

# Pendle View 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?	Outstanding	

# 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 Pendle View Medical Centre on 12th January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had generally received training appropriate to their roles and 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.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment but some told us they could not always get an appointment with their named GP. The practice had recognised this issue and had taken action to ensure continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw two areas of outstanding practice:

- In October 2015 the practice achieved the Royal College of General Practitioners Quality Practice Award. The Quality Practice Award is a standards

# Summary of findings

based quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality care to their patients.

- The practice had developed an information leaflet that used pictures to support the completion of annual health checks and care planning. This enabled those with learning difficulties to be fully involved in their own care.

The areas where the provider should make improvement are:

- Ensure the need for additional role specific training is assessed for individuals allocated lead responsibility for infection prevention and control.
- Take action to improve patient awareness and understanding of Out of Hours services.
- Assess the risks associated to the storage of clinical waste and ensure an asbestos risk assessment is completed for the practice building.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were learned and communicated widely to support improvement but overarching significant event records did not always detail sufficient information to demonstrate practice learning.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, a building asbestos risk assessment had not been completed and the risks associated to the storage of clinical waste had not been assessed.
- Staff had received appropriate training but it was noted additional specific training for individuals required to undertake infection prevention and control lead responsibilities had not been completed.
- We noted that staff files were not maintained consistently and interview records were not present for two staff members in five of the personnel files reviewed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with or above average when compared to the locality and national averages.
- 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



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and generally accessible.
- The practice had developed an information leaflet that used pictures to support the completion of annual health checks and enable those with learning difficulties to be fully involved in care planning.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was in liaison with the CCG to undertake appropriate building risk assessments that would enable improvements to the current IT systems to be implemented.
- Patients said they found it easy to make an appointment but a small number expressed concerns related to getting an appointment with their named GP without having book longer in advance. The practice had recognised this issue and had taken action to ensure there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- It was noted from comments received from patients that knowledge and awareness of out-of-hours services was limited.

Good



## Are services well-led?

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

Outstanding



# Summary of findings

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The provider was aware of and complied with the requirements of the Duty of Candour and the partners encouraged a culture of openness and honesty.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development. For example members of the group had led reviews within the practice and the practice had acted on the results to implement improvements.
- There was a strong focus on continuous learning and improvement at all levels. For example the practice was awarded the Royal College of General Practitioners Quality Practice Award in October 2015.

# 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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs or identified as at risk of hospital admission. For example, the practice had a system in place to routinely identify and contact patients aged 75 years or over who had not seen a GP or nurse within a period of three months.
- There was a good uptake of seasonal influenza vaccinations for patients aged 65 and older at 78.43%, which was higher than the national average of 73.24% and all patients over 75 years of age were offered a full health needs assessment or review every 12 months.

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.
- Performance for diabetes related indicators was better when compared to the national average. For example:
  - 96.12% of patients with diabetes had received an influenza immunisation compared to the national average of 94.45%.
  - A record of foot examination was recorded for 92.53% compared to the national average of 88.3%.
  - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 85.83% compared to the national average of 78.03%
  - Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 85.01% compared to the national average of 80.53%
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates achieved by the practice during 2015 were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 80.26%, which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and an external organisation that facilitated integration of education with childcare, family support and health services.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, children at risk and those experiencing mental health issues.
- The practice offered longer appointments for patients with a learning disability. The practice had been an active participant in national research studies which had explored the views and experience of people with learning disabilities and carers and informed the definition of national audit standards.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **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 people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results, published 2 July 2015 (relating to data collected from July – September 2014 and January – March 2015), showed the practice was performing in line with or above local and national averages. In total 255 survey forms were distributed and 116 were returned. This was a response rate of 45.5%. This represented 1.8% of the practice's patient list.

- 87.5% found it easy to get through to this surgery by phone compared to a CCG average of 71.1% and a national average of 73.3%.
- 93.3% found the receptionists at this surgery helpful (CCG average 84.6%, national average 86.8%).
- 90.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.2%, national average 85.2%).
- 90.1% said the last appointment they got was convenient (CCG average 91.3%, national average 91.8%).
- 84.5% described their experience of making an appointment as good (CCG average 71%, national average 73.3%).
- 74.2% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.7%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 48 comment cards and all but one card included positive comments about the standard of care received, with the majority praising both clinical and administrative staff.

