

# Umar Medical Centre

## Quality Report

3 Lime Street  
Blackburn  
Lancashire  
BB1 7EP  
Tel: 01254 287070

Website:  
[www.umarmedicalcentre.nhs.uk](http://www.umarmedicalcentre.nhs.uk)

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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 Umar Medical Centre on 27th July 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 did not always find it easy to make an appointment with a named GP. However 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 had a large population of patients from black and ethnic minority ( BME) groups (79%) who were potentially vulnerable. Some patients did not have English as a first language and deprivation

# Summary of findings

levels in the community were high. Staff were highly responsive to their needs ensuring that there were Urdu & Gujarat speakers employed at the practice, use of Language Line for translation and providing written information in those languages. Patients travelling on pilgrimage to Mecca were provided with free vaccinations. Over the period of Ramadan patients were provided with advice and support about healthy eating and the practice worked with local mosques to promote health education.

The practice should make the following improvements:-

- Establish a system to monitor that all repeat prescriptions are reviewed by GP's.
- Put a system in place to log the use of hand written prescriptions.
- Continue to develop a Patient Participation Group to ensure a regular contribution to the feedback considered by the practice.

**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.
- 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 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.

The GPs contributed to the safety of patients by continually reviewing repeat prescriptions however an audit trail for those reviews was not in place.

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 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 community matrons and palliative care staff 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.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 95% of patients said they had confidence and trust in the last GP they saw.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Staff reviewed the needs of the practice 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 the practice offered free meningitis vaccinations to all patients who travelled on pilgrimage to Mecca.
- Patients said they did not always find it easy to make an appointment with a named GP, however 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.

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.
- 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.

Good



# Summary of findings

- 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 very active.
- There was a strong focus on continuous learning and improvement at all levels and the practice had developed a detailed quality improvement plan.

# 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. Those who were at risk were placed on a register and received priority access.
- The practice was responsive to the needs of older people, and offered home visits, urgent appointments or referral to the acute visiting service provided by the CCG for those with enhanced needs.
- There was consultation rooms on the ground floor which were used by the GPs to ease any burden on patients.
- Care plans were in place with regular reviews as required.
- Routine invitations were sent out for flu vaccination for the over 65's and also zoster, meningitis and pneumonia as relevant.
- The practice offered a multi-agency approach. Holistic assessments were undertaken and discussed at six weekly integrated care meetings. Clinical cases were discussed at practice level and co-ordinated care was delivered with reference to medical and social needs.
- Patient transport was arranged as required for routine appointments for those with mobility problems.

### 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.
- There was a high prevalence of diabetes in the local community and in house expertise and community expertise was used to manage uncontrolled conditions. The practice was also part of the Local Diabetes Improvement Service for retinal screening & microalbumin screening with a plan of action to improve management of these patients.
- Performance for diabetes related indicators was better than the national average.
- Longer appointments and home visits were available when needed.

# Summary of findings

- 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.
- The practice had quarterly contact with patients with respiratory disease to assess their needs and arrange rescue packs where appropriate.
- The practice used asthma admission action plans to reduce admissions and improve patient management.
- The Macmillan cancer care template was used to ensure a holistic assessment was carried throughout the treatment pathway. Clinicians attended end of life care training updates.

## 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. This included regular contact with Health Visitors via a communication book who visited the practice every two weeks.
- Immunisation rates were relatively high for all standard childhood immunisations. These were provided both at immunisation clinics, by appointment or via drop in. Where children repeatedly failed to attend for immunisations a joint review was arranged with the Health Visitor.
- 72% of women aged 25-64 are 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.
- A texting service was used to encourage teenagers to engage with stopping smoking and asthma clinic attendance.
- A maternity service was available at the surgery during which time health education advice was offered for mother and child.
- Families were encouraged to collect healthy start vitamin drops but where they were unable to collect them a prescription was provided to ensure no lapse in the nutrition of the child. The practice were aware of a historical and ongoing iron deficiency and vitamin d deficiency issue in the predominantly BME patient population.

Good





# Summary of findings

- Asthma clinic and regular reviews were undertaken by a dedicated asthma nurse as per guidelines. The surgery had oxygen and nebulisation facilities available when required.

## **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 including electronic prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- GP appointments were offered until 6.30pm to enable after work access.
- Practice Nurse appointments were offered until 8pm and 8.30pm twice weekly.
- Health screening was offered for those over 35 years.
- There was a new call waiting service on the telephone line to ease the burden on working patients trying to access appointments.

