Rosegrove Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rosegrove Surgery on 15 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it was generally 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.
- 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.

We saw two areas of outstanding practice:

- The practice had well established links with a local refuge and provided healthcare support to individuals and families accessing refuge services.The refuge provided a safe and confidential place to stay for women and children to help them escape and overcome the effects of domestic abuse.As a result of practice activity, that included visiting the refuge to explain practice services at 'in house' meetings, residents were assisted to register and access person centred healthcare in a timely and appropriate manner.
- The practice had a shared service policy with a local drug recovery service provider to provide care to those with drug addiction problems.The practice was proactive in its approach to working with the drug recovery service and assisted them to hold fortnightly clinics in the practice that were accessible

Summary of findings

to patients from other practices.The lead practice GP for the shared service who had undertaken specific training associated with helping those with a drug addiction undertook regular joint review appointments every 6-9 months with a shared care worker and individual patients.

The areas where the provider should make improvement are:

- Ensure a programme of infection control audits is completed periodically to gain assurance associated activity is effective or identify areas for improvement.
- The need for additional role specific training should be assessed for individuals allocated lead responsibility for infection control.
- Review and maintain policies to ensure they are accurate and specific to the practice.
- Provide staff with additional training and enforce compliance with policy to reduce information security risks associated with the use of IT smart-cards.
- Maintain records of individuals that have completed chaperone training.
- Develop and implement a policy to support the consistent completion and recording of medication reviews.
- Ensure systems are implemented to monitor expiration dates of single use equipment.
- Maintain a record of checks of fire detection systems and carry out regular fire drills.

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?

Good

The practice is rated as good for providing safe services.

- 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, people 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had not completed an infection control audit in the previous 12 months.
- The practice nurse was the infection control clinical lead but role specific training had not been undertaken to support lead responsibilities or actions.
- We found a small number of out of date single use syringes available for use within the practice.
- A fire risk assessment was documented but the practice did not maintain records of testing the fire detection system and did not carry out regular fire drills.
- The practice did not have an effective policy to support the consistent completion and recording of medication reviews.
- There were no formal records of chaperone training available in the practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We found evidence of annual appraisals and personal development plans for staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring? Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs? Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example:
  - The practice maintained close links with a local refuge and provided healthcare support to individuals and families accessing refuge services. The refuge provided a safe and confidential place to stay for women and children to help them escape and overcome the effects of domestic abuse. As a result of practice activity individuals were assisted to register and access person centred healthcare in a timely and appropriate manner. A representative of the refuge told us Rosegrove Surgery was the only practice the refuge will liaise with in the local area as the practice had been found to be very supportive and appreciative of the needs of residents.
- The practice implemented improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).For example, following concerns raised by the PPG relating to the confidentiality of telephone calls in reception, the practice was altered to allow receptionists to take calls in an upstairs office out of earshot of patients in the waiting area.
- Patients could access appointments and services in a way and at a time that suited them. For example, the practice communicated the availability of, and was committed to providing same day appointments to adults aged over 75 years,

Summary of findings

children under three years and individuals receiving help and assistance from a local women's refuge. Practice staff consistently told us they would work outside of normal surgery times to meet patient's needs.
- 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, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders through regular and documented meetings.

Are services well-led?

Good

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

- It 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.However, we found that the format of policy documents varied and the content of the policy related to fire safety we viewed was not specific to the practice.
- During our inspection we observed that two personal IT smart-cards, required to access practice and patient information, were left unattended in practice computers.This created an information governance risk and was not compliant with associated policy requirements.
- The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- 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.

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

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a good uptake of influenza vaccinations for patients aged 65 and older at 74.02% which was higher than the national average of 73.24% and all patients over 75 years of age were offered a full health needs assessment or review every 12 months.
- The practice offered same day appointments to adults aged over 75 years of age.
- In conjunction with other practices in the local area Rosegrove Surgery worked with the Clinical Commissioning Group (CCG) to enable Specialist Nurse Practitioners (SNPs) to be employed to work with care, residential, nursing homes and patients aged over 75 in their own homes.

