

# Bentham Road Health Centre

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bentham Road Health Centre on 13 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. There was evidence of discussion and subsequent action but supporting records were not maintained in a consistent manner.
- Risks to patients were assessed and managed. However, some supporting systems and processes were not implemented well enough to ensure patients were kept safe.
- 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 services 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.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour and had developed a policy to support compliance with the duty.
- The practice was a training practice and documented feedback trainees indicated training was provided to a high standard.

We saw several areas of outstanding practice including:

- The practice had identified a number of common social issues faced by older patients and had organised and held regular events to assist patients to overcome these issues.
- A Chaplain employed by the wider Cornerstone Healthcare Group regularly worked with and provided support to vulnerable practice patients and their families to overcome health and social issues and challenges.

The areas where the provider must make improvement are:

- Undertake a comprehensive infection prevention and control audit.

- Ensure electrical equipment testing is undertaken and supported by comprehensive, complete equipment and maintenance records.
- Develop and implement a system to ensure single use clinical items are formally checked to ensure they remain fit for use.
- Ensure patient specific directions are appropriately authorised before associated activity is completed.

There were areas of practice where the provider should make improvements:

- Consider the need for comprehensive complaint and significant event registers to be maintained to support learning and improvement.
- Complete the development and implementation of a comprehensive system for the distribution of safety alerts and recording associated actions.
- Complete the planned review of the legionella risk assessment.
- Consider improving communication of the practice business continuity management plan to ensure all staff are aware of the contents and responsibilities.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was a system in place for reporting and recording significant events. There was evidence that significant events were investigated and necessary improvements were implemented as required. However, we noted not all significant event records were entered on the event summary register maintained by the practice.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and a verbal or 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.
- Although risks to patients who used services were assessed, the systems and processes to address identified risks were not implemented well enough to ensure patients were kept safe. For example specific infection prevention and control (IPC) audits had not been undertaken as reliance was placed on a generic building audit completed in November 2015. This did not adequately cover potential IPC issues or risks. Maintenance records indicated portable electrical items in use within the practice had been checked to ensure they remained safe for use but a physical check of labels attached to a sample of non-clinical items revealed they were overdue review and were not listed within the practice records. In addition the practice did not have an electrical safety certificate for the building and we noted the practice risk assessment related to legionella bacterium was overdue review.
- Healthcare assistants were trained to administer vaccines against a patient specific direction (PSD) from a prescriber. However, we noted PSD documents did not minimise risks to patients and staff as they were not authorised until after vaccines had been administered.
- We were told the practice was in the process of implementing a revised and improved system to ensure safety alerts were communicated effectively and appropriate action was taken. However, at the time of our inspection there was limited

# Summary of findings

evidence to demonstrate safety alerts were managed effectively. We noted staff were able to describe the actions taken following the receipt of safety alerts but they had not formally and consistently recorded associated activity.

- The practice did not have a formal system in place to effectively manage the expiry dates of single use clinical items and we found a small number of items that had exceeded the expiry date detailed on each item.

## 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 to understand and meet the range and complexity of patients' needs.
- The practice regularly hosted a range of health and wellbeing workshops arranged in conjunction with Blackburn with Darwen Council.
- The practice provided the opportunity for patients to check their own weight and blood pressure in a dedicated and segregated section of the practice waiting area.

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.
- 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 and information confidentiality.
- A Chaplain was employed by the wider Cornerstone Healthcare Group and was available in the practice to provide support to patients as required.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they 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.
- 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. However, we noted the practice did not always follow the practice policy for complaints and as a result complaints were not always dealt with in a consistent manner.
- The wider Cornerstone Healthcare Group employed a Chaplain that was available to provide emotional and practical support to practice patients.

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.
- 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 the requirements of the duty of candour and had systems in place to support compliance with the duty.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to support appropriate action. We noted that significant events were recorded but not all events were detailed within the associated practice register.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked collaboratively with the integrated locality team to ensure care was tailored to meet the needs of patients.
- The practice had identified a number of common social issues faced by older patients and had organised and held regular events to assist patients to overcome these issues.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 82% and 96% and this was higher than the national average range of 78% to 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to local and national levels for all standard childhood immunisations.