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 and those with epilepsy. Staff training had been undertaken to raise awareness of patient vulnerability.
- The practice had a large population of patients from BME groups (79%) who were potentially vulnerable due to English not always being their first language and high levels of deprivation in the community. Staff were highly responsive to their needs ensuring that there were Urdu and Gujarat speakers employed at the practice, use of Language Line for translation and providing written information in those languages. Patients travelling on pilgrimage to Mecca were provided with free vaccinations. Over the period of Ramadan patients were provided with advice and support about healthy eating and the practice worked with local mosques to promote health education.

Good



# Summary of findings

- 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.
- 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.
- Practice staff actively sought out and maintained a register of carers. Fifty carers had been identified on the patient list. A carer's information board was maintained in the waiting room.
- Patients who repeatedly did not attend appointments were reviewed at practice meetings.
- There was a procedure in place to provide support for sensory deprived patients, that is patients with visual and hearing disabilities.

## People experiencing poor mental health (including people with dementia)

- 95% 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 well to a CCG average of 92% and a national average of 88%.
- 97% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This was higher than the national average of 93%.
- One of the salaried GPs had a special interest in psychiatry. He assisted with ad hoc education of other clinicians and also did teaching sessions for clinicians as part of the weekly clinical review/update meeting.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and provided personalised medicine management including daily prescriptions if needed.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Routine 2 week review appointments were arranged specifically for mental health patients to monitor progress and clinicians provided double appointments where appropriate.

Good



## Summary of findings

- Identification of memory concerns were followed by a memory assessment and associated blood tests. A register of patients with dementia was held.

# 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 below local and national averages. 415 survey forms were distributed and 91 were returned. This represented 1.2% of the practice's patient list.

- 30% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 57% 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%.
- 60% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 44% 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%.

The survey results had been reviewed and the telephone system had been subsequently upgraded to introduce queuing. Practice staff felt that the local population had

very high expectations of the level of access they required with many patients arriving at the surgery in the morning and expecting to be seen immediately by their doctor of choice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients commented that they were treated with respect and dignity, felt the practice was clean and well maintained and staff were helpful, supportive and professional. Patients commented upon how good communications were across the practice and they were very satisfied with the service. We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were proactive and always seeking to improve. Patients told us they did not feel rushed in consultations and that staff talked things through with them. All said they would recommend the surgery to others.

We reviewed the results of Family and Friends Test feedback for 2015/16 and noted 84% of respondents were extremely likely or likely to recommend the practice to others.

## Areas for improvement

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

- Establish a system to monitor that all repeat prescriptions are reviewed by GP's.
- Put a system in place to log the use of hand written prescriptions.

- Continue to develop a Patient Participation Group to ensure a regular contribution to the feedback considered by the practice.

## Outstanding practice

- The practice had a large population of patients from black and ethnic minority (BME) groups (79%) who were potentially vulnerable. Some patients did not have English as a first language and deprivation levels in the community were high. Staff were highly responsive to their needs ensuring that there were

Urdu & Gujarat speakers employed at the practice, use of Language Line for translation and providing written information in those languages. Patients travelling on pilgrimage to Mecca were provided with

## Summary of findings

free vaccinations. Over the period of Ramadan patients were provided with advice and support about healthy eating and the practice worked with local mosques to promote health education.

# Umar Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Umar Medical Centre

Umar Medical Centre is located in Lime Street, Blackburn, Lancashire. There is a branch of the practice at Railway Road, Darwen which all patients may attend if they wish. The branch was not visited as part of the inspection. The medical centre is near to the centre of the town in a residential area mainly populated by BME groups predominantly Asian (total 79% of patients registered). The building occupies three storeys with the top floor used for administration and storage and the ground and first floors with clinical rooms. There is easy access to the building and disabled facilities are provided on the ground floor. There is limited on street car parking.

There are six GPs working at the practice. Three GPs are partners, two male and one female and three GPs are salaried, two male and one female. There is a total of 5.00 whole time equivalent GPs available including a regular locum GP employed two days each week. There is one full time nurse and one part time female health care assistant. There is a full time practice manager and a team of administrative staff.

