

Oswald Medical Centre, Accrington

Inspection 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 location	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	

Overall summary

We carried out an announced comprehensive inspection at Oswald Medical Centre between 13 and 15 December 2022. Overall, the practice is rated as good.

The ratings for each of the key questions are as follows:

Safe - Good

Effective - Good

Caring – Good

Responsive - Good

Well-led – Good

Why we carried out this inspection

This inspection was carried out due to new registration in June 2021 to provide the location with a rating.

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 found that:

- The practice prioritised safe, care and treatment, the provider identified and addressed risks promptly.
- Care and treatment were mostly effective, with a broad range of monitoring and quality improvement taking place to improve patient outcomes, though further work was required to fully embed this work and demonstrate improved patient outcomes.
- Patients identified as at the end of their lives had been identified, and additional support was in place for them and their families. However, records we sampled did not provide assurance that national guidance was followed in relation to advance decisions to decline cardiopulmonary resuscitation.
- All staff and GPs cared for patients, privacy, dignity and compassion were evident in the approach to care.
- The practice team had introduced a scheme to identify vulnerable patients, provide additional support and facilitate prompt access to appointments. There were currently 2,476 patients identified under this scheme.
- GP partners supported medical students, funded staff development courses and regularly provided skills development sessions for administrative and clinical staff.
- The practice sought innovative ways to engage with patients through social media and was introducing a new "friends of Oswald Medical Practice" scheme as the patient engagement group had lost momentum during the covid-19 pandemic.
- The practice used feedback from patient comments and surveys to help make improvements to care, which included buying a new telephony system, changing appointment booking, making more staff available to answer phones in the morning and making some appointments bookable by the text messaging system.
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Overall summary

- The GP partners had purchased their premises and had solar panels and batteries installed in the new site, to improve sustainability.
- Shared learning and continuous improvement were embedded throughout the practice.
- The provider considered the needs of their population, implemented pilots and innovative solutions to improve care and treatment for their patients.

We found no breaches of regulations.

We found areas where the provider should continue to make improvements, the provider should:

- Maintain focus on childhood immunisations and cervical screening to meet national and world health organisation targets.
- Implement formal recorded supervision for advanced nurse practitioners and non-medical prescribers.
- Review systems to monitor patient safety alerts to include historic alerts.
- Fully document discussions regarding advanced decisions to decline cardiopulmonary resuscitation in line with national guidance.
- Liaise with partners to improve processes for sharing copies of advance decisions for every patient identified as having an advance decision to decline cardiopulmonary resuscitation.
- Continue to seek and act on patient feedback to continually improve the service and patient satisfaction.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was undertaken by two CQC inspectors who spoke with staff using video conferencing facilities, spoke with patients by telephone and undertook a site visit to the main site and the Oswaldtwistle branch site during which we reviewed information and the practice environment.

The team included a GP specialist professional advisor who spoke with GP partners using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

How we carried out the inspection.

We carried this inspection out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- Reviewing feedback surveys completed by practice staff.
- Speaking with patients by telephone.
- A site visit.
- Reviewing practice performance data and intelligence.

Background to Oswald Medical Centre, Accrington

Oswald Medical Centre is situated in East Lancashire in the town of Accrington serving both an urban and more rural population, with services run over three sites. The main site is at Ashton House, 387-391 Blackburn Road Accrington, with one branch site at 274 Union Road, Oswaldtwistle and another at 1A Pritchard Street, the outskirts of Blackburn.

East Lancashire is on the outer edge of Greater Manchester and has seen a significant increase in non-white and refugee populations.

The Accrington site is a converted former pharmaceutical warehouse, which consists of two floors. Lifts are available. The practice provides level access for patients to the building with disabled facilities available and part of the reception desk was set at a lower height to facilitate wheelchair access.

There is car parking provided for patients at each surgery site and the Accrington site is close to public transport.

The practice is part of the Lancashire and South Cumbria Integrated Care Board (ICB), and services are provided under a General Medical Services Contract (GMS) with NHS England.

The provider is a partnership of four male GPs [RC1] [MJ2] supported by three female Advanced Nursing Practitioners (ANP), a trainee ANP, two practice nurses, a trainee nursing associate and two healthcare assistants (HCAs). The clinical team are supported by a strategic business manager, a practice manager, 12 care navigators and four domestic staff who help to maintain the premises.

The practice employs a clinical pharmacist as part of a local primary care network PCN initiative and offers routine appointments with a range of allied health professional provided through PCN.

The practice is open from Monday to Friday from 8am to 6.30pm, there are evening and Saturday appointments available with the PCN, patients must call the practice to book these appointments.

Appointments are offered each weekday at 15-minute intervals.

When the practice is closed, patients can access out of hours services offered locally by contacting NHS 111.

The practice provides services to over 15,000 patients. Information published by Public Health England rates the level of deprivation within the practice population group as the highest levels of deprivation in England. Life expectancy for females is 81 and 77 years for males, which is lower than the England averages of 83 and 79 years respectively.

The practice patient population is 80% white, 18% Asian and 2% mixed.