

Peel House Medical Practice

Quality Report

Accrington PALS Primary Health Care Centre
Accrington
Lancashire
BB5 2EJ
Tel: 01254 282282
Website: www.peelhouse.gpsurgery.net

Date of inspection visit: 22 July 2016
Date of publication: 09/09/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	14
Background to Peel House Medical Practice	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Peel House Medical Centre on 22 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.
- The practice was aware that risks to patients were not consistently assessed and well managed and had recruited a quality assurance officer to develop this area. For example infection prevention and control audits had not taken place, safeguarding policies and training were not up to date and not all areas of the practice had been risk assessed.
- 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. However, acknowledgements and responses to complaints were not in line with practice policy and NHS guidance.
- The practice had made significant changes to the appointment system to improve patient access and experience over the last two years, and many patients reported this had improved although there were still some who were not satisfied regarding access.
- 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 and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Improve arrangements to keep staff and patients safe including:
- Ensuring all required risk assessments are carried out and procedures for the control of substances hazardous to health (COSHH) meet requirements.
- Revising safeguarding policies, procedures and training to meet NHS requirements.
- Reviewing the infection prevention and control policy to include ensure a full annual infection prevention and control audit is carried out for both branch sites with required actions prioritised and implemented.
- Provide Mental Capacity Act training and guidance for all staff, especially those working with vulnerable people.

The areas where the provider should make improvement are:

- Provide chaperone training for all staff who carry out the role.
- Update the business continuity plan to include actions and responsibilities for the continued provision of care should the building be compromised or inaccessible.
- Review and implement management arrangements to ensure all staff have an appraisal annually and all required training is completed and recorded.
- Clinical prescribing protocols should be written to ensure consistency between all GPs and locum GPs.
- Introduce a local plan to ensure that continuous improvement activity including two-cycle clinical audit is undertaken consistently.
- Follow the local policy to ensure that complaints are acknowledged, investigated and responded to in line with NHS Guidance.
- Review the recruitment policy and locum policy to include ensuring that relevant checks are made on all locum staff including existing locum GPs.

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 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 safeguarding policies were in draft form, and the practice could not provide evidence of level 3 training for all GPs on the day of inspection. On the day of inspection there was no clear protocol in place for meeting with health visitors and there were inconsistencies in coding at risk children in patient medical records. Not all staff had received training in the mental capacity act. The practice arranged training immediately and undertook work to update the safeguarding policy.
- One member of staff who visited housebound patients had not received training in the mental capacity act and not all staff who acted as chaperones had received training for this role.
- The practice had not carried out any infection prevention and control audits, although they had undertaken an annual environmental audit and some monthly checks and aseptic techniques.
- There were limited health and safety risk assessments in place and none available for the branch surgery, the practice informed CQC these were completed promptly following the inspection.
- Recruitment checks were made on staff, although no checks had been made on locum GPs. The locum GPs used by the practice had been used over a number of years and the practice had written a policy for checking new locum GPs in future.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.

Summary of findings

- For example, 87% of patients with hypertension had a recent blood pressure reading which was within a normal range, which was in line with the national average of 85%. 92% of patients with diabetes had a recent cholesterol test which was within a normal range, which was above the national average of 81%.
- The practice had recognised a number of QOF indicators which had high exception reporting and had reduced the numbers of patients excepted over the last two years. (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).
- For example, 20% of patients with cancer were excepted in 2014/15. Practice data showed this reduced to 0.5% in 2015/16. Practice data also showed a reduction in exception reporting for patients diagnosed with depression which reduced from 31% of patients with depression being excepted in 2014/15, to 2% in 2015/16. 2015/16 data was provided by the practice which had not yet been nationally validated.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, though there had been limited two-cycle audit activity during the last two years.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of annual appraisals and personal development plans for all staff, although a number of these were overdue for 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice below others for several aspects of care.
- For example, 90% of patients said the last GP they saw was good at treating them with care and concern, which was above the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 215 patients who were carers, this represented 1.5% of the practice population of whom 172 had received an influenza vaccination during the previous 'flu' season.
- The practice hosted visits from a local carers organisation twice a year to raise awareness of support available for carers.

