

Ilex View Medical Practice

Quality Report

Rossendale Primary Health Care Centre,
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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 Ilex View Medical Practice on 12 and 20 May 2016. Overall the practice is rated as good.

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

- The practice actively worked with East Lancashire Clinical Commissioning Group to identify vulnerable patient groups and introduce additional clinical care, such as the Rossendale long term conditions nurse, the advanced nurse practitioner team for local care homes and a paediatric community nursing team pilot.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Practice staff were passionate about their local community and proud to share details of a range of fund raising activities they had taken part in recently.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.

Summary of findings

- 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.

There was one area of outstanding practice:

The practice was proactive at working with the local Clinical Commissioning Group to identify specific patient groups where additional care or services were required and helping introduce them. Specific service improvements included:

- Designing a “Common Childhood Illnesses” booklet which had been rolled out throughout East Lancashire and supporting the development of the community paediatric team.
- Helping set up and oversee a local long-term conditions team.
- The practice had conducted a frailty project, working with the University of Central Lancashire to identify elderly patients who were frail and assess them against nationally recognised criteria and identify appropriate clinical or social care needs.

The areas where the provider should make improvement are:

- Review the process for acting on safety alerts to ensure there is an audit trail of actions taken.
- Follow up on reference requests to ensure recruitment checks are completed for all staff.
- Review the complaints procedure and keep records of verbal communication as well as formal written complaints responses.
- Fulfil employer responsibilities relating to health and safety (including working with building management) to:
 - Review the process for portable appliance testing (PAT) to ensure all equipment is tested in line with the schedule.
 - Ensure actions required in the building fire risk assessment are carried out.
 - Complete actions identified in the risk assessment carried out by the Medical Defence Union and review local health and safety policy to include risk assessments.

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.
- 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 safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, although there were some risks relating to prescribing which the practice had identified and was working to address.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice was active within the local Clinical Commissioning Group and worked with a range of multidisciplinary teams to understand and meet the range and complexity of patients' needs, including developing a local long-term conditions team.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- For example, 88% of patients with diabetes had a recent cholesterol test within a normal range, above the national average of 81%.
- 88% of patients with hypertension has a blood pressure reading within the last 12 months which was within a normal range, again, above the national average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A range of 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Practice staff had supported a range of fundraising events over several years to raise money for local and national charities.
- Data from the National GP Patient Survey showed patients rated the practice in line with or higher than others for several aspects of care. For example, 86% said they found the receptionists helpful, compared with the national average of 84%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided a pack for patients who had experienced a bereavement and staff would offer longer appointments where patients wanted these.
- The practice identified patients who were carers, including for relatives who had dementia.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. This included supporting the development of the advanced nurse practitioner team locally which provided care for patients in care and residential homes.
- Patients said they found it easy to make an appointment with a named GP and 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. Learning from complaints was shared with staff and other stakeholders and the practice had identified areas for improvement in its complaints handling process which included raising awareness of the process for written complaints handling with staff.
- The active patient participation group (PPG) supported the practice to make improvements for patients including improving telephone access.

Are services well-led?

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

Good



Summary of findings

- The practice had recently set up a practice social network group which allowed staff to share information and support each other in improving patient
- The practice had achieved Royal College of General Practitioners Practice (RCGP) Accreditation in 2014 and also been awarded a certificate by Manchester University for the quality of teaching provided to medical students.
- 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.
- 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 retained a family centred ethos despite increases in size and this was valued by practice staff.

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.

