

Witton 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?		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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Witton Medical Centre on 2 August 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 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 been trained to provide them 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 the services provided and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named 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 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 and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice was given a silver award for quality for teaching practise for medical students during 2014/15 by the University of Manchester

Summary of findings

The areas where the provider should make improvements are :

- Carry out a regular audit for infection prevention and control
- Facilitate full analysis and review of significant events in order to identify trends
- Raise the awareness for patients to the availability of chaperones
- Introduce easy to read information for people with learning disabilities.

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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events however there was no log in place to monitor trends and ensure timely review.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice generally had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. A clear desk policy helped to ensure patient confidentiality, however, an annual infection control audit had not been carried out.

The medicines management coordinator contributed to the safety of patients by continually reviewing repeat prescriptions and organising monthly, weekly or daily prescriptions. All repeat prescriptions were then passed to the GP's for authorisation.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Clinical audits and analysis of significant events 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 including those in care homes to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for several aspects of care such as 89% of respondents stated that the last time they saw or spoke to a GP the GP was good or very good at treating them with care and concern. This compared to a CCG average of 87% and a national average of 85%.
- 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 accessible however we saw no evidence of easy to read information in a format suitable for patients with learning disabilities.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, staff were working jointly with two other local practices to amalgamate services in a purpose built building. A bid for funding has been lodged and the practices are awaiting a response. Patients said they found it easy to make an appointment and they were happy to wait for a GP of choice if required. 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.

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. All partners had clearly defined key areas of responsibility.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with 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 ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was under development.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was given a silver award for quality of teaching for medical students during 2014/15 by the University of Manchester.

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.

Good



- 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.
- Practice staff visited one care home in the area to provide ward rounds, confer with staff and managers and provide advice on medicines management. Patients were also registered at a number of other care homes and the nurse practitioner worked closely with the Community Matron in the locality and ensured good continuity of care.
- There were 194 patients on the Avoiding Unplanned Admissions register all of whom had a care plan.
- The practice worked with the Complex Nursing team and Community Respiratory Team to manage acute exacerbations of long term illnesses for the older population.
- Integrated Primary Care team meetings were held on a monthly basis, where patients were selected and reviewed along with palliative care patients.
- The practice referred to a national charitable organisation for assessment of patients' social needs.

People with long term conditions

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

Good



- 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 better than the national average.
- 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.

Summary of findings

- The practice worked closely with the Medicines Management Team from the clinical commissioning group and provided data through audits to improve the quality of prescribing.

Families, children and young people

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

Good



- 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 and those who did not attend secondary care appointments. There were 85 Children on the child protection register and details were highlighted on records, with alerts for staff and clinicians. These children were regularly discussed at the monthly Primary Healthcare Team Meetings.
- Immunisation rates were relatively high for all standard childhood immunisation programmes achieving up to 95% in 2014/15 the same as the clinical commissioning group (CCG). These were provided both at immunisation clinics and by appointment.
- 80% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 80% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- All parents or guardians calling with concerns about a child under the age of 10 were offered a same day appointment.
- Young people were signposted or referred to appropriate services such as Child and Adolescent Mental Health and Counselling services e.g. Brook Advisory and Eating Disorder services.

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).

Good



- 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. This included pre-bookable appointments and a late surgery on a Monday evening.

Summary of findings

- The practice was proactive in offering online services including repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health checks had been extended to patients aged between 35-74years.
- Telephone triage and telephone consultations were offered daily.
- A smoking cessation service was offered after 5pm on a Monday evening.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Alerts for direct access to GPs or nursing staff were added to records of these patients.
- The practice offered longer appointments for patients with a learning disability.
- We saw no evidence of easy read material suitable for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, palliative care nurses and district nurses. This included multidisciplinary integrated care meetings to ensure patients received safe, effective and responsive care.
- 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.
- Practice staff identified patients who were carers. A carers' information board was maintained in the waiting room. All carers were offered the influenza vaccination.
- The local community drug and alcohol team held twice weekly clinics at the surgery.
- The practice spoke with local pharmacies with regards to arranging blister packs for vulnerable patients.
- Referrals to a national charity and social services were made for relevant patients.

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).

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This compared with a clinical commissioning group average of 92% and a national average of 88%.
- 93% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This compared well with the national average of 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as Minds Matters and the Wish Centre.
- The practice offered direct access to counselling and other mental health services via the Improving Access to Psychological Therapies (IAPT) scheme.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing well in comparison with national averages. A total of 313 survey forms were distributed and 116 were returned. This represented 1.1% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

Following these results the practice had reviewed access arrangements. Same day triage by an on call GP had been introduced which led to all patients who requested a same day appointment speaking with a GP. This ensured

same day appointments were available for people with the greatest need. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all very positive about the standard of care received. Patients commented that they were treated with respect and professionalism and staff were described as caring, compassionate and helpful. Patients commented that the environment was clean and safe and that they always felt they were being listened to by staff. Patients said they were very satisfied with the service.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the surgery was clean and tidy. All said they would recommend the surgery to others.

