

# Ewood Medical Centre

## 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?	Requires improvement		
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 Ewood Medical Centre on 30 September 2016. 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 a system in place for reporting and recording significant events.
- Risks to patients were generally assessed and managed. However, we identified gaps and opportunities for improvement related to risk management systems, processes and record keeping.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, we identified opportunities for improvement related to the systems and processes for the receipt, distribution and recording of associated action for safety alerts.
- Staff had been trained to provide services with 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 delivered at the practice was available.
- There was limited information available to communicate the complaints process to patients and associated records did not detail sufficient information to demonstrate improvements made as a result of complaints, concerns and incidents had been effective.
- Patients said they found it generally easy to make an appointment with a 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.

# 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 the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure the arrangements, actions and records for identifying, recording, mitigating and managing risks to patient and staff safety are comprehensive and complete. For example:
  - Ensure supporting systems for the management of clinical waste, single use items, blank prescription forms and refrigerator temperatures are effective.
  - Ensure the outcomes of risk management activity are considered in a timely manner and appropriate action is taken to mitigate the risks identified.

In addition the provider should:

- Consider the formal monitoring of cleaning activity within the practice.
- Consider the development of a system that includes the maintenance of associated records to demonstrate the effective management of safety alerts.
- Take action to improve the records of concerns, complaints and incidents to support effective communication and learning.
- Review information made available to patients related to the submission of complaints to ensure it is adequate and consistent with recognised guidance and contractual obligations for GPs in England.
- Consider the development and maintenance of records to demonstrate appropriate action is taken as a result of infection prevention and control audit activity.
- Implement comprehensive recruitment processes when employing any future staff.

**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 requires improvement for providing safe services.

**Requires improvement**



- There was a system in place for reporting and recording significant events and these events were discussed at practice meetings to identify improvements and communicate learning. However, practice records did not detail sufficient information to consistently indicate improvement actions had been completed and monitored to ensure the actions were effective.
- When things went wrong patients received support, truthful information and the practice provided a verbal apology to patients. Patients were told verbally 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example there was limited evidence to demonstrate improvements had been implemented following infection, control and prevention audit activity, clinical waste was not managed effectively or in compliance with practice policy, consumable items that had passed the recommended use by date were stored with in date items and there was no evidence to indicate action had been taken when refrigerator temperatures were recorded outside of the required range. In addition risk management activity was not consistent across both practice sites.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. We noted the practice did not have an effective system in place to demonstrate appropriate action had been taken following the receipt of safety alerts. However, staff were able to explain the action taken for a sample of safety alerts.

# Summary of findings

- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed 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 and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Patients said they generally found it easy to make an appointment with a 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.
- There was limited information available to communicate the complaints process to patients. Summary records of complaints received by the practice indicated complaints were handled appropriately in a timely manner.

Good



## Are services well-led?

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

- 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 it.

Good



# Summary of findings

- 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.
- The practice had arrangements to monitor and improve quality and identify risk. However, we identified opportunities for improvement related to risk management activity and supporting records.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to support appropriate action.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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

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.
- The practice offered same day appointments as well as telephone and face to face consultations.
- All elderly patients had been informed of their named GP.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 77% and 100% and this was comparable to the national average range of 78% to 94%.
- Longer appointments and home visits were available when needed.
- 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.

Good



### Families, children and young people

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

- 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. Immunisation rates were comparable to local and national levels for all standard childhood immunisations.
- 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.

Good



# Summary of findings

- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was 89% which was higher than the clinical commissioning group (CCG) and national averages of 79% and 75% respectively.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 78%, which was comparable to the CCG and national averages of 80% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

## **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).

- 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 reflects the needs for this age group.
- Appointment were available outside of normal working hours.
- The practice offered the opportunity for local university students to be seen as temporary residents.

**Good**



## **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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered support and provided services to residents of a local women's refuge.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

**Good**





# Summary of findings

## 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).

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months, which was higher than the national average of 88%.
- A record of alcohol consumption was recorded for 92% of patients with mental health related conditions compared to 90% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or better when compared to local and national averages. A total of 335 survey forms were distributed and 107 were returned. This was a response rate of 32% and represented approximately 2% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 75% and national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average and national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 26 comment cards completed at both practice sites which were all positive about the standard of care received. Comments included praise for both clinical and non-clinical staff with some comments referring to staff by name. Three comment cards also included less positive comments related to waiting times and appointment availability.