One comment made reference to the value of the extra appointments made available by the practice each day and stated that their children have benefited as a result of being able to see a doctor on the same day as the need occurred. Five comments made reference to issues experienced with appointment availability although it was noted that two of these five comments also acknowledged that practice staff work hard to meet individual needs. We saw records that confirmed the practice had identified appointment availability as an issue and that they had taken action to collect and assess additional patient feedback to inform improvement activity. We were told there was an intention to undertake a further local patient survey once improvement activity is complete to gain assurance the action taken has been effective.

We spoke with 13 patients and two members of the Patient Participation Group (PPG) during the inspection. All 13 patients and the members of the PPG said that they were happy with the care they received and thought that staff were approachable, committed and caring. Five patients commented that the wait to see a named GP can be up to approximately two – three weeks and we noted the comments related to the same GP.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure the need for additional role specific training is assessed for individuals allocated lead responsibility for infection prevention and control.
- Take action to improve patient awareness and understanding of Out of Hours services.
- Assess the risks associated to the storage of clinical waste and ensure an asbestos risk assessment is completed for the practice building.

## Outstanding practice

We saw two areas of outstanding practice:

- In October 2015 the practice achieved the Royal College of General Practitioners Quality Practice Award. The Quality Practice Award is a standards based

# Summary of findings

quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality care to their patients.

- The practice had developed an information leaflet that used pictures to support the completion of annual health checks and care planning. This enabled those with learning difficulties to be fully involved in their own care.

# Pendle View Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor, a Practice Manager specialist advisor and an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care services and who has received training in the CQC inspection methodology.

## Background to Pendle View Medical Centre

Pendle View Medical Centre is part of the NHS East Lancashire Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice has 6679 patients on their list (as at 1 January 2016). The practice is located in a residential area of Nelson, Lancashire.

Information published by Public Health England rates the level of deprivation within the practice area as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Life expectancy in the practice geographical area is below the England average for males at 77 years and 81 years for females (England average 79 and 83 years respectively).

The proportion of the practice population aged 65 years and over is 24% which is higher than the England average of 16.7%. The percentage of patients aged 75 years is also higher at 10.8% when compared to the England average of 7.6%. However, the percentage of patients aged less than 18 years is lower than the England average at 12.1% compared to 14.8%.

The practice has four GP partners (two male and two female), a salaried GP and a sessional GP (both male). The practice employs a practice manager, an assistant practice manager, two practice nurses, one healthcare assistant (HCA), one phlebotomist/trainee HCA and seven reception and administrative staff.

The practice is a training practice for qualified doctors who are training to be a GP.

The practice opens between 8.00am and 6.30pm Monday to Friday. Extended hours for patients are offered until 8pm on Wednesdays, urgent appointments are also available for people that need them. The practice also offers an open surgery from 5.00pm each day and we were told that this period was open ended based on demand. Staff told us the open sessions had been very popular particularly for parents of young families and patients suffering from mental health issues or drug addiction who find planning appointments in advance to be challenging.

Out of Hours services are provided by East Lancashire Medical Services and contacted by telephoning NHS 111.

The practice provides online access for patients to book appointments and order prescriptions.

In October 2015 the practice achieved the Royal College of General Practitioners Quality Practice Award. The Quality Practice Award is a standards based quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality care to their patients. The Award recognises the commitment of the practice team in providing high quality care.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff including GPs, practice managers, practice nurse, healthcare assistant, administration and reception staff and we spoke with patients who used the service, including two members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed a range of information to demonstrate how the practice was managed.

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)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out regular analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings. We were told lessons were shared to make sure action was taken to improve safety in the practice and this was supported by comments received from staff. For example, the practice had purchased mobile screens to maintain patients privacy and dignity following the collapse of two patients in public areas of the practice on separate occasions on the same day.