People with long term conditions

Good

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

- The practice had a team of nurses and health care assistants to meet the needs of the patients.Nursing staff had lead roles in chronic disease management and they were supported by the practice GPs.
- The number of patients registered with the practice with a long-term condition was similar to the national average.
- Patients diagnosed with a chronic condition were included on a specific register and were invited for an annual review of their condition.An individual care plan tailored to their specific needs was offered to each patient.
- All patients with a long-term condition were offered an annual influenza vaccination.
- The practice opportunistically screened patients at risk of Dementia.
- Practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- The practice provided same day appointments for all children under the age of three years regardless of appointment availability and staff told us they would they would work outside of normal surgery times to meet the needs of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 81.88%, which was comparable to the national average of 81.83%.
- Immunisation rates were generally similar to CCG averages for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 59.3% to 88.9% and five year olds from 44.1% to 96.6%.
- Infants were offered routine health checks at regular intervals.The practice told us they recognised a first check of this type was undertaken in hospital but they offered the same check within practice to provide ongoing support for young mothers and families.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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.
- Extended hours were available until 8pm each Monday and from 7.30am each Tuesday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients aged between 40-74 years were offered an NHS Health Check.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice worked proactively with a local drug recovery service under a shared care policy to ensure that carers and

other family members as well as service users were offered appropriate help and support.The practice assisted the service to hold fortnightly clinics in the practice and these were accessible to patients from other practices.The lead practice GP for the shared service who had undertaken specific training associated with helping those with a drug addiction also undertook regular joint review appointments every 6-9 months with a shared care worker and individual patients.A representative of the local drug recovery service told us they found the practice extremely approachable and was able to describe to us a situation where a practice GP took action when it was identified that a service user was not engaging with the service or attending any appointments.As a result of the action taken by the GP we were told the service user has not missed any further appointments with the drug recovery service.

- The practice provided care to patients of a local women's refuge that accommodated approximately 200 families each year and was the preferred provider of healthcare services as it was identified by the refuge as being very supportive and appreciative of the needs of refuge residents.Residents of the refuge were able to access appointments within hours of moving to the refuge.Staff from the practice have also attended meetings within the refuge to explain practice services to residents.
- The practice regularly worked with and signposted individuals to other service providers and voluntary organisations when additional support needs were identified.This includes individuals whose quality of life is assessed as poor and as a result has impacted upon their health and wellbeing or those who are suffering from conditions related to previous military service.
- 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 90% people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.

Summary of findings

- Data showed the practice achieved a higher percentage than the national averages for mental health related indicators detailed within the Quality Outcomes Framework.For example, 94.29% having a comprehensive care plan compared to 88.47% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Regular reviews were offered for patients experiencing poor mental health, and the practice undertook opportunistic screening of at risk patients when they attended an appointment for a different reason.
- 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published 2 July 2015 (relating to data collected from July – September 2014 and January – March 2015) showed the practice was performing in line with local and national averages. 295 survey forms were distributed and 97 were returned. This was a response rate of 32.9%. This represented 2.2% of the practice's patient list.

- 71.7% found it easy to get through to this surgery by phone compared to a CCG average of 71.1% and a national average of 73.3%.
- 81.1% found the receptionists at this surgery helpful (CCG average 84.6%, national average 86.8%).
- 83.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.2%, national average 85.2%).
- 94.2% said the last appointment they got was convenient (CCG average 91.3%, national average 91.8%).
- 68% described their experience of making an appointment as good (CCG average 71%, national average 73.3%).
- 67.1% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.7%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received with many praising staff by name.

One comment stated that a concern raised previously with the practice had been dealt with well by the practice manager. Two comments made reference to having to wait a while for an appointment with one mentioning difficulties getting to see a female GP. We raised this with the practice and they told us they recognised this as an issue and regularly employed a female locum GP.

We spoke with 14 patients and three members of the Patient Participation Group (PPG) during the inspection. All 14 patients and the members of the PPG said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Rosegrove Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a second CQC inspector and an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Rosegrove Surgery

Rosegrove Surgery is part of the NHS East Lancashire Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice has 4489 patients on their list. The practice is located in a residential area of Burnley, Lancashire.

Information published by Public Health England rates the level of deprivation within the area the practice is located in as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is below the England average for males at 77 years and 82 years for females (England average 79 and 83 years respectively).

The practice population groups are largely in line with England averages. The patient population aged 65 years and over is 14% and is lower than the England average of 16.7%. The percentage of patients aged 75 years is also lower at 5.8% when compared to the England average of 7.6%. However, the percentage of patients aged less than 18 years is higher than the England average at 15.7% compared to 14.8%.

The practice has two GP partners (both male). The practice employs a practice manager, two practice nurses, two healthcare assistants (HCA) and five reception and administrative staff. One HCA is part-time and also undertakes the role of an additional administrator on a part-time basis.

The practice is a training practice for qualified doctors who are training to be a GP.