We spoke with four patients at the Ewood Medical Centre site during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, one patient also expressed dissatisfaction with appointment times and issues experienced with obtaining repeat prescriptions.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

Ensure the arrangements, actions and records for identifying, recording, mitigating and managing risks to patient and staff safety are comprehensive and complete. For example:

- Ensure supporting systems for the management of clinical waste, single use items, blank prescription forms and refrigerator temperatures are effective.
- Ensure the outcomes of risk management activity are considered in a timely manner and appropriate action is taken to mitigate the risks identified.

### Action the service **SHOULD** take to improve

In addition the provider should:

- Consider the formal monitoring of cleaning activity within the practice.
- Consider the development of a system that includes the maintenance of associated records to demonstrate the effective management of safety alerts.
- Take action to improve the records of concerns, complaints and incidents to support effective communication and learning.
- Review information made available to patients related to the submission of complaints to ensure it is adequate and consistent with recognised guidance and contractual obligations for GPs in England.
- Consider the development and maintenance of records to demonstrate appropriate action is taken as a result of infection prevention and control audit activity.
- Implement comprehensive recruitment processes when employing any future staff.

# Ewood Medical Centre

## 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 adviser.

## Background to Ewood Medical Centre

Ewood Medical Centre is registered with the Care Quality Commission (CQC) to provide primary medical services. The practice provides a comprehensive range of services including minor surgery to approximately 4800 patients from two sites:

- Main surgery: Ewood Medical Centre, Bolton Road, Blackburn, BB2 4HY. This medical centre is converted from two mid terraced houses with consulting rooms on the ground and first floor levels.
- Branch surgery: Larkhill Surgery, Cleaver Street, Blackburn, BB1 5DG. This surgery occupies a single level commercial property previously used as a pharmacy.

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

The practice delivers services under a General Medical Services (PMS) contract with NHS England, and is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). The average life expectancy of the practice population is comparable to the CCG average and below the national average for males at 76 years compared to 76 years and 79 years respectively. Life expectancy for females is also comparable to the CCG average and below the

national average at 81 years (CCG 80 years and national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

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 staffed by two GP partners (both male) and one salaried GP (female). The GPs are supported by two practice nurses. Clinical staff are supported by a practice manager and nine administration and support staff.

All patients are able to access services at either surgery location and the opening times for surgeries within the practice are as follows:

- Ewood Medical Centre: 8am – 6.30pm Monday to Friday with the exception of Thursday when the surgery closes at 1pm but telephone lines continue to manage calls until 6.30pm.
- Larkhill Surgery: 8am – 6pm Monday to Friday with the exception of Wednesday when the surgery closes at 5pm.
- Both surgeries offer extended hours on a Tuesday from 6.30pm – 7.30pm.

In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them. When the practice is closed, Out of Hours services are provided by East Lancashire Medical Services and can be contacted by telephoning NHS 111.

The practice provides online patient access that allows patients to book appointments and order prescriptions.

# Detailed findings

## Why we carried out this inspection

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, practice management and administrative staff. We also spoke with patients who used the service.
- Observed how staff interacted with patients.
- 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 a 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. GPs and the practice manager were able to describe actions taken to ensure compliance with the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Records maintained by the practice provided limited evidence to assure us that when things went wrong with care and treatment, patients were informed of the incident and received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice routinely discussed significant events at practice meetings. However, practice records did not detail sufficient information to consistently indicate improvement actions had been completed and monitored to ensure the actions were effective.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice implemented improvements to the system for ensuring appropriate patient referrals were made following investigation of a significant event.

### Overview of safety systems and processes

The practice had 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 from abuse. These arrangements reflected relevant legislation and local requirements. 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 and included policies developed by the clinical commissioning group (CCG)

and a local NHS hospital foundation trust. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and practice nurses were trained to child safeguarding level two.

- A notice in the waiting room advised patients that chaperones were available if required and notices were also displayed within each consultation room. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 generally clean and tidy although we did identify some areas where the level of cleaning had the potential to be improved. A cleaning schedule was in place but we were told that action to monitor cleaning activity was not formally undertaken.
- 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. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. However, the practice did not maintain records of action taken following the identification of improvement requirements or opportunities as a result of audit activity. We were advised action would be taken to rectify this issue immediately following our visit.
- We noted containers for the safe disposal of sharps were not consistently signed or dated to prompt disposal and clinical waste was not consistently labelled or stored in accordance with practice policy while awaiting collection at both practice sites.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We noted the temperatures of practice refrigerator at the main surgery used for the storage of vaccines was

# Are services safe?

monitored by a single thermometer which was not calibrated monthly in accordance with best practice. In addition, temperature monitoring records indicated temperatures had exceeded recommended levels on occasions but there was no evidence to identify if or what action had been taken to investigate and rectify any potential issues including to ensure whether the medication was still fit for purpose.

