG average of 83% and national average of 82%

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 and in the consultant rooms informing patients this service was available. There was also ways to assist patients who were partially deaf and/or partially sighted to enable them to communicate in a way that was helpful to them.

Patient and carer support to cope emotionally with care and treatment

Sympathy cards and follow up telephone calls were made when patients suffered bereavement. A member of staff

Are services caring?

was provided as a named contact to support and meet the family's needs and give advice and support on how to find other helpful services. Members of staff sometimes attended the funeral of patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 3% of the practice list as carers. Each carer had a direct name contact in the practice who was the practice's carers champion. The role was to support the carers and provide them with helpful information about their role. They were

also able to signpost the carers to various support groups available in the community. Notices in the patient waiting room told patients how to access a number of support groups and organisations for example the carers board.

The practice engaged with the local community to support local families at Christmas and were part of the text Santa scheme where they raised money for charity. They also held charity coffee mornings to decrease social isolation for patients and staff donated Christmas toys to local families in need.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice advanced nurse practitioner implemented and developed patient group consultations which were personal medical consultations delivered by a clinician in a supportive peer group setting with other patients in the group listening in and learning from one another. The process was in its infancy but there had been two sessions, with a third planned. The first cohort (three sessions in total) was for patients with diabetes. The aim of the sessions was to empower patients to know their numbers (ie: blood results, cholesterol level, blood pressure etc) and look at target setting. The group gave the patients the chance to talk with each other, discuss coping mechanisms and share good practice as well as receiving input from a clinician on how to manage their condition.
- The practice implemented and developed a Childhood Initiative Scheme for parents, expectant parents, guardians and grandparents. The sessions included professional advice and support on how best to deal with common minor illnesses such as coughs and colds, fever and febrile convulsions. In addition Basic Life Support training was delivered. The practice were able to evidence that this service reduced attendance at accident and emergency, hospital admissions and inappropriate requests for GP appointments. Feedback from the first year's appraisal identified where improvements could be made and the sessions now included meningitis awareness, help and advice about routine emergency conditions and one-to-ones at the end of each session. Collaboration has taken place with the CCG who plan to link the practice with Sure Start in order to share the learning more widely across the Wigan Borough.
- The practice had been using a text to cancel system since 2009, providing patients with an option to text the practice to cancel appointments.
- The practice offered annual review appointment for patients with multiple conditions of 45- 60 minutes per patient.

- The practice identified a high number of patients in residential and nursing homes requiring home visits. To reduce the impact on clinical time an acute visiting service was introduced. Following consultation with 12 neighbouring practices it was ascertained that they would also benefit from this service and a business case was submitted to the Clinical Commissioning Group (CCG) to introduce a community acute visiting services. This was approved and commenced in March 2017 and a re-audit in September 2017 confirmed that home visit demand had reduced because of this service.
- The practice had a policy in place for same day appointments availability for children and those with serious medical conditions.
- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities and translation services available; and a hearing loop on site.
- There was parking for patients and disabled parking spaces also available.

Access to the service

The practice opening hours were Monday 8am to 6.30pm, Tuesday 7am to 6.30pm, Wednesday 7am to 6.30pm, Thursday 8am to 6.30pm and Friday 7am to 6.30pm. They were closed on Saturdays and Sundays. Patients requiring a GP outside of normal working hours were advised to call NHS 111 to access out-of-hours service.

Appointments were also available weekdays between 6.30pm and 8.00pm and weekends between the hours of 10.00am to 4.00pm via the Wigan Borough Wide hub. The clinicians working at the hubs were local and are fully aware of all local services. They had full access to all patients medical records (if agreed by the patient).

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 76%.
- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 71%. This number had decreased from 91% in the last survey results.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 64%.

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.
- We saw that information was available to help patients understand the complaints system in the practice leaflet

The complaints we reviewed at the practice that had been recorded as being received in the previous 12 months showed that they had been dealt with. There was evidence that responses had been provided and the issues had been dealt with in a timely way. Lessons from those complaints had been shared and actions had been taken to make improvements.