When there were unintended or unexpected safety incidents, 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.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of five significant events that had occurred during 2015 and saw this system was followed appropriately. We viewed the agendas for monthly practice meetings and noted that discussion of significant events and complaints were standing items. In addition summary information was made available to all staff through the practice intranet. However, it was noted that meeting records and overarching significant event records did not always detail sufficient information to demonstrate practice communication and learning. However, there was evidence that the practice had learned from these and staff told us that the findings were shared with relevant individuals. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

National patient safety alerts were disseminated electronically to practice staff with staff required to acknowledge receipt. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed as required at practice meeting to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and 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 although it was noted the clinical lead for infection prevention and control had not completed additional training to support the completion of lead responsibilities. Annual infection control audits were undertaken and we saw evidence of audit activity.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

## Are services safe?

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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found e noted that staff files were not maintained consistently and interview records were not present for two staff members in the staff files reviewed.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we noted the practice had not assessed the risks associated to the storage of clinical waste or completed a building asbestos risk assessment.

- 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 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. A first aid kit and accident book were available. We noted that the oxygen cylinders held by the practice were not readily accessible as they were located in a treatment room that was locked when unoccupied. The practice told us this had been identified as an issue and action was planned to relocate the cylinders to a more accessible location.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 and details of alternative locations that could be used to maintain service provision in the event of an adverse incident.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice had a system in place for completing clinical audit cycles. The practice showed us five clinical audits that had been completed recently. Following each clinical audit, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved. For example, following the receipt of information from NICE relating to prescribing antibiotics for urinary tract infections (UTI) a two cycle clinical audit was carried out. The results of the audit showed that compliance with guidance was originally 24% (data collected October-November 2014) and subsequent action taken increased compliance to 62% when the second cycle of the audit was completed in April-May 2015, thereby having a positive impact on the appropriate evidence based management of this group of patients.

The practice had developed a programme of clinical audits for 2016 and was committed to continued involvement in national research activity and worked in partnership with

North West Research Network and other organisations to enhance and inform service improvement. For example the practice had previously been an active participant in national research studies which had explored the views and experience of people with learning disabilities and carers and informed the definition of national audit standards.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF) (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets, It achieved 99.8% of the total QOF target in 2014, which was above the national average of 94.2%. Specific examples to demonstrate this included:

- Performance for diabetes related indicators was better when compared to the national average. For example:
  - 96.12% of patients with diabetes had received an influenza immunisation compared to the national average of 94.45%.
  - A record of foot examination was recorded for 92.53% compared to the national average of 88.3%.
  - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85.83% compared to the national average of 78.03%
  - Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85.01% compared to the national average of 80.53%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86.41% compared to the national average of 83.65%.
- Performance for mental health related indicators was higher than the national average. For example:

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 98.36% compared to the national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 94.81% compared to the national average of 84.01%.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where these could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

The practice's prescribing rates were also comparable to national figures. For example:

- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was 6.18% compared to 5.05% nationally.
- The number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed was 86.09% compared to 76.26% nationally.

There was a system for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and held regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. Review of meeting records showed palliative care and district nurses were regular attendees at meetings to discuss palliative care.

The practice also kept a register of patients identified as potentially needing extra support or those in vulnerable groups. For example registers were maintained for patients experiencing mental health issues, learning disabilities,

those with dementia and children at risk. Structured annual reviews were also undertaken for people with long term conditions to assess the effectiveness of their treatment.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. It was noted that no additional training had been undertaken by the clinical lead for infection prevention and control and although not essential additional training would potentially enable those with lead responsibilities to add greater value within the practice.
- 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.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular 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, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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. A drug support worker also held weekly clinics in the practice.

We noted a culture among the GPs and nursing staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, we were told nursing staff liaised with the practice GPs straight away if an elderly patient brought an issue that the nursing staff felt would benefit from further action to their attention during an unrelated consultation. This liaison action by nursing staff also reduced the need for elderly patients to make additional journeys to the practice.

