

# St Paul's 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 St Paul's Medical Centre on 30 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- The practice had helped develop and subsequently piloted a new tool to identify children at risk of early neglect.
- The practice had attained the Royal College of General Practitioners (RCGP) award in 2014 (This award rewarded practice teams who had improved their organisational quality of care to best practice recommended levels). The practice had also achieved a local sponsored Health at Work bronze award in 2015 (The Health at Work award recognised organisations and employers who offered a healthy working environment to their employees).
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

# Summary of findings

- Emergency medicines were divided into different smaller bags for use in different emergency circumstances. This gave staff more immediate access to the correct medicines to deal with a particular medical emergency in the practice.

The areas where the provider should make improvement are:

- Review the system for reporting and recording significant events to ensure that incidents are recorded by the staff member reporting the incident.

- Ensure that the practice chaperone protocol is fully embedded into the surgery's procedures.
- Ensure systems are fully embedded into practice to guarantee that patient records are stored securely, maintaining confidentiality.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events although the recording of those events was not always undertaken by the staff member reporting the event.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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 safeguarded from abuse. The practice had developed a safeguarding system that provided additional safety procedures for vulnerable children and adults. The practice gave protected time each week to staff to manage the system. They were also acting as a pilot site for a new assessment tool to identify children at risk of early neglect.
- Risks to patients were assessed and well managed, however, we saw two areas of concern. The chaperone procedure did not reflect best practice and we saw that not all patient records were fully secured on the day of inspection. The practice took immediate action to rectify these issues before the inspection team departed.
- Emergency medicines were easily accessible to staff and all staff knew of their location. These medicines were divided into separately labelled bags for use in different emergency circumstances. This gave staff more immediate access to the correct drugs to deal with a particular medical emergency.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- 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.
- The practice had developed its own care plans for patients with diabetes and chronic obstructive pulmonary disease that were used to share information and provide clinical guidance to enable patients to be involved in their own care. They included advice on problems that were specific to the patient and also general advice.
- The practice had placed details of child vaccination schedules for different countries on the practice intranet. This enabled childhood vaccinations for patients from those countries to be synchronised with those offered by the practice.

## 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 in line with other local practices for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and were aware of all areas of patient 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 its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered extended opening hours on a Wednesday from 7.00am to 8pm to improve access for working age patients.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- We were told longer appointments were available for older patients or patients with complex needs.

Good



# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had developed its own new patient welcome information pack. This pack contained a frequently asked questions (FAQ) sheet and information on support for carers, cervical screening and the practice appointments system as appropriate.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had reviewed meeting structure and frequency within the practice and assessed the most effective way to cover all areas that needed discussion.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had attained the Royal College of General Practitioners (RCGP) award in 2014 (This award rewarded practice teams who had improved their organisational quality of care to best practice recommended levels).

Good



# Summary of findings

- The practice had also achieved a local sponsored Health at Work bronze award in 2015 (The Health at Work award recognised organisations and employers who offered a healthy working environment to their employees).

# 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.
- Longer appointments were available with clinicians for older patients with complex needs.
- The practice developed the Advanced Care for the Elderly (ACE) programme that proactively reviewed patients' health and well-being.

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 than the Clinical Commissioning Group (CCG) and national average. For example blood measurements for diabetic patients showed that 98% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%.
- 87% of practice patients with hypertension having regular blood pressure tests had their blood pressure well controlled. This was better than the CCG average of 86% and the national average of 84%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had worked to develop better integration with the new local extensive care service that offered proactive care for patients with chronic long term health conditions
- The practice had developed its own care plans for patients with diabetes and chronic obstructive pulmonary disease that were

Good



# Summary of findings

used to share information and provide clinical guidance to enable patients to be involved in their own care. They included advice on problems that were specific to the patient and also general advice.

## 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 or children who did not attend surgery appointments. The practice had also helped develop and subsequently piloted a new tool to identify children at risk of early neglect.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice had placed details of child vaccination schedules for different countries on the practice intranet. This enabled childhood vaccinations for patients from those countries to be synchronised with those offered by the practice.
- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was the same as the national average at 75%.
- 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.
- The practice's uptake for the cervical screening programme was 89% which was better than the CCG average of 81% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using an information sheet of frequently asked questions that they had developed.
- 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 school nurses.

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).

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Appointments were available outside of the normal working day and telephone consultations were also available with GPs and Nurse Practitioners to reduce the need for patients to visit the practice in person.
- The practice ran 'flu vaccination clinics on Saturdays to enable working age people to attend.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with 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.
- A dedicated support worker visited the practice to provide support for patients who experienced alcohol addiction.
- Translation services and information in other languages was available for those whose first language was not English.

