

Riverside Family Practice

Quality Report

St Peters Centre

Church Street

Burnley

BB11 2DL

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Date of inspection visit: 18th January 2018

Date of publication: 13/03/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

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 on Riverside Family Practice on 16 August 2017. The overall rating for the practice was requires improvement as the safe, effective and well led domains were all rated as requires improvement. The full comprehensive report on the August 2017 inspection can be found by selecting the 'all reports' link for the Riverside Family Practice on our website at www.cqc.org.uk.

This inspection was carried out on 18 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach identified in the requirement notice.

The practice is now rated as good for providing safe, effective, and well led services. Overall the practice is rated as good.

Our key findings were as follows:

- The practice had taken action to address the concerns raised at the CQC inspection in August 2017. They had put measures in place to ensure they were compliant with regulations.
- Appropriate arrangements were now in place to ensure that risk assessments were updated.
- The practice had improved arrangements for review and update of policies and dissemination to staff.
- Recommendations made at the previous inspection, such as updated training in safeguarding and considering management training for staff had been actioned.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Riverside Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.

Background to Riverside Family Practice

Riverside Family Practice provides care and treatment to 4557 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS East Lancashire clinical commissioning group (CCG) and provides care and treatment to patients living in the Burnley area. The practice serves an area where deprivation is rated as one on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy in the practice geographical area is 74 years for males and 80 years for females both of which are slightly below the England average of 79 years and 83 years respectively. The numbers

of patients in the different age groups on the GP practice register are similar to the average GP practice in England. There are 45% of patients with an Asian background; a number of whom do not speak English as a first language .

The practice provides services from the following location:

- St. Peter's Centre, Church Street, Burnley. BB11 2DL

The practice is located in a large community building providing health and leisure facilities. Patients have fully accessible treatment and consultation rooms. The service is provided by three GP partners (one female, two male). The practice also employs a practice manager, two female practice nurses, as well as a team of reception and administrative staff. A receptionist is currently being trained and supported to take on the duties of a health care assistant.

The surgery is open 8am to 6.30pm on Monday to Friday. Appointments are available 9.30-11.50am and 3-5.20pm Monday, Tuesday, Wednesday and 9.30-11.50am and 1.30-5.50pm Thursday and Friday. There is provision for ill children to be seen the same day. When appropriate, patients are redirected to East Lancashire Medical Service, the out of hour's service.

Are services safe?

Our findings

We rated the practice as good for providing safe services.

At our previous inspection on 16 August 2017, we rated the practice as requires improvement for providing safe services as although there was an effective system to report and record significant events this required formalising in order to monitor actions and learning outcomes. The safeguarding policy required an update to reflect the needs of patients registered at the practice and one clinical member of staff had not completed all relevant training. The practice risk assessment had not been updated since November 2015 and we saw no evidence that infection control audits were being undertaken. The infection control protocol was not practice specific and staff did not appear to understand their roles and responsibilities in relation to this. Although some reception staff were undertaking chaperone duties there was no record that they had undergone a disclosure barring service (DBS) check.

These arrangements had significantly improved when we undertook a follow up inspection on 18 January 2018. The practice is now rated as good for providing safe services.

- The safeguarding policy had been updated and put on the practice computer system for easy access. A copy was also in a folder at reception where all staff signed to confirm they had read it. It had been discussed at a practice meeting so that all staff were aware of the

procedure to be used. Flowcharts outlining the process were available in clinical rooms for staff to follow. The GP safeguarding lead had attended an update on safeguarding in order to become a GP safeguarding champion.

- We saw an example of a significant event which had occurred since the last inspection which had been recorded on a newly introduced template. This template required staff to document the event, causative factors, an analysis of what could have been handled differently, action required and lessons to be taken forward. The event was to be discussed and analysed at the next practice meeting.
- A practice risk assessment was underway. Current issues had been assessed and a management plan put in place. Practice staff were also reviewing potential risks and this would be ongoing. The practice had been supported by the CCG infection control team to update the infection control protocol and carry out an audit in September 2017. An action plan had been put in place. One of the GPs was now lead for infection control and staff roles in infection control had been discussed at a practice meeting.
- The practice policy on chaperones had been updated and now included the requirement for a DBS check. Practice nurses and three reception staff were trained to chaperone and had completed DBS checks.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services.

At our previous inspection on 16 August 2017, we rated the practice as requires improvement for providing effective services as although analysis of significant events demonstrated quality improvement, clinical audits were incomplete. There was evidence of appraisals and personal development plans for staff, however some of the documentation was inconsistent. There was no system in place to monitor that parental consent for child immunisations was given. One of the clinical staff team was not up to date with safeguarding training. We recommended the practice consider offering management training to appropriate staff.

These arrangements had significantly improved when we undertook a follow up inspection on 18 January 2018. The practice is now rated as good for providing effective services.

- We saw that clinical audits were now being documented and completed including early detection and diagnosis of patients with atrial fibrillation (an irregular heart

rhythm). As a result GPs had updated their protocol to make checks on patients over 65 years, utilise the mobile ECG service and improve coding and identification of patients at risk.

- Documentation of staff appraisals was viewed and seen to be comprehensive and complete.
- The practice had reviewed systems for checking parental consent for child immunisations. One of the practice nurses confirmed how consent was obtained if the parent was not present, for example a grandparent was escorting the child. A letter of consent signed at eight week checks had been put in place with the names of any family members who could act on the behalf of the parents.
- In August 2017, one of the clinical team required update training in safeguarding adults (level 2) and we saw evidence that this had been completed at our inspection in January 2018.
- The practice was now supporting staff to undertake management training .For example one member of staff had been enrolled on a management diploma funded jointly by the practice, Clinical Commissioning Group (CCG) and National Health Service England (NHSE).

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing well led services.

At our previous inspection on 16 August 2017, we rated the practice as requires improvement for providing well led services as some of the policies required updating. Arrangements to monitor and improve quality were in place, however risks were not always identified and mitigated.

These arrangements had significantly improved when we undertook a follow up inspection on 18 January 2018. The practice is now rated as good for providing well led services.

- We saw that practice staff had drawn up a matrix of action required after our last inspection and this was monitored weekly by the practice manager and GPs.
- A staff training matrix had been established to monitor that staff were up to date with all required training.
- All practice policies had been reviewed and updated since August 2017. They were made available for staff to read for sign off and put onto the practice computer system for easy access.

- Risk assessment had been improved including a health and safety audit. Staff were now putting in place checklists to assure on- going compliance. An infection control audit had been completed and a lead GP appointed in this role.
- Clinical audits had been completed and led to quality improvement for patients.
- Management and learning from significant events had improved following a more rigorous process which was clearly evidenced.
- We also saw that the numbers of carers identified had increased from 33 in August 2017 to 37 in January 2018. Staff had received training about the needs of carers and reception staff were now aware of the importance of identifying carers. The carers identification protocol had been updated and a self-referral form was available so that carers could make contact with 'Carers Link', a local charity. Practice staff were attempting to source written information for carers printed in Urdu and Bengali so that the large population of no-English speaking patients could be supported.