- Single use items were used within the practice to support the treatment of patients. We noted there was limited evidence of stock control and we found a small number of items had exceeded the expiry date. For example five chlamydia tests and one chlamydia swab had expired in July 2016.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored but we noted a system to monitor their use had only been implemented the day before our inspection and this did not include sufficient information to identify where blank prescriptions were actually located when distributed for use within the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found limited evidence recruitment checks had been undertaken prior to employment. For example, proof of identification, interview records, references and qualifications was not present for staff that had been employed in the practice for over two years. However, there was evidence of appropriate checks through the Disclosure and Barring Service for all staff. We noted the practice experienced low staff turnover and we were told that revised systems had now been established following the arrival of the current practice manager in 2015 to ensure appropriate checks were completed. Review of a file for a member of staff recruited during 2015 included evidence of appropriate pre-employment checks with the exception of interview records.

## Monitoring risks to patients

Risks to patients were generally assessed and 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 although we noted details of individuals with responsibility for health and safety were not present in the fields designed for this purpose.
- The practice regularly tested fire equipment and alarm systems but did not carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A premises survey of the branch surgery commissioned by the CCG was completed in June 2016 and reported in August 2016. This report identified action requirements to mitigate risks that included the identification of high risks associated to a requirement to ensure a fully comprehensive asbestos survey was carried out and also a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were told the practice had yet to fully consider the contents of the report. The practice were able to provide evidence that an asbestos risk assessment was undertaken at the main site in 2014 with no risks identified. In addition the practice had taken action to send water samples for legionella analysis and were awaiting the results and had made arrangements for a legionella risk assessment to be completed after our inspection. A copy of a completed legionella risk assessment for the main site was supplied following the inspection that set out the control regime that was required to be implemented within the practice.
- 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 enough staff were on duty.

## 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.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen with adult and children's masks available at both practice sites. A first aid kit and accident book were also 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage although it was noted this was predominately focused on the main site at Ewood Medical Centre. The plan included emergency contact numbers for staff.



# 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 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 patients' needs.
- We noted the practice did not have an effective system in place or supporting records to demonstrate appropriate action had been taken following the receipt of safety alerts. However, staff were able to explain how safety alerts were managed and describe the action taken for a sample of safety alerts.

### 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 97% of the total number of points available, with 9% overall clinical domain exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice overall clinical domain exception reporting rate was similar to the national average and lower than the local clinical commissioning group (CCG) average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was higher than or comparable to national averages. For example:
  - 100% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
  - A record of foot examination was present for 97% of patients compared to the national average of 88%.

- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was within recommended levels was 85% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was within recommended levels was 80% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was within recommended levels was 88% compared to the national average of 84%.
- Performance for mental health related indicators was comparable to national averages. 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 91% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 88% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- Practice records identified there had been six clinical audits completed in the last two years, three of these were completed two cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice also worked with the local medicines management team to ensure prescribing was in line with best practice.
- Findings were used by the practice to improve services. For example, recent action taken as a result included For example improvement opportunities were identified as a result of a bowel cancer screening audit that included improving patient coding and communication and also encouraging clinical staff to opportunistically promote the screening programme during consultations with patients.



# Are services effective?

## (for example, treatment is effective)

### 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. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. We noted the induction programme did not include infection, prevention and control (IPC) and we were told this would be incorporated into the programme immediately following our inspection. IPC training was included within the mandatory training requirements for all staff.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to the relevant service.
- An ultra-sound service was provided in the practice on alternate Thursdays.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 80% and 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

## Are services effective? (for example, treatment is effective)

patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 83% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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 26 patient Care Quality Commission comment cards we received were positive about the service experienced although three also included less positive comments related to waiting times and appointment availability. 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 two members of the patient participation group (PPG). They confirmed they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG members provided examples of how the practice had worked with individual members to improve engagement with the wider community to improve awareness of health issues and provide appropriate support. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average and national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A number of practice staff were also multi-lingual and able to assist with communicate with patients.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

A wide variety of patient information leaflets and notices were available in the patient waiting areas which told patients how to access a number of support groups and organisations. It was noted that information made

available on notice boards within the main practice location was randomly presented in the three waiting areas and this had the potential to reduce effective communication.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (approximately 1.5% of the practice list).