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 statement of purpose which was to provide people registered with the practice. The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

The practice was engaged with the local Clinical Commissioning Group (CCG) and the wider community to ensure services met the needs of the local population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care and which outlined the structures and procedures of the practice and the overall leadership programme.

The practice was part of SSP Health GPMS Ltd, a federated organisation and benefited from support from the leadership and governance teams. This ensured that:

- The practice had access to support and leadership from, for example a dedicated medical director, nursing lead and pharmacist as well as access to human resources, auditing and finance teams.

- The practice had access to SSP Health's safeguarding adviser who was able to give additional guidance on complex safeguarding issues to the practice.
- The practice had daily clinical and non-clinical management support from within the practice, but also had a support network from SSP in the event of any unplanned absence. There was always both clinical and non-clinical advice available in this case.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses, practice management and administrative support staff had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice manager also attended meetings with SSP to review the practice performance. They then provided feedback to the team any relevant developments within the organisation as a whole.
- The advanced nurse practitioner and the practice nurses attended nurse forum meetings within the community and shared that information with others at the practice to maintain consistency with local policies and procedures.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This was supported by a dedicated audit team within SSP.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Minutes from meetings were structured and we saw that lessons were learned where significant events and complaints had been documented and discussed.

Leadership and Culture

On the day of inspection the leadership team from the practice and SSP Health 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 leadership team were approachable and always took the time to listen to all members of staff.

Are services well-led?

Good 

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

The practice had benefitted from being part of the wider federated organisation, SSP Health. They had been able to call upon the wide ranging support available when required to ensure continuity of care.

This included both clinical and administrative support and offered access to shared learning, training, mentoring and personal development. We saw examples of how this federated model had reduced isolation for the practice by sharing good practice.

SSP Health offered an incentive scheme across the organisation for administrative and nursing staff. This was awarded to teams who met their key performance indicators for health outcomes and patient satisfaction. The incentive was an extra week's annual leave and this practice had successfully achieved this.

The provider was aware of and had systems 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).

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 encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service
- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a small active PPG which met on a regular basis and discussed proposals for improvements with the practice management team. The group was looking at ways of increasing the membership. They had recently recruited a very young patient member.
- Changes made as a result of input from the PPG included improvements to the appointment system, increased charitable events and improvements to the practice building. The PPG also had the opportunity to attend the larger SPP regional event.

- The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice and paper version was available in reception.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looking for ways to improve outcomes for their patients in the area for example:

- The practice advanced nurse practitioner implemented and developed patient group consultations which were personal medical consultations delivered by a clinician in a supportive peer group setting with other patients in the group listening in and learning from one another. The process was in its infancy but there had been two sessions, with a third planned. The first cohort (three sessions in total) was for patients with diabetes. The aim of the sessions was to empower patients to know their numbers (ie: blood results, cholesterol level, blood pressure etc) and look at target setting. The group gave the patients the chance to talk with each other, discuss coping mechanisms and share good practice as well as receiving input from a clinician on how to manage their condition.
- The practice identified a high number of patients in residential and nursing homes requiring home visits. To reduce the impact on clinical time an acute visiting service was introduced. Following consultation with 12 neighbouring practices it was ascertained that they would also benefit from this service and a business case was submitted to the Clinical Commissioning Group (CCG) to introduce a community acute visiting services. This was approved and commenced in March 2017 and a re-audit in September 2017 confirmed that home visit demand had reduced because of this service.
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Are services well-led?

Good 

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

improvements could be made and the sessions now included meningitis awareness, help and advice about routine emergency conditions and one-to-ones at the end of each session. Collaboration has taken place with the CCG who plan to link the practice with Sure Start in order to share the learning more widely across the Wigan Borough.

- The practice has also has been working with a local charity for befriending refugees and asylum seekers (BRASS), where all staff have received training to raise awareness.

- The practice had taken part in a workshop designed for front line staff, managers and clinicians, to help make them aware about their contribution in preventing vulnerable people being exploited for terrorist purposes called PREVENT.
- The advanced nurse practitioner held training sessions for other nursing staff within the community in order to maintain consistency in policy and procedure throughout the local area.