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).

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%. This review was offered in the patient's own home if necessary.

Good



# Summary of findings

- 99% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed comprehensive care plan recorded in the last 12 months, which was higher than the national average of 88%.
- 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. A mental health worker provided clinics in the practice.
- Patients were encouraged to self-refer to services if they had concerns about memory loss.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing generally in line with local and national averages. A total of 293 survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 78% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the care that they experienced, although two commented on the long wait in reception before the appointment and one was not happy about the appointment system itself.

We also spoke to 12 patients on the day of the inspection. All said that they felt the practice offered a caring service and staff were helpful and treated them with dignity and respect. Four patients however said that they waited a long time in the waiting room before their appointment and six patients found it difficult to make an appointment.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the system for reporting and recording significant events to ensure that incidents are recorded by the staff member reporting the incident.
- Ensure that the practice chaperone protocol is fully embedded into the surgery's procedures.
- Ensure systems are fully embedded into practice to guarantee that patient records are stored securely, maintaining confidentiality.

## Outstanding practice

We saw one area of outstanding practice:

- Emergency medicines were divided into different smaller bags for use in different emergency circumstances. This gave staff more immediate access to the correct medicines to deal with a particular medical emergency in the practice.

# St Paul's Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience (An expert by experience is somebody who has personal experience of using or caring for someone who uses health, mental health and / or social care services and has received training in the CQC inspection methodology).

### Background to St Paul's Medical Centre

St Paul's Medical Centre is situated in the North Shore area of Blackpool. It is housed in a purpose-built medical centre that replaced the St Paul's church building in 1995. The church tower was retained as part of the centre and is now a pharmacy. The practice provides services to 11141 patients.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS). There are six GP partners (three male and three female) and two female salaried GPs. The practice also employs three nurse practitioners, four practice nurses and three health care assistants. The practice is supported by non-clinical staff consisting of a practice business manager, a practice manager and 23 administrative and reception staff. The practice is a teaching practice.

The practice is open between 8am and 6.30pm Monday to Friday and offers extended opening hours on a Wednesday from 7am to 8pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice has a larger proportion of patients aged between 40 and 60 years of age compared to the national average. There are fewer patients aged under 18 on the practice list (17%) than the CCG average of 19% and the national average of 21%.

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

The practice caters for a higher proportion of patients experiencing a long-standing health condition (69% compared to the local average of 63% and national average of 54%). The proportion of patients who are in paid work or full time education is lower (48%) than the CCG average of 52% and the national average of 62% and unemployed figures are significantly higher, 11% compared to the CCG average of 7% and the national average of 5%.

The practice provides level access to the building and is adapted to assist people with mobility problems. The building is on two floors, with the majority of the consulting rooms being on the ground floor. There are three consulting rooms on the first floor which can only be accessed by patients using the stairs.

### Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 March 2016. During our visit we:

- Spoke with a range of staff including two GPs, one nurse practitioner, two practice nurses, the practice manager, the practice business manager, a health care assistant and three members of the practice administrative team.
- Spoke with 12 patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice business manager of any incidents. There were paper copies of the incident reporting form available as well as forms available on the practice's intranet computer system where there was a complete record of any incidents reported. Some staff however were asking the practice manager to complete the incident form rather than recording the incident themselves.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a child's dose of a specific vaccine was given to an adult in error and as a result, all of the children's vaccines were moved to a separate refrigerator away from the adult vaccines.

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.

### 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 GP and a lead member of staff for safeguarding. This staff member also attended a group that met to discuss the signs of early neglect in children. The group had developed an assessment tool to be used to identify early signs of neglect and the practice was acting as the pilot site to assess the effectiveness of this tool. 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. Following a significant event in the practice, the practice safeguarding lead also worked with a member of the practice administration team to develop a safeguarding system for the practice that provided additional safety procedures for vulnerable children and adults. This had been worked on and improved over a period of some years and the practice provided dedicated time to this activity every week.