The practice's uptake for the cervical screening programme was 80.26%, which was comparable to the national average of 81.83%. The practice demonstrated how they encouraged uptake of the screening programme by reviewing activity and performance and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 81.2% and five year olds from 64.4% to 97.3% in 2014-15. However, during the inspection we were shown contract payment information that indicated the practice had achieved 90% of immunisation rates during 2015 for both under two year olds and five year olds.

Flu vaccination rates for the over 65s were 78.43%, and at risk groups 54.86%. These were also comparable to the national averages of 73.24% and 57.17% respectively.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. In addition we observed that mobile screens had been made available for use in the reception area, as a result of learning from an incident, to maintain patient privacy and dignity in the event of emergencies.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 48 completed cards with 45 being positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Three comments were less positive making reference to difficulties in arranging appointments with their named GP or the appointment system in general. We also spoke with 13 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93.4% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 85% said the GP gave them enough time (CCG average 86.9%, national average 86.6%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 94.5%, national average 95.2%).
- 84.3% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.7%, national average 85.1%).
- 98.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.2%, national average 90.4%).
- 93.3% said they found the receptionists at the practice helpful (CCG average 84.6%, national average 86.8%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice had developed an information leaflet that used pictures to support the completion of annual health checks and enable those with learning difficulties to be fully involved in care planning.

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 or higher than local and national averages. For example:

- 94.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86%.
- 83.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.9%, national average 81.4%).
- 97% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.9%, national average 84.8%).

## Are services caring?

The practice had actively monitored changes in local demographics and noted an increase in people who do not have English as a first language in the local area. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room and patient website also told patients how to access a number of support

groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 1.5% of the practice list as carers and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice told us that plans had been developed to extend the current building and work is ongoing to lease land at the rear of the building from a local Housing Authority to improve parking at the practice.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours for patients were offered until 8pm on Wednesdays and pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice also offered an open surgery from 5.00pm each day and we were told that this period was open ended based on demand. Staff told us the open sessions had been very popular particularly for parents of young families and patients suffering from mental health issues or drug addiction who found planning appointments in advance to be challenging.

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

- 73.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.8% and national average of 73.8%.
- 87.5% patients said they could get through easily to the surgery by phone (CCG average 71.1%, national average 73.3%).
- 34.9% patients said they usually get to see or speak to the GP they prefer (CCG average 59.4%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them but it was not always possible to see their named GP unless they were prepared book in advance.

### 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. For example information was available on request at reception and was also available on the practice website. However, we noted the information on the practice website was not immediately accessible from the home page and a search of the site was required to access the information.

The practice had summary records that showed two complaints had been received in the last 12 months and we found that these were handled satisfactorily. The records indicated lessons were learnt from the two complaints and action was taken to improve the quality of care.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The partners were aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, members of the PPG we spoke to told us they believed the PPG had been influential in the work ongoing to increase parking availability for both patients and staff. Staff also told us a member of the PPG, who is a wheelchair user, had undertaken two disabled access audits and as a result improvements had been made to the practice that included adding an access ramp at the entrance to the practice and increasing the number of disabled parking spaces in the practice car park.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff

# Are services well-led?

Outstanding



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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example the practice was committed to continued involvement in national research activity and worked in partnership with the North West Research Network and other organisations to enhance and inform service improvement. We were told the practice had recruited patients to ten research studies during the previous 18 months.

The practice had utilised external resources to complete an annual review of practice activity in 2014 and 2015 to gain assurance and identify opportunities for improvement. We were told the results of the reviews were used to inform practice improvement and development decisions.

In October 2015 the practice achieved the Royal College of General Practitioners Quality Practice Award. The Quality Practice Award is a standards based quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality care to their patients. The award recognised the commitment of the practice team in providing high quality care and the practice began working towards the award in 2012. Three years later in 2015 the practice was visited by a team of judges who assessed documents and information prepared by the practice that demonstrated their ability to support all patients including the most vulnerable patients and those with long term health conditions. Every aspect of the GP practice was assessed and checked to see if it met the required standards. This award has only been given to those practices that can prove they were providing care of a consistently high standard, through effective team work and professionalism.