

# The Weavers Practice

## Inspection report

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theweaverspractice.nhs.uk

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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 location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at The Weavers Practice on 14 July 2022.

Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective -requires improvement

Caring - good

Responsive - good

Well-led – requires improvement

This was the first inspection of this GP practice under this registered provider.

## **Why we carried out this inspection.**

This inspection was a comprehensive rating inspection where we reviewed all five key questions.

## **How we carried out the inspection**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

## **This included:**

- Conducting some staff interviews using video conferencing as well as face to face
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit
- Speaking with patients

## **Our findings**

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as requires improvement overall**

We found that:

# Overall summary

- Some clinical monitoring checks had not been undertaken and some medication reviews were not recorded to a consistent safe standard. The practice acknowledged this and was taking immediate action to address these issues.
- Systems of monitoring and record keeping for staff recruitment, clinical professional memberships and staff immunisation status required improvement. Staff training records did not identify consistently the level of safeguarding training staff had received.
- Staff appraisals had not been undertaken and full staff meetings including clinical meetings were held infrequently.
- Audits for Infection prevention and control (IPC) had not been undertaken although there was good evidence that Covid-19 adjustments had been implemented.
- Systems to monitor clinical decision making and prescribing practice for those working in advanced clinical roles were informal.
- A restoration action plan to improve many of the areas identified by this inspection was in the early stages of implementation.
- Staff told us they were committed to working as a team and providing a good quality service to patients but would welcome improved systems of communication at the practice.

However:

- The GP practice was split between two locations, a main location and a branch location. The practice management team were in the process of aligning systems and processes across both sites.
- Patients we spoke with were wholly positive about the care and treatment they and their families received.
- Patients told us they could get an appointment when they needed one and that the doctors were responsive to their healthcare needs.
- The practice offered bespoke person centred care to vulnerable, frail, older and housebound patients. They employed a nurse practitioner whose role was community based, visiting these groups of patients.
- Staff told us the GP practice was a good place to work and they were supported.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic and continued to do so now restrictions had changed.

We saw an area of outstanding practice:

- The practice nursing team had developed a patient information leaflet called, “Medicine Sick Day rules”. The information leaflet provided easy read guidance for patients advising them what medicine they should stop taking whilst experiencing a short period of vomiting, diarrhoea and or high fevers (such as a norovirus). The list included medicines for high blood pressure, anti-inflammatory pain killers, diuretics, and medicines for diabetes. This provided patients with the guidance and assurance they needed without having to contact the GP surgery.

We found two breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

The provider **should**:

- Explore ways of involving patients in how the service is delivered and continue to canvas patients to restart a Patient Participation Group (PPG).
- Monitor performance for childhood immunisations and continue to promote uptake of cervical screening.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

**Chief Inspector of Primary Medical Services and Integrated Care**

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to The Weavers Practice

The Weavers Practice offers services from both a CQC registered surgery in Rishton (High Street, Rishton, BB1 4LA) as well as a branch surgery in Great Harwood Health Centre in Great Harwood (Water Street, Great Harwood, BB6 5QR). Patients can access services at either surgery.

We visited both the main and the branch surgery as part of this inspection.

The provider is registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice is part of the Integrated Care System (ICS) for Lancashire and South Cumbria and services are delivered under a General Medical Services (GMS) contract to a patient population of about 8739. The provider is also part of the Hyndburn Rural primary care network (PCN) with seven other local GP practices. They have access to the services of a first contact physiotherapist, a mental health practitioner, a trainee Associate Psychological Practitioner (TAPPS) and a clinical pharmacist. In addition the GP practice have access to a care home nursing team, an acute home visiting team, and the integrated nursing team.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 96.7% White, with 2.4% Asian, and the remainder classed as Other. Public data from 2021 shows the practices younger population aged 18 years and under is slightly smaller at 20.1% when compared with the local population of 22.1%. The over 65s patient population is also slightly higher at 20.1% compared with 18.1% within the local geographical area.

The age distribution of the practice population closely mirrors the local and national averages and the male to female patient ratio is also similar to national averages. There is a higher proportion of patients with a long standing health condition (65.7%) compared with the locality average of 56.8%.

There is a team of three GP partners (two male and one female) one male salaried GP and one female long term locum GP who provides cover at both practices. The practice has a team of three practice nurses, one nurse practitioner with a community focused role caring for frail and older patients and two health care assistants. The clinical team are supported by a practice manager, an assistant practice manager and a team of administrative and reception staff at the practice. The practice is a GP training practice and supports two doctors training to be a GP.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the East Lancashire Alliance CIC GP federation, where evening appointments are available between 6.30pm and 8.30pm, and on Saturday mornings. Out of hours services are provided by East Lancs Medical Services (ELMS) via the NHS 111 service.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• Systems to monitor the prescribing of medicine combinations known to be of potential risk to certain groups of patients were not comprehensive.</li><li>• Monitoring systems for patients prescribed a specific type of diuretic were not in place.</li><li>• Checks to follow up patients who have not requested a prescription for the ongoing treatment of life long health conditions were not in place.</li><li>• Patients with a blood glucose level suggesting a diagnosis of diabetes were not always followed up within expected timeframes in line with best practice guidelines.</li><li>• Audits to support the monitoring of infection prevention and control were not available.</li><li>• Training records to demonstrate staff were trained to the appropriate levels in safeguarding children were not complete</li><li>• Records of to demonstrate staff had received induction training were not available.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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## Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Maternity and midwifery services

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

**The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:**

A system of continuous quality improvement was not yet fully established. This had led to gaps in governance arrangements for example:

- There was no formal process to monitoring clinical decisions and prescribing practices undertaken by clinical staff working in advanced roles.
- Systems to support staff with regular team meetings and appraisal were not in place.
- Recruitment records were incomplete.
- Records to demonstrate clinical staff immunisation status including Hepatitis B were incomplete.
- Annual professional registration checks were not taking place

**There were limited systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:**

- A system to ensure medication reviews were recorded to a consistent standard was not in place.
- A system to ensure patient blood test results were consistently downloaded from the Integrated Clinical Environment (ICE) system and stored on the patient's record was not in place.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.