- A notice in the waiting room advised patients that chaperones were available if required. The practice policy explained the role and use of chaperones in the practice but did not reflect best practice. The policy indicated that members of staff who were untrained as chaperones could be used if clinical or trained staff members were not available and also did not require staff to be DBS checked or risk-assessed (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 told us that they generally would use clinical members of staff but administration staff had also taken this role. On the day of inspection, the practice changed the policy to reflect good practice guidelines and we were shown a copy of this change.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had a protocol to keep all patient paper records in locked cupboards, however, during our inspection we found one unlocked cupboard in the upstairs patient waiting area. The practice manager locked it immediately and told us that there would be a significant event audit conducted as a matter of urgency. The practice subsequently told us that they

## Are services safe?

had carried this out and reviewed closed circuit television footage. They were able to assure us that at no time were the patient records accessed by any patient.

- 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 CCG pharmacist, 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 appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 with a poster in the practice which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure 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 and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice conducted an annual audit that encompassed all aspects of premises health and safety.
- 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 and on the telephones 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 reception office.
- Emergency medicines were easily accessible to staff and all staff knew of their location. These medicines were divided into separate smaller bags for use in different emergency circumstances. This enabled staff more immediate access to the correct medicines to deal with a particular medical emergency. All the medicines we checked were in date and fit for use.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 15.4% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example blood measurements for diabetic patients showed that 98% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%.
- 87% of practice patients with hypertension having regular blood pressure tests had their blood pressure well controlled. This was better than the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record in the preceding 12 months was 99% compared to the CCG average of 93% and the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been 16 clinical audits completed in the last two years, nine of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit included the increased monitoring and review of patients taking strong painkillers.

Information about patients' outcomes was used to make improvements such as using practice minor surgery carpal tunnel injections for patients needing carpal tunnel release, where clinically indicated, before a referral to other services was considered.

### 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. Staff spent time in departments other than the department where they were to be working to gain an overview of the practice systems and processes.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations, taking samples for the cervical screening programme and providing contraceptive implants 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 and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and

# Are services effective?

## (for example, treatment is effective)

facilitation and support for revalidating GPs. The practice had supported a nurse practitioner to attain qualification through a performance development programme that had progressed from practice nursing followed by nurse prescribing and then to nurse practitioner. 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.

- 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, such as when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated. The practice had developed its own care plans for patients with diabetes and chronic obstructive pulmonary disease that were used to share information and provide clinical guidance to enable patients to be involved in their own care. They included advice on problems that were specific to the patient and also general advice.

The practice had worked to develop better integration with the new local extensive care service that offered proactive care for patients with chronic long term health conditions.

The practice developed the Advanced Care for the Elderly (ACE) programme that proactively reviewed patients' health and well-being. We saw that 152 patients had been seen under this programme during 2014-2015.

### 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.
- Patient written consent was obtained for minor surgery procedures and contraceptive implants.

### 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 range of services regularly visited and operated from the practice that included midwives, health visitors, a pharmacist, addiction service staff and mental health workers.

The practice's uptake for the cervical screening programme was 89% which was better than the CCG average of 81% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using an information sheet of frequently asked questions that they had developed. They also encouraged patients new to screening who had concerns regarding smears to book appointments with nurses to discuss their concerns.

## Are services effective? (for example, treatment is effective)

They always 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 98% and five year olds from 88% to 97%. The practice had placed details of child vaccination schedules for different countries on the practice intranet. This enabled childhood vaccinations for patients from those countries to be synchronised with those offered by the practice.

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.

Patients had access to a variety of sources of information such as printed leaflets, the practice website, the practice waiting area television screen and an internet public social media site.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the six patient Care Quality Commission comment cards we received were positive about the care that they experienced, although two commented on the long wait in reception before the appointment and one was not happy about the appointment system itself. The 12 patients we spoke to said they felt the practice offered a caring service and staff were helpful and treated them with dignity and respect. Four patients however said that they waited a long time in the waiting room before their appointment and six patients found it difficult to make an appointment.

We 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.

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

- 86% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 82% said the GP gave them enough time (CCG and national averages 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG and national averages 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 97% said the nurse gave them enough time (CCG average 95%, national average 92%).
- 84% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

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

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 mostly in line with local and national averages. For example:

- 81% said the last GP they saw was good at involving them in decisions about their care (CCG and national averages 82%).
- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. The practice recognised that there were many Polish patients on its list and had provided leaflets and information in Polish in the waiting area.

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

Notices in the patient waiting room 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 worked proactively to identify carers and had been awarded a Practice of the Year award from the Blackpool Carers organisation in 2014. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, the practice contacted them with a personalised letter to offer

condolences and a patient consultation at a flexible time and location to meet the family's needs. The letter was accompanied by advice on how to find a support service and other practical information.

# 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 worked with neighbouring practices to develop an extended primary care team that aimed to reduce unplanned admissions and inappropriate accident and emergency department attendances.