Good



- The practice worked closely with a range of local services to meet the needs of the older people in its population. This included Age UK which offered a 12 week programme to support patients who were becoming socially isolated and a local befriending scheme.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One GP had a special interest in care of the elderly and used this knowledge to develop additional assessment of and support for frail elderly patients.
- Patients aged over 85 years old were offered double appointments through funding from a local CCG incentive scheme.
- The practice had conducted a frailty project, working with the University of Central Lancashire to identify elderly patients who were frail and assess them against nationally recognised criteria and identify appropriate clinical or social care review accordingly.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. One GP partner worked with East Lancashire CCG to develop a support service for patients with long-term conditions.
- A nurse contacted patients who missed long-term condition reviews by phone.
- Longer appointments and home visits were available when needed.
- The practice was generally performing in line with or above other practices in the management of long-term conditions. For example, four out of five indicators for diabetes management were above the national averages. 92% of patients with

Summary of findings

diabetes had a recent blood pressure reading which was within a normal range, higher than the national average of 78%. 99% of patients with diabetes had an influenza immunisation in the preceding flu season, again above the national average of 94%.

- 92% of patients with chronic obstructive pulmonary disease (COPD, a lung condition) had a review in the last 12 months, in line with the national average of 90%.
- 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, and outstanding for well-led in this population group.

- 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. 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.
- 82% of eligible women had a record of a cervical screening test within the previous five years, in line with the national average of 82%.
- As well as a weekly drop in vaccinations clinic which was facilitated the same day the health visitors ran a clinic in the building, 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.
- The practice had implemented a paediatric early warning signs assessment for unwell children and obtained infant pulse oximeters (these measure oxygen saturation levels) with support of the CCG.
- The practice had developed a paediatric minor illness booklet to support parents of babies and young children, this was later rolled out throughout East Lancashire.

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.
- The practice was open two evenings a week until 8pm, giving opportunity for people to attend outside normal working hours.
- The practice had increased the numbers of appointments available through the online booking system and over 40% of the practice population was registered for electronic prescribing. The practice also offered a prescription ordering e-mail system where requests were sent to a secure NHS e-mail address.

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 regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- This included working with the integrated neighbourhood team for patients who needed additional health and social care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered open access and longer appointments for patients who were particularly vulnerable or had learning disabilities.
- 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.
- The practice worked closely with the local substance misuse support group for patients who had drug and alcohol issues.
- The practice was located in the same building as Rossendale hospice and the staff worked closely with the hospice to support patients who were terminally ill and their families.

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).

Good



Summary of findings

- There was a helpful information display about Dementia on the notice board and the practice made “about me” cards available (these are cards which patients with Alzheimer’s can carry in case they get lost or confused and need help).82% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder or other psychoses had a care plan agreed in the previous 12 months, above the national average of 88%.
- The practice had identified patients with dementia for many years, and did not have a gap in patients identified with dementia. The practice utilised the national enhanced service to increase numbers and identify carers of patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff had completed Dementia awareness training and 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients with mental health conditions were offered personally tailored care to suit their needs.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 334 survey forms were distributed and 108 were returned, 32%. This represented 1.5% of the practice's patient list.

- 53% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 83% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

The practice had recently conducted their own survey which was being analysed at the time of our visit and they had made changes to the phone system as a response to concerns from patients about getting through to the surgery by phone.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Several of the cards referred to the practice as wonderful or fabulous or first class.

We spoke with four patients during the inspection, one of whom was also a member of the patient participation group (PPG). All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review the process for acting on safety alerts to ensure there is an audit trail of actions taken.
- Follow up on reference requests to ensure recruitment checks are completed for all staff.
- Review the complaints procedure and keep records of verbal communication as well as formal written complaints responses.
- Fulfil employer responsibilities relating to health and safety (including working with building management) to:
 - Review the process for portable appliance testing (PAT) to ensure all equipment is tested in line with the schedule.
 - Ensure actions required in the building fire risk assessment are carried out.
 - Complete actions identified in the risk assessment carried out by the Medical Defence Union and review local health and safety policy to include risk assessments.

Outstanding practice

There was one area of outstanding practice:

The practice was proactive at working with the local Clinical Commissioning Group to identify specific patient groups where additional care or services were required and helping introduce them. Specific service improvements included:

- Designing a "Common Childhood Illnesses" booklet which had been rolled out throughout East Lancashire and supporting the development of the community paediatric team.
- Helping set up and oversee a local long-term conditions team.