Good





# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was 87% which was higher than the Clinical Commissioning Group (CCG) and national averages of 79% and 75% respectively.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 90%, which was higher than the CCG and national averages of 80% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice operated extended hours and appointments were available on weekdays outside of normal working hours and also on Saturday mornings.
- Unverified data maintained by the practice indicated an increase in the current number of patients using online services when compared to 2015. For example we were told there had been a 31% increase in the number of patients that had booked appointments online and a 36% increase in the number of prescriptions ordered online.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as outstanding 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 who were housebound.
- The practice offered longer appointments for patients with a learning disability.

Outstanding



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A Chaplain employed by the wider Cornerstone Healthcare Group regularly worked with and provided support to vulnerable practice patients and their families to overcome health and social issues and challenges.
- A weekly craft group was hosted by the practice that provided the opportunity for people to meet with others.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months, which was higher than the national average of 88%.
- A record of alcohol consumption was recorded for 93% of patients with mental health related conditions compared to 90% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published 7 July 2016. The results showed the practice was performing in line with local and national averages. A total of 327 survey forms were distributed and 107 were returned. This was a response rate of 33% and represented approximately 2% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 75% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average and national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards of which 25 were very positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs, nursing staff and the receptionists. Patients felt the practice was caring and responsive to patient's needs. One card identified issues in relation to the process for repeat prescriptions and the time taken for practice staff to answer the telephone when calling to arrange an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with two members of the patient participation group the day after the inspection and they both praised the practice for the commitment of staff and the level of service provided to patients.

## Areas for improvement

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

The areas where the provider must make improvement are:

- Undertake a comprehensive infection prevention and control audit.
- Ensure electrical equipment testing is undertaken and supported by comprehensive, complete equipment and maintenance records.
- Develop and implement a system to ensure single use clinical items are formally checked to ensure they remain fit for use.
- Ensure patient specific directions are appropriately authorised before associated activity is completed.

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

There were areas of practice where the provider should make improvements:

- Consider the need for comprehensive complaint and significant event registers to be maintained to support learning and improvement.
- Complete the development and implementation of a comprehensive system for the distribution of safety alerts and recording associated actions.
- Complete the planned review of the legionella risk assessment.
- Consider improving communication of the practice business continuity management plan to ensure all staff are aware of the contents and responsibilities.

# Summary of findings

## Outstanding practice

We saw several areas of outstanding practice including:

- The practice had identified a number of common social issues faced by older patients and had organised and held regular events to assist patients to overcome these issues.
- A Chaplain employed by the wider Cornerstone Healthcare Group regularly worked with and provided support to vulnerable practice patients and their families to overcome health and social issues and challenges.

# Bentham Road Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Bentham Road Health Centre

Bentham Road Health Centre is based in the Mill Hill area of Blackburn. Bentham Road Health Centre provides general medical services and minor surgical services for people of all ages from a purpose built building. The practice is part of the Cornerstone Healthcare Group and has a Christian foundation. The practice is a teaching practice for GPs in training and medical students.

The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG) and provides services to approximately 5000 patients under an Alternative Provider Medical Services (APMS) contract with NHS England.

The average life expectancy of the practice population is comparable to the local average and slightly below the national average (81 years for females, compared to the local average of 80 and national average of 83 years, 76 years for males, compared to the local average of 76 and national average of 79 years).

The age distribution of the total practice's patient population is broadly in line with local and national averages although it is noted there is a higher percentage of female patients under the age of 34 years and male patients under the age of 14 years when compared to the national average. The practice caters for a higher

percentage of patients who experience a long standing health condition (69%, compared to the local average of 56% and national average of 54%). The practice percentage (62%) of its population with a working status of being in paid work or in full-time education is above the CCG average (57%) and the same as the England average (62%). The practice has a lower percentage (2%) of its population with an unemployed status when compared to the CCG average (7%) and England average (5%).

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

The practice is staffed by two GPs that are partners within the wider Cornerstone Healthcare Group (one male and one female) and one long-term locum GP (male). In addition the practice employs two practice nurses and one healthcare assistant. Clinical staff are supported by a practice manager, a site manager and a team of administration and reception staff.

The practice is open between 8am - 6.30pm Monday, Thursday and Friday, between 8am - 8pm Tuesday and Wednesday and between 8.30am - 12.30pm Saturday. The practice is part of a federation of GP practices and patients are also able to attend appointments at a number of local health centres as part of this arrangement.