We reviewed the results of the Friends and Family Test feedback across 2015/16 and noted 100% of respondents were extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are :

- Carry out a regular audit for infection prevention and control
- Facilitate full analysis and review of significant events in order to identify trends
- Raise the awareness for patients to the availability of chaperones
- Introduce easy to read information for people with learning disabilities.

Outstanding practice

We saw one area of outstanding practice:

- The practice was given a silver award for quality for teaching practise for medical students during 2014/15 by the University of Manchester

Witton 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 and a second CQC inspector.

Background to Witton Medical Centre

Witton Medical Centre is located on Preston Old Road in Witton, west of Blackburn town centre, Lancashire. The medical centre is located in a conversion of two terraced houses in a residential area. There is easy access to the building and disabled facilities are provided. There is some car parking on the main road and reserved parking in a private car park opposite to the surgery.

The practice holds a General Medical Services (GMS) contract with NHS England and forms part of Blackburn and Darwen Clinical Commissioning Group.

There are five GPs working at the practice, two of whom are partners. One of the partners is male and one female. There are also three salaried GPs, two male and one female. A long standing locum GP works four sessions each week. There is a total of 4.25 whole time equivalent GPs available plus the locum sessions. There are five female nurses, two of whom are full time nurse practitioners. The three practice nurses are part time. There is a full time practice manager, an office manager, a medicines management coordinator and a team of administrative staff.

The practice opening times are 8am until 7.30pm Monday and 8am until 6.30pm Tuesday to Friday. Appointments are available 8.30 to 11.30am and 2.30 to 7.30pm on Monday and 2.30 to 6.30pm Tuesday to Friday.

Patients requiring a GP outside of normal working hours are advised to call East Lancashire Medical Service, an out of hours service, or call the 111 service who will either call an ambulance or suggest they attend Accident and Emergency. There are 10,240 patients on the practice list. The majority of patients are white British with a high number of elderly patients and patients with chronic disease prevalence. On the Index of Multiple Deprivation the practice is in the third most deprived decile with a score of eight. This practice offers placements to medical students from the University of Manchester.

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 2 August 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice manager, practice nurses and reception staff) and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and family members.
- 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 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Practice staff told us they carried out a thorough review discussion at practice meetings to share learning and agree actions required. However these discussions were not clearly recorded and an overall log of events was not maintained to ensure that patterns were identified and actions reviewed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We heard evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a safety alert regarding a breach of confidentiality staff were retrained in the policy and a lead member of staff given responsibility for handing out confidential information during each shift.

Overview of safety systems and processes

The practice had clearly defined and embedded 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. 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 protection or child safeguarding level 3 and nurses to level 2.

- We saw no notices in the waiting room advising patients that chaperones were available if required. However patients told us they were aware of this service. 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 clean and tidy. One of the practice nurses was the infection control clinical lead, however an annual audit of infection control had not taken place. There was an infection control protocol in place and staff had received up to date training.
- 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). Repeat prescriptions were monitored by the medicines management coordinator. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw blank prescription forms and pads were securely stored and logged. Prescriptions were removed from printers at night and stored securely. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment.

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. There was a health and safety policy available with a poster in the reception area which identified local health and safety

Are services safe?

representatives. The practice had up to date fire risk assessments and carried 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. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and ongoing risk assessment as any issues were identified. The practice staff were trained to follow a “clear desk” policy which ensured that information was stored securely and patient confidentiality protected.

- 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.
- 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. A first aid kit and accident book were 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. 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.
- 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 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 showed the practice had attained 99.7% of the total number of points available. This was 2.4% above the clinical commissioning group (CCG) average and 4.9% above the England 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 comparable to or better than the national average. For example the practice achieved 99% of available points for patients with diabetes who had a foot examination (CCG average 93% and national average 88%) and 99% of diabetic patients had had flu immunisations in the preceding August to March 2015 (CCG average 96% and national average 94%).
- Performance for mental health related indicators was comparable to the local average. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 92% and national average 89%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been several clinical audits completed in the last two years such as an audit of screening for bowel cancer and an audit of the incidence and management of fragility fractures. We saw a minimum of two of these were completed audits where the improvements required were implemented and monitored. For example the bowel screening audit identified that this service was frequently not taken up and the practice had changed its policy to approach patients opportunistically when they were seen for other consultations and to advertise the service on posters in the waiting room.

Information about outcomes for patients was used to make improvements such as reviewing patients with asthma who might be over-using their inhalers and extending the time for review appointments with patients who had chronic diseases.

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses attended clinical update sessions regularly for cervical cytology, travel vaccinations, childhood immunisation and domestic abuse.
- Staff administering vaccines 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,

Are services effective?

(for example, treatment is effective)

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 EMIS web 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 monthly 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.
- The process for seeking consent was monitored through completion of consent forms held on care records.