Summary of findings

- The practice had conducted a frailty project, working with the University of Central Lancashire to identify elderly patients who were frail and assess them against nationally recognised criteria and identify appropriate clinical or social care needs.

Ilex View Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, and a second CQC inspector.

Background to Ilex View Medical Practice

Ilex View Medical Practice provides services to around 7,308 patients in the Rossendale Valley in East Lancashire. The practice provides services under a General Medical Services (GMS) contract with NHS England. The local clinical commissioning group (CCG) is East Lancashire CCG and the practice is based in a shared health centre building managed by East Lancashire Hospitals NHS Trust. The practice moved into this building in 2011.

Other services in the building include: another GP practice; the local hospice; physiotherapy; community services and diagnostic screening such as x-ray and ultrasound.

The practice has three GP partners, one male and two females as well as one female salaried GP and one regular locum who was previously a GP partner. The nursing team comprises a nurse practitioner, two nurses and a nursing assistant. The clinical team are supported by a practice manager and team of nine administrative staff.

The practice is open between 8am and 6.30pm Monday, Thursday and Friday, and 8am until 8pm on Tuesdays and Wednesdays. Appointments are from 8.30am to 11.30am every morning and 3pm to 6pm each afternoon. Extended hours surgeries are offered from 6.30pm until 8pm on Tuesdays and Wednesdays.

Around 23% of the population are White Pakistani or Bengali, although most speak English. The practice has below average patients who are aged 45 and older. The practice informed us that their list size had grown by 1,000 patients in the last six years.

Male and female life expectancy is just below East Lancashire Clinical Commissioning Group (CCG) and national averages (male: practice 77 years, England 79; female: practice 81 years, England 83).

Information published by Public Health England rates the level of deprivation within the practice population as five on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). East Lancashire has a higher prevalence of Chronic Obstructive Pulmonary Disease (COPD, a disease of the lungs), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

Out of hours treatment is provided by East Lancashire Medical Services Ltd.

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.

Detailed findings

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 12 May 2016 with a second visit on 20 May 2016, (which was due to a member of the team being unwell on 12 May 2016).

During our visit we:

- Spoke with a range of staff: GPs, the nurse practitioner, one practice nurse, the nursing assistant, receptionists and the practice manager.
- Spoke with patients who used the service, one of whom was a member of the patient participation group (PPG).
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 an effective 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 a thorough analysis of the significant events, although this did not include identification of themes or formal review.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. The practice received and acted on nationally issued alerts but did not always keep a record of actions taken. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had recently written a new protocol and given staff additional training to ensure that patient requests for home visits were managed safely.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The safeguarding lead was a GP partner who met monthly with health visitors. 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. Nursing team

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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and had completed level 3 training. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. No areas were identified for action at the last audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, 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.
- The practice had identified issues with the prescribing of certain high risk drugs and discussed these and their actions with the inspection team. This included a full review of patients prescribed high risk medication such as methotrexate and warfarin (both of which can lead to serious complications and need regular monitoring). Actions the practice had taken to improve safety included:
 - Identifying that the partner agency carrying out blood tests was contractually required to share test results with the practice and taking steps to ensure this was implemented for all testing for the future.
 - Reviewing patient medical records and ensuring that recent test results were recorded.
 - Contacting patients directly to check recent results.
 - Implementing a monthly review system to ensure prescribers always reviewed test results prior to prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and two locum GP 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. One file was missing a second reference for a recently recruited member of staff which the practice assured us was an oversight and rectified this swiftly.
- 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 reception office which identified local health and safety representatives. The building had up to date fire risk assessments and carried out fire drills, although the building manager explained a fire drill was overdue and she would ensure one was carried out. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, the building manager and practice manager each believed the other was responsible for portable appliance testing (PAT) which was due in July 2016. The practice manager assured us this would be resolved and completed accordingly.
- The building manager 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 ensured staff were trained in health and safety and had arranged for a risk assessment to be carried out by the Medical Defence Union (MDU) in 2013, although not all recommended actions had been completed from this report. The inspection discussed with the practice the employer's responsibility to ensure that all tasks were adequately risk assessed.
- 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. There were succession planning arrangements for when staff and GPs retired.