The practice reception is open Monday to Friday between 8.15am – 6.30pm with the exception of Thursday when the practices closes at 12.30pm and patients are provided with an emergency number to call if they have an urgent need on a Thursday afternoon. Extended hours for patients who, due to work circumstances, are unable to attend during normal surgery hours, are offered until 8pm on Mondays and from 7.30am on Tuesdays.

Out of Hours services are provided by the Urgent Care Centre located at Burnley General Hospital and contacted by telephoning NHS 111.

The practice provides online access for patients to book appointments and order prescriptions.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with a range of staff including GPs, practice manager, practice nurse, healthcare assistant, administration and reception staff, representatives of organisations who use the services offered by the practice and we spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of information to demonstrate how the practice was managed.

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 are provided for specific groups of people and what good care looks 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.

Good

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we looked at the records for four significant events and found that appropriate and swift action was taken to prevent the same things happening again. Learning from these events was also found to be shared with staff at practice meetings.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 detailed a chaperone is available on request. The practice would allocate a member of staff to act as a chaperone and all staff spoken to and who acted as chaperones stated they had received training for the role. However, there were no formal records of specific chaperone training available in the practice. The practice ensured all staff were subject to 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). Review of practice electronic records revealed the practice was waiting for confirmation of DBS clearance for two reception staff members.
- 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 but role specific training had not been undertaken to support lead responsibilities or actions.
- There was a basic infection control policy in place supported by additional protocols related to infection control. Review of training records revealed there was no record of completion of infection control training for three non-clinical staff. The practice had not completed an infection control audit in the previous 12 months. Cleaning within the practice was completed in accordance with a cleaning schedule and nursing staff maintained a cleaning checklist for equipment used within the practice. It was noted that the fabric privacy curtains in use within treatment and consultation rooms were not included on the cleaning schedule.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that 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.

Good

Are services safe?

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. The practice had a fire risk assessment dated 21 March 2013 that made reference to the Regulatory Reform (Fire Safety) Order 2005. The risk assessment detailed fire detection systems were in full working order and tested weekly although the practice did not maintain records of test completion and did not carry out regular fire drills. Practice records demonstrated all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had identified challenges in maintaining the level of staff required to meet patient needs and a rota system was used for reception staff. We were told the practice also had an aim to cross train staff to increase flexibility and reduce any potential adverse effects during periods of staff absence. The practice told us they were in the process of recruiting an additional salaried doctor.
- We found that medication reviews were not consistently recorded and we were told that reviews were undertaken but not always recorded. The practice had recognised this and an audit had been completed. We were told the results identified reviews had been completed in accordance with clinical need but further action was required to ensure appropriate records were maintained in the future.
- We found a small number of out of date single use syringes available for use within the practice. A review of associated records revealed a check list had been completed to provide assurance all items were within detailed expiry dates. This indicated the checks had not been completed in a robust manner. When we brought this to the attention of the practice they disposed of the out of date items immediately and we noted they did have stocks of syringes that were in date and available for use.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 identified the practice had achieved 97.8% of the total number of points available, with 4.3% exception reporting. Data from 2014/15 showed;

- Performance for diabetes related indicators was higher or comparable to the national average. For example:
  - 98.96% of patients with diabetes had received an influenza immunisation compared to the national average of 94.45%.
  - A record of foot examination was 98.16% compared to the national average of 88.3%.
  - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 84.21% compared to the national average of 78.03%
  - Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 90.61% compared to the national average of 80.53%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 85.4% compared to the national average of 83.65%.
- Performance for mental health related indicators was higher or comparable to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94.29% compared to the national average of 88.47%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 90% compared to the national average of 84.01%.

The practice had responded to improve outcomes for patients with long term conditions and poor mental health. The actions taken included opportunistically screening patients at risk of Dementia. Patients who were identified as having a problem with their memory were sent to the practice HCA who undertook an electrocardiogram (ECG), blood tests and referred the patient to memory assessment services. As part of the Dementia Local Improvement Service all newly diagnosed patients receive a follow up appointment with the GP within three months and an enhanced annual review, where all aspects of the diagnosis is discussed and a care plan devised.

We saw evidence from four clinical audits completed in the last two years that demonstrated quality improvement, improved care, treatment and outcomes for patients. The audits focused on:

- Diabetes, this was undertaken to identify patients who have poorly controlled diabetes and who are considered at high risk of complications.As a result of audit activity an action plan was agreed that included a commitment to complete an intensive review of affected patients every 3 months.
- Inhaled Corticosteroid (ICS), this was undertaken to identify and review the number of patients on high dose ICS.Recommendations following audit activity indicated patients were better informed and the number of patients on a high dose had been reduced

Good

Are services effective?