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 were supported by the team following a palliative care template. The practice held meetings to discuss patients newly identified as nearing the end of life. Practice staff ensured they became familiar with these patients and their relatives, the district nursing team was involved and anticipatory drugs prescribed when appropriate. Following the bereavement GPs made contact with the family and referred to other support agencies.
- An antenatal clinic was held once a week and smoking cessation advice was available one evening each week. Community ultrasound was provided once a fortnight, a drug clinic was held each week and a treatment room service was delivered by staff from Lancashire Care Trust.
- Patients who attended the learning disability review service had a physical health check, were screened for breast, cervical and testicular cancer and received healthy lifestyle advice.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 80% and the national average of 82%. There were failsafe 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 96% and five year olds from 83% to 95%. (CCG average range for two year olds 83% to 95% and for five year olds 72% to 95%).

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 33 patient Care Quality Commission comment cards we received were positive about the service experienced. 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 four patients. They told us they found it easy to get appointments with a doctor of choice. Urgent appointments were always available on the same day. The GPs were highly praised. Due to the position of the reception window in the waiting area it was possible that a number of patients might congregate in that area and privacy might be compromised. The booking in screen was in a larger area. The partners told us they had plans to merge the surgery with other local practices and relocate to much larger premises. A decision about funding for this project was awaited. Patients told us they felt fully involved in their care and staff were approachable, courteous and tried hard to be helpful.

The practice had recently relaunched its Patient Participation Group (PPG) and quarterly meetings were planned. We saw notices in the reception area to encourage patients to volunteer for this role. We spoke with representatives of the PPG who felt the first meeting had gone well and that plans had been made for the future role of the group.

Results from the national GP patient survey 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:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 94% 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%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was 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 comparable with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

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

Are services caring?

- Staff told us that there were very few patients who did not speak English, however translation services were available if required. We saw notices in the reception areas informing patients this service was available.
- We saw no evidence of information leaflets available in easy read format for people with learning disabilities..

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 29 patients as carers (0.28% of the practice list). This may indicate that the

practice should take steps to ensure all carers are identified. Those identified were coded on the system so that staff could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check. Written information was available in leaflets and posters in the reception area to direct carers to the various avenues of support available to them. This included Blackburn and Darwen Carers Service, a voluntary agency who provided support to carers in the area. All registered carers were offered an influenza vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them and this was either followed by a patient consultation at a flexible time and location to meet the family's needs 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.

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included a number of care homes where the nurse visited to do consultations and case conferences were held for patients with complex needs.
- Same day appointments were available for any patient calling before 10am, for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Those who required vaccinations only available privately were referred to other clinics.
- Where patients were diagnosed with dementia and had failed to attend appointments the GP or specialist nurse did a home visit to review the patient with the involvement of the next of kin where appropriate. The family were referred to appropriate support services including social services and voluntary agencies such as The Alzheimer's Disease Society.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as appointments available until 7.30pm on Mondays, text reminders for appointments and walk in sessions.
- Patients with visual or hearing problems had an alert placed on their record so that reception staff could support them effectively to make an appointment.

Access to the service

The practice opening times were 8am until 7.30pm Monday and 8am to 6.30pm Tuesday to Friday. Appointments were available 8.30am to 11.30am and 2.30pm to 7.30pm Monday and 2.30 to 6.30pm Tuesday to Friday. In addition, pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for people that needed them on the same day.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 83% of patients stated the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment (national average 76%)

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

The on call GP also triaged patients by telephone to assess:

- whether a home visit was clinically necessary
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which included posters and a guidance leaflet in the reception area. We looked at eleven complaints received in the last 18 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. These were discussed at staff meetings and with the practice team.

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 in the waiting areas and staff knew and understood the values.
- The practice had a robust plan reflecting the vision and values and aspirations to join with local practices in providing services from a larger building designed for the purpose.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

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. Each partner had an area of responsibility within the practice. For example one partner led on diabetes, one on safeguarding, one on palliative care and another on psychiatry. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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 the practice held regular team meetings and we saw the minutes of these.
- 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 just relaunched a patient participation group (PPG). We saw notices in the waiting room asking patients to volunteer for this role. Representatives told us they felt able to voice their views and suggestions and had supported the practice in its bid for funding to move into a larger, modern centre and amalgamate with other practices in the locality.
- The practice collected feedback through surveys and complaints received. We saw that telephone access had

Are services well-led?

Good 

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

been improved before 10am to ensure patients could have same day appointments, telephone appointments were now available, online repeat prescriptions had been introduced and an evening surgery was available.

- The practice had gathered feedback from staff through staff training afternoons and through staff meetings, appraisals and 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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as the introduction of the advanced nurse practitioner which had reduced unplanned admissions to hospital.
- The partners met weekly with the practice manager to monitor the impact of new initiatives, the progress of

new staff, QOF results, clinical commissioning group (CCG) & CQC visits and action required, and to listen to feedback from other meetings and education sessions. All actions were brought forward and reviewed at the next meeting.

- Action plans were produced following any surveys carried out. Improvements introduced included the introduction of the same day patient appointment guarantee, the introduction of evening family planning and smoking cessation services and during the winter a Saturday surgery.
- The GPs met monthly with other local practices to benefit from peer review, discuss enhanced services and share learning.
- The practice had meetings with the CCG and engaged with the NHS England Area Team such as working with the medicines optimisation team and attending senate and practice nurse forum meetings.
- The practice was given a silver award for quality in teaching practise for medical students during 2014/15 by the University of Manchester.