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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 a premises survey commissioned by the CCG had recently been completed that identified requirements and opportunities for the identification and mitigation of risks. At the time of our inspection we were told the survey report had not yet been fully considered by the practice partners and management.

- The practice offered extended hours appointments on Tuesday evenings from 6.30pm – 7.30pm from both the main and branch surgeries.
- There were longer appointments available for patients with a learning disability.
- The practice offered support and provided services to residents of a local women's refuge.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. We noted the practice did not have a hearing loop in either practice location and staff told us they would offer the opportunity for patients to discuss requirements in a private room away from the reception area if required to reduce the risk of conversations being overheard.
- The practice regularly worked with groups within the wider community to improve awareness of health issues and promote healthy living. For example we were told the practice had plans in place to invite an individual to present information to practice staff to raise awareness of lesbian, gay, bisexual and transgender (LGBT) support needs.

### Access to the service

All patients were able to access services at either surgery location and the opening times for surgeries within the practice were as follows:

- Ewood Medical Centre: 8am – 6.30pm Monday to Friday with the exception of Thursday when the surgery closed at 1pm but telephone lines were managed until 6.30pm.
- Larkhill Surgery: 8am – 6pm Monday to Friday with the exception of Wednesday when the surgery closed at 5pm.
- Both surgeries offered extended hours on Tuesday from 6.30pm – 7.30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that need them. When the practice was closed, Out of Hours services were provided by East Lancashire Medical Services via the telephone NHS 111 service.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78% and 76% respectively.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 75% and 73% respectively.
- 67% of patients said they usually get to see or speak to their preferred GP compared to the CCG and national average of 61% and 59% respectively.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

Reception staff were able to offer telephone consultations and would liaise with the GPs if a home visit was requested.

### Listening and learning from concerns and complaints

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

## Are services responsive to people's needs? (for example, to feedback?)

- The practice had a complaints policy and procedure document that included reference to the Parliamentary Health Service Ombudsman and the availability of a practice complaints patient information leaflet and information available on the practice website. However, we found the practice did not have a complaints patient information leaflet and information published on the practice website and available within the practice directed patients to contact reception staff for information if they wished to make a suggestion or complaint. Reception staff told us they would refer requests for further information to the practice manager.

- There was a designated responsible person who handled all complaints in the practice.

We looked at the practice complaints log and reviewed information related to five verbal complaints received in the last 12 months. We found information was present that indicated each complaint had been satisfactorily handled in a timely way. We were told lessons were learnt from individual concerns and complaints.

# 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 that set out the aim to provide high quality care which was displayed in the waiting areas and staff knew and understood the values of the practice.

### 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 although we noted the practice Safeguarding Adults policy was not tailored to the practice and had been developed by a local NHS Foundation Trust. However, the document did include generic safeguarding information that would be of value to practice staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical audit was used to monitor quality and to make improvements although we were told the selection of audit subjects was completed on an adhoc basis and audit activity was not supported by a formal programme.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but we identified opportunities for improvement to ensure risk management activity was fully completed and effective.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We were told about actions taken and communications with patients when things had gone wrong but records of stated actions and communications were not sufficiently maintained by the practice. However, staff told us the partners encouraged a culture of openness and honesty and practice records did indicate the practice gave affected people reasonable support, truthful information and a verbal 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 and supported in doing so.
- 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. The PPG met regularly, assisted the practice in engaging with the wider community and submitted proposals for improvements to the practice management team. For example, following feedback regarding appointment availability the practice had taken action to improve the availability of advance appointment bookings from two weeks to four weeks.
- The practice had gathered feedback from staff generally through practice meetings, staff appraisals and discussion. Staff told us they would not hesitate to give

# Are services well-led?

Good 

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

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

The practice was aspiring to be a teaching practice and one of the GP partners was in the process of completing training required to supervise foundation doctors. The practice told us they regularly invited medical students into the practice for discussion and learning.



## 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 Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have effective systems and processes to enable them to identify, assess and mitigate risks to the health, safety and/or welfare of service users and others. For example:</p> <ul style="list-style-type: none"><li>• The systems, processes and associated records for the management of clinical waste, single use items, blank prescription forms and refrigerator temperatures were not effective.</li><li>• Risk management activity was not undertaken consistently at both practice sites and not all identified risks were considered or mitigated in a timely manner.</li></ul> <p>This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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.