(for example, treatment is effective)

- Statin audit was undertaken to ensure patients that are initiated on lipid Modification were started on the correct drug.As a result of the audit it was indicated that practice awareness of prescribing best practice had increased.
- Nutritional supplements was identified as good practice to review prescribing trends.Audit results indicated practice awareness of prescribing best practice had increased.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice also had a separate induction programme for locum GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff generally had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff told us they had an appraisal each year and we saw appropriate appraisal documentation was used to record these.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Health promotion and prevention

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

- These included carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Good

Are services effective?

(for example, treatment is effective)

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme over the last five years was 81.88%, which was comparable to the national average of 81.83%.

Childhood immunisation rates for the vaccinations given were generally comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 59.3% to 88.9% and five year olds from 44.1% to 96.6%. Lower than average performance was recorded for:

- Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) at 61.1% and Pneumococcal conjugate (PCV) at 59.3% for children under 12 months of age when compared to the CCG averages of 71.4% and 73.1 respectively.
- Dtab/IPV Booster at 44.1% and Measles, mumps and rubella (MMR) dose 2 at 62.7% for five year olds when compared to the CCG averages of 68.3% and 85.2% respectively.

Flu vaccination rates for the over 65s were 74.02% compared to the national average of 73.24%, and at risk groups 50.73% compared to the national average of 57.17%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and nurses within the practice provided routine health checks to patients aged 75 or over. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 16 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a wonderful service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment.

There were 295 survey forms distributed for Rosegrove Surgery and 97 forms were returned. This was a response rate of 32.9%

Results were comparable to local CCG and national averages. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 95.2% said the GP gave them enough time (CCG average 86.9%, national average 86.6%).
- 96.5% said they had confidence and trust in the last GP they saw (CCG average 94.5%, national average 95.2%)
- 87.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.7%, national average 85.1%).
- 90.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.2%, national average 90.4%).
- 81.1% said they found the receptionists at the practice helpful (CCG average 84.6%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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:

- 91.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.9% and national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language and longer appointments would be arranged for patients requiring these services. However, we did not see any notices displayed in the waiting areas advising patients of the availability of these services.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 individuals as official carers. Written information was available to direct carers to the various avenues of support available to them.

Palliative care was a standing agenda item at practice clinical meetings and meeting records included appropriately coded records of discussion to ensure patient confidentiality. We were also told the practice was involved in monthly multi-disciplinary meetings specific to the 'Burnley End of Life Gold Standards'. The aim of these meetings was to ensure that the planning and review of the care of those nearing the end of their life was given protected time.

Good

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. For example, in conjunction with other practices in the local area Rosegrove Surgery had worked with the CCG to enable Specialist Nurse Practitioners (SNPs) to be employed to work with care, residential, nursing homes and patients aged over 75 in their own homes. The scheme was building the confidence of staff in the participating homes to manage the overall care of their residents with direct access to regular nurses and GPs. The practice recognised it was too early to accurately measure the effectiveness of the SNPs at the time of inspection but we were told there was a perceived reduction in the need for visits and admissions to A&E as a result of SNP activity.

- The practice offered extended hours on a Monday evening until 8pm and Tuesday from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and those requiring interpreter services.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for the following patient groups – adults aged over 75 years, children under 3 years and individuals receiving help and assistance from a local women's refuge.
- There were disabled facilities and translation services available. However, the practice did not have a hearing loop available.

The practice had a shared care policy with the local drug recovery service provider. The practice assisted the service to hold fortnightly clinics in the practice and these were accessible to patients from other practices. The lead practice GP for the shared service who had undertaken specific training associated with helping those with a drug addiction also undertook regular joint review appointments every 6-9 months with a shared care worker and individual patients. We spoke to a representative of the drug recovery service provider and they told us they found the practice extremely approachable and a GP has always made themselves available as required for the 11 patients registered at the practice at the time of the inspection. They also told us the practice had recently started to offer support sessions for carers and other family members affected by a relative who was receiving assistance/ treatment due to their drug addiction.

The representative of the local drug recovery service provider described a recent situation where a practice GP took action when it was identified that a patient was not engaging with the service or attending any appointments. As a result of the action taken by the practice GP we were told the service user had not missed any further appointments with the drug recovery service.

Rosegrove Surgery was commissioned locally to provide care to patients of a women's refuge located in Burnley that accommodates approximately 200 families each year. We were told that patients from the refuge would attend, often with a refuge advocate, and may have complex health needs. The majority of the individuals were fleeing domestic violence, were socially isolated and presented in emotional distress with or without mental health problems.