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.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 joint working with other local practices and responding to pandemics.

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 worked closely with the local Clinical Commissioning Group (CCG) and had been actively involved in identifying vulnerable patients locally who required additional care. This included:

- Introducing the local long-term conditions team to support patients with complex conditions in the community and avoid unnecessary hospital admissions.
- Working with other practices to support the development of the advanced nurse practitioner team for local care homes
- Running a pilot community paediatric pilot and designing a booklet on childhood illnesses which was rolled out throughout Lancashire.

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

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 96.4% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were 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 in line with or above the CCG and national average. For example, 74% of patients had a recent blood cholesterol

test within the last 12 months which was within a normal range, compared with the national average of 77.5%. 99% of patients with diabetes had received a seasonal flu vaccination during the previous flu season, higher than the national average of 94%.

- The percentage of patients with hypertension who had a recent blood pressure reading which was within a normal range was 87%, just above the national average of 84%.
- Performance for mental health related indicators was similar to national averages, 91% had a care plan documented in their record within the last 12 months, above the national average of 88% and 83% had a care plan review in the previous 12 months, which was in line with the national average of 84%.

The practice discussed various areas of prescribing with the inspection team. They shared evidence that the practice had been a very high prescriber of antibiotics and had made reductions in this, although they remained high within the local area (antibiotic prescribing is of concern due to the increases in antibiotic resistant strains of bacteria nationally and internationally). They had an ongoing action plan to address this.

Clinical audits demonstrated quality improvement.

- There had been a range of clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. These included urgent referrals to secondary care for possible cancer diagnoses and hospital admissions related to medicines (HARMs). The practice had also completed an audit on hospital releases where the diagnosis was chronic obstructive pulmonary disease (COPD, a lung condition) in 2013. The practice identified that full diagnostic assessment had not been completed for some patients, an implemented a home rescue pack for all patients with COPD following this work.
- The practice had also completed work to reduce the numbers of patients on multiple medicines which can lead to adverse drug interactions, management of multiple medicines (MOMMs) audits as part of the frailty study and case finding identification of patients with dementia. The practice used the clinical system to search patients on dementia related medication where

Are services effective?

(for example, treatment is effective)

they did not have a diagnosis of dementia and increased the numbers of patients' diagnosis from 213 in April 2015, to 231 in April 2016, 2.6% of the practice list size.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. This included implementing additional services for patients with long-term conditions and supporting this team which served the wider local community in Rossendale.

A range of sexual health and family planning services were offered by the practice, and the practice worked hard to promote screening such as cervical screening amongst patient groups which did not always engage, such as patients with learning disabilities and those of British Pakistani and Bengali backgrounds.

Child health surveillance and travel immunisations and advice (including yellow fever) were offered by the practice.

The practice ran a pilot community paediatric nursing team and introduced a paediatric early warning signs assessment which clinicians referred to when caring for unwell children. The practice had requested support from the CCG to obtain a paediatric pulse oximeter which allowed clinicians to check oxygen saturation levels of babies to improve diagnosis.

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 for example, for those reviewing patients with long-term conditions. 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 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. All staff had had an appraisal within the last 12 months.

- The practice had supported clinical and non-clinical staff to undertake additional training and development including long term condition management for the nursing team and supporting the nursing assistant to develop.
- 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.
- The practice supported forth year medical students and provided individually tailored placements.

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.
- The premises also housed a range of other services which reduced the need for patients to travel. These included the midwives team and a new birthing suite; ultrasound, x-ray and endoscopy imaging suites; community and out-patient physiotherapy; diabetes specialist nurses; a treatment room; podiatry care and a minor injuries unit. The practice worked closely with these and referred patients to these local services where possible.

The practice saw working with other health and social care services as integral to their work. They liaised closely with other 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

Are services effective?