- The practice offered extended hours on a Wednesday morning from 7.00am and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or with more complex needs.
- 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. The practice was a registered yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available. Patients had requested a hand rail to be provided outside the entrance to the practice and the practice had provided this through the landlords.
- The practice had three consulting rooms on the first floor and access to these was only via the stairs. The practice had added an alert to the medical record of patients unable to use the stairs to ensure that consultations were not booked inappropriately and staff asked patients about access if unsure. If patients were then unable to access the upstairs rooms, staff would come downstairs to see them.
- The practice had developed its own new patient welcome information pack. This pack contained a frequently asked questions (FAQ) sheet and information on support for carers, cervical screening and the practice appointments system as appropriate. The FAQ sheet contained details on named GPs, pregnancy, childhood vaccinations, translation services, advocacy

services, long term condition reviews, memory screening and online access to medical records. The practice had audited patient response to this pack before reprinting the FAQ sheet.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except on a Wednesday when extended hours were offered between 7.00am and 8pm. The last bookable appointment with a GP was 6.20pm on all weekdays except Wednesday when it was 7.40pm. In addition to face-to-face appointments that could be booked in advance, telephone appointments were also available. We saw that the next available pre-bookable appointment was in one week's time and the next available telephone appointment was in three days. The practice used a triage system when a patient requested an urgent appointment that day. The administration staff would take details of the request and a GP or nurse practitioner would ring the patient to discuss the most appropriate appointment for the patient. This could be either a face to face or a telephone appointment.

The practice was aware of numbers of patients who did not attend (DNA) their booked appointment. They produced a practice protocol to address the problem which involved the use of a DNA register and a telephone messaging system where patients could cancel appointments. They also printed a newsletter for patients to explain how this affected services which was made freely available to patients.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 78% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 47% of patients said they always or almost always see or speak to the GP they prefer (CCG average 33%, national average 36%).
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.

# Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get urgent appointments when they needed them although some said that they could wait a long time for a pre-bookable appointment.

## 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, the patient service lead, who handled all complaints in the practice, supervised and supported by the practice business manager.
- We saw that information was available to help patients understand the complaints system. There was information on how to complain in the practice leaflet and on the website. The practice also had a suggestions

box in the reception area. The practice commented on some of the suggestions made and actions resulting from them on its website, for example, amending a recorded telephone message.

The practice had recorded a total of 24 written and 21 verbal complaints in last 12 months. We reviewed complaints received in the last 12 months and found that they were handled in a timely fashion and with openness and transparency. Apologies were given, often by the staff member themselves in person to the patient when appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient complained about an acronym that had been used on a receipt for payment for non-NHS services, staff were reminded that acronyms should always be avoided. Also, when there was a breakdown in communication following family bereavement, the process for informing the relevant GP was changed.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice motto was widely used throughout the practice and in patient literature.
- 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. The practice had a development plan that addressed all areas of the practice development and identified leads for those areas. 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 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 prioritised 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 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.

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. The practice had reviewed meeting structure and frequency within the practice and assessed the most effective way to cover all areas that needed discussion. The practice had noted a lack of whole team meetings that involved administrative staff and had recognised poor communication with those team members. They put a staff positive feedback box in the general staff area to recognise good practice and introduced an award system for staff. They also produced a monthly staff newsletter that helped communicate information to staff and publicise the staff recognition scheme awards.
- 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. We noted that team away days were held twice a year.
- 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. One of the practice nurses had suggested a “book club” whereby all nurses could read a journal article that was outside their sphere of practice and then discuss it at the monthly clinical meeting. This had been implemented.

### 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, carried out patient

# Are services well-led?

Good 

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

surveys and submitted proposals for improvements to the practice management team. For example, with the help of the practice PPG, a patient survey was carried out to assess the effectiveness of the practice website. The practice told us that they were going to use the results of the survey to improve their website.

- The practice had gathered feedback from staff through appraisals and discussion and also through the staff recognition scheme. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.
- 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 part of local pilot schemes to improve outcomes for patients in the area. For example, a practice safeguarding lead had helped to develop an assessment tool to be used to identify early signs of neglect in children and the practice was acting as a pilot site to assess the effectiveness of this tool.

The practice had attained the Royal College of General Practitioners (RCGP) award in 2014 (This award rewarded practice teams who had improved their organisational quality of care to best practice recommended levels).

The practice had also achieved a local sponsored Health at Work bronze award in 2015 (The Health at Work award recognised organisations and employers who offered a healthy working environment to their employees).