During the inspection we spoke with a representative of the women's refuge and they told us Rosegrove Surgery was the only practice the refuge would liaise with in the local area as the practice was identified as being very supportive and appreciative of the needs of residents. For example patients from the refuge were able to access appointments within hours of moving to the refuge. They also told us that they have attended Patient Participation Group meetings at the practice and a non-clinical member of the practice staff had attended refuge 'house meetings' to explain practice services to residents.

The practice has also worked with and signposted individuals to other service providers such as:

- Green Dreams, a social enterprise organisation that provided help for individuals who were unemployed, isolated and those whose quality of life was poor and had impacted upon their health and wellbeing.
- SALUTE, a charity that provides help to armed forces veterans and their families.

Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday with the exception of Thursday when the practice closed at 12.30pm and patients are provided with

Good

Are services responsive to people's needs?

(for example, to feedback?)

an emergency number to call if they have an urgent need on a Thursday afternoon. Extended hours for patients who, due to work circumstances, were unable to attend during normal surgery hours were offered until 8pm on Mondays and from 7.30am on Tuesdays, 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. People told us on the day that they were able to get appointments when they needed them.

- 69.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.
- 71.7% patients said they could get through easily to the surgery by phone (CCG average 71.1%, national average 73.3%).
- 68% patients described their experience of making an appointment as good (CCG average 71%, national average 73.3%).
- 67.1% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.7%, national average 64.8%).

We found that as a result of feedback from members of the patient participation group in April 2015 the practice made changes to the way calls to the surgery were received to reduce risks associated to patient confidentiality and the time taken to answer calls. During busy periods the practice now diverted calls to a private office on the upper floor of the building and this enabled two dedicated staff to take calls in a timely manner and in a secure environment. In May 2015 following implementation of the change the practice completed a survey to assess the impact of the new arrangements. Responses were received from 47 people and these were found to show 39 people agreed they now found it easier to contact the surgery with 25 also adding they were satisfied with the improvements made.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.For example information was available within practice waiting areas and available via the practice website.

The practice manager logged all complaints and we looked at the records of the nine complaints received since April 2015. We found these were acknowledged and responded to in a timely manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Summary details of concerns and complaints were discussed at practice meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed on the practice website and staff knew and understood the values.We found the practice had a strong patient focus and were passionate about the delivery of high quality care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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.We found that the format of policy documents varied and the date of creation or last review was not always present.For example, we found that the policy related to fire safety did not detail a creation or review date and was not specific to the practice as it made reference to a fire alarm system that was not present in the practice.
- Staff had a good understanding of the performance of the practice.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- During our inspection we observed that two personal IT smart-cards, required to access practice and patient information, had been left unattended in practice computers.This created an information governance risk and was not compliant with associated policy requirements.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

Our review of significant event and complaint records demonstrated the practice was open and transparent and:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings and we were able to view records of clinical meetings, nurse meetings, practice meetings and reception team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- 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 surveys and complaints received and a suggestion box was prominently positioned in the reception area for use by all visitors to the practice. There was an active Patient Participation Group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the

Are services well-led?

Good

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

practice management team. For example, we were told by members of the PPG that in addition to changes to the way the practice answer telephones they had also been involved in the development of a patient information leaflet to increase patient awareness of how to use services. They told us that following development the leaflet was made available via the practice website and was also shared with the CCG.

- The practice had also gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Practice staff were actively encouraged and supported with their personal and professional development. The practice had an induction programme for new staff and a rolling programme of mandatory training was in place for all staff. Practice records showed that staff undertook a range of training relevant to their role and responsibilities. Records of staff training were available in a central electronic record and in the form of certificates in the staff files we reviewed.

The practice team was forward thinking and there was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice was a training practice and had regular trainees at different stages of their learning. As a training practice staff were supported through mentorship and guided learning. A trainee doctor told us they were well supported to develop within the practice and also encouraged to attend local workshops.

We were told that one of the partners and the practice manager were members of the Integrated Neighbourhood Team (INT) Management Group. They told us the INT Management Group played a pivotal role in the development of neighbourhood teams and building relationships with the wider primary healthcare team; as well as managing the work plan for six specialist nurse practitioners employed by the CCG.

A GP partner within the practice told us they were the clinical lead for the CCG and was due to become a member of the CCG Executive Team from January 2016.

The practice recognised future challenges and areas for improvement. They had completed reviews of significant events, complaints and other incidents and shared the learning from these with staff at meetings to ensure the practice improved outcomes for patients.