(for example, treatment is effective)

saw evidence that multi-disciplinary and palliative care meetings took place on a monthly basis and that care plans were routinely reviewed and updated when a patient's circumstances changed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- The practice recently provided refresher training for staff on 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.
- The practice also discussed the multi-disciplinary process with patients and gained verbal consent for their information to be discussed at these meetings.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- There were some individual patients who were offered open access, for example critically unwell children and young people. Parents were encouraged to ring the practice as they left specialist hospitals if they required additional support, or medication.
- The practice identified 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, with dementia and mental health conditions. The practice worked with a range of local services and patients were signposted to the local hospice, carers support groups, smoking cessation, bereavement counselling, the learning disability team and the integrated neighbourhood team (INT, this team worked with vulnerable patients locally to support them with health and social needs).

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone 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 information in different languages and for those with a learning disability 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. The practice had a low cancer prevalence compared with the CCG and national averages. National Cancer Information Network data published in March 2015 showed a lower percentage of patients screened for bowel cancer than CCG and national averages, 48% compared with 58%. The practice had systems to identify these patients and encouraged them to complete relevant screening and hoped to see an improvement when updated data is published.

Data relating to childhood immunisation rates for the vaccinations given was inconsistent. For example, childhood immunisation rates for the vaccinations given to under two year olds were notably lower than CCG averages, whereas nine out of 10 vaccinations for five year old children were above CCG averages. We discussed these figures with the practice and were advised that there had been a data reporting issue which was under investigation. However, the practice ran a current report which demonstrated that current immunisation performance was 95% for MMR for eligible children aged 5 and under, and 99% for Men C for all eligible children aged 5 and under, although these figures had not been validated at the time of our visit.

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.
- 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 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients. One of the patients we spoke with was also a member 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 was 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time (CCG and national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).

- 86% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

The practice had undertaken a number of patient satisfaction surveys, the most recent in March 2016. PPG members distributed 100 surveys, of which 77 were returned. The practice was still collating and analysing the results at the time of our visit, but shared with us initial results which showed that for 95% of the returned surveys, patients found receptionists, nurses and GPs friendly, approachable, caring and helpful.

Practice staff knew individual patients and were aware of their attendance. Patients who had not been into the surgery recently were followed up, sometimes with a home visit by a member of the team and this allowed the practice to identify where patients' conditions might be changing.

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.

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 83% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. There were GPs who spoke Punjabi and Urdu as well as Czech, and one member of the administration team spoke four languages/ dialects also.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The practice maximised on being co-located with Rossendale Hospice and worked closely with them to offer additional support. There was also a range of information on support available in the waiting area and throughout the building.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients, 1.3% of the practice list as carers, of whom 35 had received a health check. Written information was available to direct carers to

the various avenues of support available to them. The practice was aware of vulnerable young people and children and gave open access to the parents of these patients, recognising the need for additional support for these patients.

The practice offered additional support to patients who had experienced bereavement or families of patients who had died. The practice also offered to refer patients to bereavement counselling services which were available through the hospice in the same building.

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 discussed four projects with the inspection team:

- The introduction of the community long term conditions nursing team;
- Supporting the development of the community specialist advanced nurse practitioner team which supported local care homes;
- The community paediatric team;
- Helping pilot the CCG pharmacist medicines manager role to improve on safety and efficiency in prescribing.

Other responsive services included:

- The practice offered extended hours surgeries on Tuesday and Wednesday evenings until 8pm for working patients who could not attend during normal opening hours.
- The practice understood its patient population, and provided additional care and services to support different patient needs.
- The practice adapted access arrangements for particularly vulnerable patients, including those with mental health conditions and critically ill children and young people.
- Patients' aged over 85 years old were encouraged to book double appointments.
- Home visits were available for older patients and patients who would benefit from these.
- The practice nursing team conducted annual reviews for housebound patients and visited patients at home when appropriate.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations including on the NHS as well as those only available privately such as yellow fever.
- The practice offered sexual health services, including reversible long lasting contraception and worked closely with the genitourinary clinic which was held in the same building.