The practice opening times are 8am until 6.30pm Monday, Wednesday, Friday, 8am until 8pm Tuesday and 8am until

8.30pm Thursday. GP appointments are available 8.30am to 12.30pm and 2.30pm to 6.20pm each day with practice nurse appointments available into the evening on Tuesday and Thursday.

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will transfer them to East Lancashire Medical Services an Out of Hours provider. There are 7900 patients on the practice list. The majority of patients are of Asian descent with a lower than average number of elderly patients and high numbers of patients aged 5-64 years with high chronic disease prevalence. On the Index of Multiple Deprivation the practice is in the second most deprived decile. The practice holds a Primary Medical Services contract with NHS England and is part of Blackburn and Darwen Clinical Commissioning Group.

This practice has been accredited as a GP training practice and has qualified doctors attached to it training to specialise in general practice however staff told us it is difficult to fill GP training posts due to the challenging nature of the work. The practice also offers placements to medical students and pharmacists.

## 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.

# Detailed findings

## 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 27 July 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager, practice nurse and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.
- The practice carried out a thorough analysis of significant events and these were discussed at practice meetings to share learning and agree actions required.

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, a significant event occurred when a patient was not referred urgently to secondary care as the GP had intended. This was discussed at a team meeting and now all requests for referral are done via the EMIS system which has created an audit trail which can be easily monitored.

### 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 level 2.

- A notice in the waiting room advised patients that chaperones were available if required. 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. The practice nurse was the infection control clinical lead and 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. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 that whilst GPs reviewed patients via telephone or face to face consultation before signing off repeat prescriptions there was no system in place to log and monitor this process. The practice did carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however there were no systems in place to monitor the use of handwritten prescriptions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines against a patient specific prescription.
- The practice held no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to



# Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## 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 staff kitchen which identified local health and safety 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 99.3% of the total number of points available. This is 2% above the CCG average and 4.5% 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 better than the national average in some areas. For example the practice achieved 91% regarding patients with diabetes who had a foot examination (National average 88%) and 90% who had had flu immunisations in the preceding August to March 2015 (National average 94%).
- Performance for mental health related indicators was better than the national average for example 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (National average 88%).

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 regular clinical audits completed in the last two years such as on minor surgery and joint injections and on dementia diagnosis rates. We saw these were completed audits and the practice had improved from being an outlier in dementia diagnosis to being above the national mean by establishing enhanced services and being a part of the local improvement scheme.
- Findings were used by the practice to improve services. For example, use of cough mixtures and paracetamol for minor ailments had dropped very significantly from 2011/12 to 2014/15. Patients had received health education regarding self-management and use of the expertise of pharmacists to achieve this.
- Following receipt of a safety alert regarding a home glucose monitoring machine the practice nurse checked whether any patients were using the equipment which they were not. All safety alerts are forwarded to clinicians, the practice manager received an E mail confirming action was taken and the alert was filed in a safety alert folder on the shared drive for future reference.

Information about outcomes for patients was used to make improvements. For example, the predominantly South Asian practice population was at high risk of cerebrovascular disease, diabetes and coronary heart disease and new drugs were being trialled in a pilot group which demonstrated significant improvements in outcomes.

### 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 Health Care Assistant (HCA) was being

# Are services effective?

## (for example, treatment is effective)

supported to gain an Assistant Practitioner qualification. The practice nurse received regular updates in diabetic care, cervical cytology, travel health and cardiorespiratory disease.

- 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, 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 such as workbooks on confidentiality, communication, manual handling and fire safety.

### 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 such as the community diabetic service.

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 six weekly basis when care plans were routinely reviewed

and updated for patients with complex needs. These included patients who were nearing the end of life. We noted that the practice had low numbers of patients on the palliative care register and was making efforts to ensure all patients were appropriately identified.

### 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 patient records audits.

### Supporting patients to live healthier lives

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

- Many patients observed Ramadan and the practice provided advice about how to eat healthily during this time especially if they were diagnosed with diabetes.
- Referrals were made to the dietician, community diabetic service and podiatrist and the health care assistant provided smoking cessation advice and signposted patients to services or information such as A Walk in the Park and Healthwise to encourage regular exercise.
- Patients who attended the learning disability review service had their physical health check, were screened for breast, cervical and testicular cancer, received healthy lifestyle advice and their health plan was updated. This was held by the patient and used by all health & social care agencies to ensure continuity of care.
- The practice's uptake for the cervical screening programme was 72%, which was comparable to the national average of 82%. There was a policy to offer

# Are services effective?

(for example, treatment is effective)

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. However we were told many women in the local community were unwilling to undertake the test. The practice nurse was providing health education and advice to encourage women to take up this opportunity. 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 95% and five year olds from 74% to 96%. (CCG average range for two year olds 83-95% and for five year olds 72-95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. 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 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) which had met regularly until one year ago. They told us they felt the practice performed well and commented he could not praise them highly enough. Comment cards highlighted that staff were helpful, listened to them and responded compassionately when they needed help and provided support when required.