Outside normal surgery hours, patients are advised to contact the out of hours service by dialling NHS 111, offered locally by the provider East Lancashire Medical Services.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 October 2016. During our visit we:

- Spoke with a range of staff including the GPs, nursing staff, the practice manager and site manager as well as staff from the administration team.
- Observed how staff interacted with patients and spoke with patients, 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice had a Duty of Candour policy and GPs and the practice and site manager were able to describe actions taken to ensure compliance with the duty (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).
- A register maintained by the practice provided evidence to assure us that when things went wrong with care and treatment, patients were informed of the incident and received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. However, we noted not all significant event records were entered on the register.
- There was evidence that significant events were investigated and necessary improvements were implemented as required. The practice routinely discussed significant events at meetings attended by representatives of the wider Cornerstone Healthcare Group.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed and improved the systems in place to support duty doctor home visit requests as a result of two missed visits on the same day.

### 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 three and practice nurses trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and all 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. A lead nurse from within the wider Cornerstone Healthcare Group was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We were told the IPC lead had recently taken over this responsibility following the departure from the practice of the previous lead.
- There was an infection control protocol in place and staff had received up to date training. We were told that a specific annual infection control audit had not been undertaken as reliance had been placed on the outcomes of a generic building audit completed in November 2015. We noted this audit activity did not adequately cover potential IPC issues or risks.
- We noted containers for the safe disposal of sharps were not consistently signed or dated to prompt disposal.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

## Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines against a patient specific direction (PSD) from a prescriber. However, we noted patient specific direction (PSD) documents did not control or minimise risks to patients and staff as intended as they were not authorised until after vaccines had been administered.
- We were told staff regularly checked practice stock of single use items but there was no formal record of this activity. A check of a small sample of items available for use in two clinical areas identified three needles with an expiry date of June 2016, blood collection tubes that had expired in May 2016, asthma placebo inhalers with an expiry date of 2013 and a children's oxygen mask with an expiry date of August 2015. Staff took immediate action to dispose of the expired items and told us a thorough check of other items in practice would be completed as a priority.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- The practice had records to demonstrate electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, a physical check of labels attached to a sample of electrical items indicated they were overdue review and were not listed within the practice records.
- 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 legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted the practice legionella risk assessment was overdue review but we did see up to date evidence that demonstrated water systems had been regularly checked and monitored.
- The practice did not have a current electrical safety certificate for the building but told us they had received confirmation that the required check would be completed within four weeks of our visit.
- 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 management plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We noted that some staff stated they had no knowledge of the plan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We noted the practice did not have an effective system in place or supporting records to demonstrate appropriate action had been taken following the receipt of safety alerts. However, staff were able to explain the action taken for a sample of safety alerts. The practice had recognised the management of safety alerts as an area for improvement and activity was ongoing to develop and implement a revised system and improve associated 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 were 100% of the total number of points available, with 10% overall clinical domain exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice overall clinical domain exception reporting rate was similar to the national average and lower than the local Clinical Commissioning Group (CCG) average.

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

- Performance for diabetes related indicators was higher than national averages. For example:
  - 96% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.

- A record of foot examination was present for 94% of patients compared to the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was within recommended levels was 82% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was within recommended levels was 87% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was within recommended levels was 89% compared to the national average of 84%.
- Performance for mental health related indicators was higher when compared to national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 95% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 94% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years including three full cycle audits. We reviewed audit records and saw evidence of improvements being implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. However, we noted patient specific direction (PSD) documents used by the practice did not control or minimise risks to patients and staff as they were not authorised until after vaccines had been administered.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For example the practice hosted a drug and alcohol worker at the surgery to provide support for patients.
- The practice regularly hosted health and wellbeing workshops arranged in conjunction with Blackburn with Darwen Council. We were told the practice selected topics based on patient need and relevance. For example the practice facilitated a diabetes awareness workshop in September 2016 that was attended by 32 people. We noted that documented feedback from the workshop was very positive.
- The practice provided the opportunity for patients to check their own weight and blood pressure in a dedicated and segregated section of the practice waiting area. Information to support the use of the equipment and enable patients to understand the results was clearly displayed in this area.

The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 80% and the national average of 82%. There was a policy to

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

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and performance was generally comparable to local and national averages. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99% and five year olds from 77% to 99%.

