

# Rishton and Great Harwood Surgery

## Inspection report

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Rishton  
Blackburn  
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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 Rishton and Great Harwood surgery on 22 October 2020 as part of our inspection programme to follow up concerns identified at our previous comprehensive inspection visit in November 2019.

At our inspection in April 2019 we rated the practice as requires improvement overall with key questions safe and well led rated as requires improvement. The follow-up comprehensive inspection in November 2019 identified ongoing issues and concerns and the practice was rated inadequate overall with ratings of inadequate for providing safe and well led services and requires improvement for providing effective services. The practice was placed into special measures and a warning notice issued for breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance. We also issued requirement notices for regulation 13 (1) HSCA (Regulated Activities) Regulations 2014; Protecting patients from abuse and improper treatment.

The full reports for the inspections in April 2019 and November 2019 can be found by selecting the 'all reports' link for Rishton and Great Harwood Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

As a result of the restrictions imposed due to the Covid 19 pandemic, the inspections scheduled for earlier this year to check compliance with the warning notice and for evidence of improvement were delayed. However, we sought and received assurance from the practice that the required improvements were being implemented. The inspection methodology used for this inspection was adapted to minimise the risks of exposure to the coronavirus for patients, staff and the CQC inspectors.

A shortened inspection visit was undertaken at both the main surgery (Rishton) and the branch surgery (Great Harwood) on the 22 October 2020. However, before the inspection visit a standardised set of remote clinical searches were undertaken by a CQC GP specialist, time was spent reviewing and analysing remotely a range of practice documents and interviews using video conferencing software with several of the practice team were undertaken.

We carried out our most recent inspection in order to ensure the practice had implemented appropriate improvements.

We have now rated this practice as **Good** overall.

We visited both the Rishton surgery, the main location and Great Harwood, the branch surgery as part of this inspection.

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.

The inspection found significant improvements in the key questions safe and well led and both of these are now rated good. We rated the practice as good for providing effective services, however the population group Working age people (including those recently retired and students) was rated as requires improvement as cervical screening data for 2019/20 remains below target. Caring and responsive services are rated as good.

We rated the practice good for providing safe, effective, caring, responsive and well led services because:

- A comprehensive quality improvement plan had been implemented and effective progress and achievement made in improving service delivery in many areas.

# Overall summary

- Safeguarding systems and processes were effectively established and implemented, document workflow was safe and medicine management and the management of incidents was safe.
- Systems to monitor babies, children and young people attendance at appointments both at the GP practice and at secondary care appointments were monitored and responded to. The management and storage of vaccines was safe.
- A comprehensive quality improvement plan had been implemented and effective progress made in improving service delivery in several areas. Governance, risk management, and systems to promote safe and effective care and treatment were in place.
- The practice systematically reviewed the service it provided, recognised and used opportunities provided by feedback, significant events and complaints to improve.
- The practice had implemented systems to ensure they provided care in a way that kept patients safe and protected them from avoidable harm. This included implementing and following national and local guidelines to keep people safe throughout the Covid 19 pandemic.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs whilst ensuring risks from Covid 19 were minimised.
- Patients were positive about the quality of care and treatment they received and told us they could access care and treatment in a timely and safe way.
- The practice worked in partnership with other stakeholders to ensure patients had access to a range of health and social care services.

We rated the practice as requires improvement for providing effective services for one population group: Working age people (including those recently retired and students). Evidence was available that demonstrated some improvements in cervical screening uptake had been achieved in the early part of this year before the full impact of the Covid 19 pandemic. However data for cervical screening for April 2019 to March 2020 remained below target.

The areas where the provider **should** make improvements are:

- Implement the planned action to improve achievements for cervical screening.
- Review recruitment records to ensure the risk assessments undertaken for new staff during the Covid 19 pandemic remain appropriate and update recruitment records to provide a standardised format for all staff.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who undertook a remote search of the clinical record system and a GP specialist advisor who undertook the inspection visit to the practice. A second CQC inspector spoke to patients on the telephone.

## Background to Rishton and Great Harwood Surgery

Rishton and Great Harwood Surgery offers services from both a main surgery in Rishton (32 High Street, Rishton, BB1 4LA) as well as a branch surgery in Great Harwood Health Centre in Great Harwood (2b Water Street, Great Harwood, BB6 5QR). Patients can access services at either surgeries.

The practice delivers primary medical services to a patient population of about 1025, under a general medical services (GMS) contract with NHS England. The practice caters for a higher proportion of patients experiencing a long-standing health condition, 62.5%, compared to the local average of 55.2% and national average of 51.4%. There is a lower percentage of patients in paid work or full time education (46.2%) compared to the local average of 58.6% and the national average of 62.6%.

The average life expectancy of the practice population is higher than the local average, but lower than the national average for both males and females (78 years for males, compared to the local average of 77 years and national average of 79 years. For females, 82.5 years, compared to the local average of 81 and national average of 83 years).

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients (576) registered at the practice compared to females (449).

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is registered to one GP who provides cover at both the main and branch location. The practice provides nurse led clinics for long term condition reviews at both the main and branch locations.

The GP is supported at the practice by a small team of reception/admin staff. The practice manager and assistant practice manager are based at Blackburn Road Medical Practice to provide managerial oversight and visit the practice regularly through the week.

Due to the enhanced infection prevention and control measures put in place, in accordance with national guidance most GP appointments are telephone consultations. If the GP wishes to see a patient face-to-face, then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by East Lancs GP federation at designated hub sites; where later evening until 8pm and weekend appointments are available.

The practice provides, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.