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

- 80% of patients said the GP was good at listening to them compared to the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 65% of patients said they found the receptionists at the practice helpful compared to 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 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 lower with local and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 82%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and many staff spoke Urdu or Gujarat in common with the local community. We saw notices and leaflets in the reception areas in several languages however information leaflets were not available in easy read format suitable for people with learning disability.

### 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 also a carer. The practice had identified 50 patients as

## Are services caring?

carers (0.6% of the practice list). Identified carers were coded on the system so that staff could monitor their health and well being in relation to their caring responsibilities when they attended for a consultation or health check. Written information was available in English, Urdu and Gujarat in the reception area to direct carers to the various avenues of support available to them including Blackburn and Darwen Carers Service.

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 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 one care home where nominated GP's visited to do consultations and meetings were held with the home manager, where advice was offered to the staff. Patients were also referred to the Acute Visiting Service where relevant. Same day appointments were available for children and those patients with medical problems that required an immediate consultation. The on call GP spoke with any patient who required support by telephone and if appropriate offered a face to face consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. If patients were travelling on a pilgrimage to Mecca the appropriate vaccinations, meningitis for example, were done without charge.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as working jointly with school nurses and teaching staff where a child's condition was exacerbating.

### Access to the service

The practice was open between 8am and 6.30pm Monday, Wednesday and Friday, Tuesday 8am to 8pm and Thursday 8am to 8.30pm. Appointments were available with GP's from 8.30am to 12.30pm every morning and 2.30pm to 6.20pm daily. The practice nurse also offered appointments on Tuesday and Thursday evenings. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them on the same day.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 30% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However staff felt there was a culture of patients coming to the practice rather than making a telephone call and possibly having to wait to be answered.

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.

### 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 three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Complaints were discussed at significant event meetings where analysis of trends was considered and action was taken as a result to improve the quality of care.



# 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 strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 both in written form and on the shared drive.
- A comprehensive understanding of the performance of the practice was maintained and this was displayed in the two waiting areas for patients to see what action was taken to improve performance and as a result of their feedback.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A comprehensive and detailed quality improvement plan had recently been updated.
- 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. 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 had re-established regular team meetings in the last three months 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. We noted a team away day had been held recently to reorganise the structure of meetings held in the practice and develop in-house protocols.
- Staff said they felt respected, valued and supported by the partners and the practice manager. 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.



# Are services well-led?

Good 

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

- A PPG meeting had been reconvened to take place in August 2016 after not meeting for over twelve months. We were told by a previous member that it had in the past been representative of the community, gender and had a wide age range. Previous members had agreed to reform the group and we spoke with other patients who were willing to assist with community liaison and health education.
- The practice had gathered mixed feedback from patients through surveys and complaints received. Following poor feedback from the GP Survey (a National tool) about telephone access changes had been made and an internal survey was in progress during our inspection to check whether patients had experienced an improvement.
- Clinicians gave all patients a Family and Friends feedback form to complete at the end of each consultation and post in a box at reception before they left the surgery.
- The practice had gathered feedback from staff through staff away days and training sessions and generally 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.
- 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.
- The partners currently met weekly with the practice manager and practice nurse to monitor the impact of new initiatives, the progress of new staff, QOF results, CCG & CQC visits and action required, and listen to feedback from other meetings and education sessions.
- A comprehensive and detailed quality improvement plan had been produced originally in 2014 and following discussions with the CCG in June 2016 it had been updated. Improvements proposed included action for all areas where the practice were outliers such as diabetes prevalence, rates of cervical cytology and admission to hospital with coronary heart disease. Other areas included continuing to improve telephone access, promoting online access to book appointments and order repeat prescriptions.
- The practice had meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team and had recently worked with bilingual health trainers to consider further community appropriate initiatives. Two of the GP's were CCG board members and provided feedback to the practice staff.

## Continuous improvement

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.