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 but one of the 26 patient Care Quality Commission comment cards we received were very 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. One card identified issues in relation to the process for repeat prescriptions and the time taken for practice staff to answer the telephone when calling to arrange an appointment.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 82% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

- 95% 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%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average and national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### **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 within a comprehensive practice leaflet and on the practice website. In addition a Chaplain funded by the wider Cornerstone Healthcare Group was available to offer both emotional and practical support to patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 136 patients as carers (approximately 2.6% of the practice list). A notice board within the reception area was dedicated to the provision of information to carers and written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We were told a practice GP was a member of the CCG executive board and this position was used to ensure close liaison between the practice and the CCG.

- Appointments were available outside of normal working hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice facilitated regular health and wellbeing workshops to provide support and information to patients and members of the wider community.
- A weekly craft group was hosted by the practice that provided the opportunity for people to meet with others.

### Access to the service

The practice was open between 8am - 6.30pm Monday, Thursday and Friday, between 8am - 8pm Tuesday and Wednesday and between 8.30am - 12.30pm Saturday. The practice was part of a federation of GP practices and patients were also able to attend appointments at a number of local health centres as part of this arrangement. Outside normal surgery hours, patients were advised to contact the out of hours service by dialling NHS 111, offered locally by the provider East Lancashire Medical

Services. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 93% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78% and 76% respectively.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 75% and 73% respectively.

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

The practice had a system in place to assess:

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

The practice provided staff with guidance documents that included flow-charts that ensured all requests for appointments were handled consistently and also ensured patients received the most appropriate response to meet their needs.

### 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.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system was detailed within the practice leaflet but there were no posters displayed in the reception area in relation to the complaints system or direct patients to the practice leaflet.

We looked at six complaints received in the last 12 months and discussed the actions taken with practice staff and found these were satisfactorily handled in a timely way.

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

However, we noted that records maintained by the practice did not indicate a written response had been sent to each complainant in accordance with the practice complaints procedure.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice produced and considered an annual

report of complaints that included details of complaints received in all Cornerstone Healthcare locations. The report for 2014/15 demonstrated discussion and consideration of complaints that included details of improvement actions taken that ensured learning was shared across all locations. We were told the report for 2015/16 was scheduled to be produced and discussed in November 2016.

# 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 was part of the wider Cornerstone Healthcare Group that 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.
- Group and practice specific policies were implemented and were available to all staff although we noted not all staff were aware of the practice business continuity management plan.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical audit and management check activity was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We noted that the practice had recognised opportunities for improvement in relation to supporting systems and processes for the management and distribution of safety alerts and activity was ongoing to implement improvements.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of 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 apology
- The practice kept written records of verbal interactions as well as written correspondence.

We noted that significant events were recorded but not all events were detailed within the associated practice register.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.



# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- PPG members told us the group met regularly but that it was difficult to get people to engage with the group and some members could not attend all meetings due to work commitments. We were told the practice worked well with the group and welcomed feedback and suggestions for improvement. For example we were told the practice had listened to feedback and maintained an open environment at the reception desk following consideration of the installation of a glass partition between staff and patients.
- The practice had encouraged and welcomed PPG members' assistance and involvement in practice and local events. For example, members of the PPG had assisted and supported practice involvement in a local nine week running programme that promoted exercise and healthy lifestyles.
- The practice had gathered feedback from staff 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. For example review and learning from significant events was shared across all locations within the wider Cornerstone Healthcare Group and practice staff also had the benefit of support and experience of staff employed elsewhere within the group.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in the introduction of a Self Care Facilitator (SCF) as part of a local pilot scheme for integrated services that had the aim of reducing admissions to hospitals. We were told the SCF worked with practice patients to support them in managing their needs and we were given examples of how the practice had referred patients to the SCF and as a result reduced demand for GP and hospital services.

The practice was a teaching practice for GPs in training and medical students. We were told the practice provided regular half day tutorials and also ensured protected time was allocated for trainees to complete self-directed study. We were shown documented feedback collected by the Clinical Commissioning Group and supplied to the practice that indicated trainees considered the practice to be very friendly, well organised and an exceptional place for trainees to work.

## Continuous improvement

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p data-bbox="810 663 1517 730">Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p data-bbox="810 757 1321 790"><b>How the regulation was not being met:</b></p> <p data-bbox="810 869 1517 976">The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p data-bbox="810 1055 1517 1312">They had not identified risks and implemented adequate controls associated with infection prevention and control, patient specific directions were not authorised before associated activity was completed, comprehensive electrical safety testing was not completed and the system in place to monitor expiry dates of single use items was not effective.</p> <p data-bbox="810 1391 1517 1496">This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>