- There were disabled facilities, a hearing loop and translation services available.
- The practice was aware of vulnerable groups, and worked closely with local services for older patients, the hospice, and dementia support groups to ensure these patients were given social support as well as health care support. –
- Individual arrangements for patients who had complex mental health conditions to support self-management where appropriate.

Access to the service

The practice was open between 8am and 6.30 pm Mondays, Thursdays and Fridays and 8am until 8pm on Tuesdays and Wednesdays. Appointments were from 9am to 11.30 every morning and from 2.40pm until 5.30pm daily. Extended surgery hours were offered from 6.30pm until 8pm on Tuesday and Wednesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were "very satisfied" or "fairly satisfied" with the practice's opening hours compared to the national average of 78%.
- 52% patients said they could get through easily to the surgery by phone (national average 73%).
- 41% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

People told us on the day of the inspection that they were able to get appointments when they needed them, although one patient who worked nights mentioned finding it difficult.

The practice was aware of the concerns for patients in getting through by phone, and had taken a number of steps to improve this following discussion with the patient participation group (PPG). These included:

- Changing the incoming phone system to avoid the building server.
- Raising awareness of on-line appointment booking and increasing patients with on-line access.
- Increasing the numbers of staff answering calls at peak times such as 8am.

Are services responsive to people's needs?

(for example, to feedback?)

- Increasing the numbers of lines coming into the practice.

A recent patient survey which the PPG members had carried out was being analysed at the time of our visit suggested 77% of patients said it was easy to book an appointment. This showed the practice was making improvements in this area.

The practice was proactive at increasing options for patients to use on-line and e-mail prescription requesting services.

Listening and learning from concerns and complaints

The practice system in place for handling complaints and concerns required a review to ensure complaints handling consistently met recognised guidance and contractual obligations for GPs in England.

- There was complaints information available to patients on the reception desk and on the practice website.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Staff routinely deescalated patient complaints before they became written complaints so few written complaints were received by the practice.

- Verbal complaints were not recorded.
- Written responses were sent to all patients.
- The policy stated acknowledgements would be within seven working days, and this was met, except on an occasions when the practice manager was not made aware of the complaint.
- All responses to complaints included information on the Parliamentary and Health Service Ombudsman.
- There was an annual review of complaints and concerns and compliments were discussed with staff.

We looked at three complaints received in the last 12 months and found that not all information relating to the complaints was recorded. One complaint had been left for a week as staff were unaware of the procedures for written complaints. However, lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

The practice manager made staff more aware of the practice complaints procedure and the practice began to review the complaints procedure and guidance whilst we were conducting the inspection.

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 prided itself on retaining a family feel, despite increasing the patient list size to over 7,000.
- The practice had a robust strategy and supporting development 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions and the practice was aware of areas where this could be improved.

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 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

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.
- We noted that the practice held regular social events which contributed to the positive culture within the practice.
- Staff were proud of the practice involvement in fundraising for local and national charities.
- 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had their incoming calls redirected so that patients were not being charged whilst waiting in the building telephony system for the practice to answer, as well as increasing numbers of staff available to answer phones at peak times and making more telephone consultation appointments available with each GP.
- Practice staff were encouraged to give suggestions for improvements and thought they could not give specific examples, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and staff told us they felt involved highly supported by the GPs and the practice manager.

Are services well-led?

Good 

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

Continuous improvement

The practice applied for and was awarded RCGP Practice Accreditation in 2014.

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. These included the local advanced nurse practitioner scheme within care homes in the locality, and introducing and supporting the long-term conditions nurse, a frailty project and a community paediatric nursing team scheme. The

practice had also helped pilot a local community paediatric nursing team and written a booklet on “Common Childhood Illnesses” which had been rolled out throughout Lancashire.

The practice had also been awarded a certificate for their work with medical students by the University of Manchester.

The practice had identified areas they felt they could make improvements to patient care and staff safety, such as converting a room for consulting and adapting the reception desk to improve the patient experience, although these had not yet been given support by the building landlord.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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