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 (CCG) to secure improvements to services where these were identified. For example, the practice worked with the CCG to employ community nurses to provide additional support to patients aged over 75 years. The practice had extended this scheme to support all housebound patients irrespective of age.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG), this included facilitating telephone calls to administrative staff between 4 and 6pm for working patients, and opening the practice on Wednesday afternoons to increase access.
- Patients could access appointments and services in a way and at a time that suited them. The practice had increased the numbers of telephone appointments from 106 to 1,186 between January 2014 and January 2015.
- Patients said they were often not able to make an appointment with their preferred GP regularly. For example only 15% of GP patient survey respondents said they had seen their preferred GP the last time they visited the practice, which was lower than the national average of 36%.
- 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. The practice had not consistently acknowledged complaints in line with its published policy and details of the Parliamentary and Health Services Ombudsman were not included with response letters.
- Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

- The CCG had awarded the PPG with an excellence award which the practice nominated them for to recognise the PPG contributions to the practice and the wider Hyndburn locality PPG.

Are services well-led?

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

- The practice had published 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 and the practice had recruited a compliance officer to make improvements in governance as they recognised that some areas needed improvements to meet requirements.
- 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 active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had worked to achieve the Royal College of General Practitioners (RCGP) Quality Practice Award which it had been awarded in November 2015.

Good



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. This included a community nursing team which provided care for patients aged over 75.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was supporting the development of a local on-line carers network which is aimed to support families and friends caring for relatives.
- The patient participation group (PPG) chair was involved in drafting an older people policy for the locality.

People with long term conditions

The practice is rated 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. Patients with more than one long-term condition were invited for a one-stop shop annual review.
- The practice held diabetes awareness and lifestyle sessions for newly diagnosed patients which also included expert patients who shared their experiences.
- 88% of patients with diabetes had a recent blood sugar test which was within a normal range, which was above the national average of 79%.
- 70% of patients with asthma had a full review recorded in the last 12 months, which was below the national average of 76%. Practice data showed this had been improved for 2015/16, although this data was not yet nationally validated.
- 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.
- The practice offered awareness sessions for newly diagnosed diabetic patients which provided information on lifestyles and involved expert patients with diabetes to share learning and experiences.

Summary of findings

- Care plans and rescue medications were in place for individual patients to reduce emergency hospital admissions.
- 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.

Families, children and young people

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

Good



- The practice policies and procedures for safeguarding did not assure the inspection team that safeguarding was prioritised to protect vulnerable children and families. There was no clear register of children and families identified as at risk or placed on safeguarding registers. Immunisation rates were comparable to national standard childhood immunisations
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 84% of eligible women had attended a cervical screening test within the last 5 years, which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had worked hard with the patient participation group and clinical commissioning group (CCG) to increase engagement with younger patients.
- Baby clinics were held by the health visitors in the practice weekly, but the practice had no formal arrangements in place for discussing children of concern with them.
- The practice offered travel vaccinations and was a yellow fever centre for the local area.
- Family planning and contraceptive services were available within the practice.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- A range of telephone and later appointments had been made available to improve care for working aged people.

Summary of findings

- 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 had increased telephone access into the administrative staff in the afternoons to improve this service for working aged people.

People whose circumstances may make them vulnerable

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

Good



- The practice put emphasis on holistic therapeutic care working with partnership organisations and ensuring patients are involved with their own treatment and care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. However, safeguarding policies were in draft form and procedures for identifying and monitoring these patients were not clear.
- The practice supported a range of temporary patients living in a nearby hostel and had introduced systems to improve care and safeguarding for these patients.
- The practice had extended the role of the GP community nurse to include housebound patients who were younger than 75 years old, to ensure that all these patients were given primary health care services in their own home.

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).

Good



- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84% and clinical commissioning group (CCG) average of 82%.

Summary of findings

- 87% of patients with severe mental health conditions had their care reviewed in a face to face meeting within the last 12 months which was comparable to the CCG and national average of 89%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages in some patient satisfaction areas. Of 262 survey forms distributed, 108 were returned, this was a response rate of 41% (this represented 2% of the practice's patient list).

- 39% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% 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 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 52% 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 78%.

The practice was aware of GP patient survey results and had been working to address concerns raised. They shared previous patient survey data and the work they had done to make improvements. For example, in 2014, only 5% of patients said they were able to see their preferred GP. In March 2016, this had improved to 14.5% and in July 2016 this was 25%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards of which 25 were positive about the standard of care received. Three comment cards mentioned difficulty in getting through by phone or seeing the preferred GP. Comment cards included commendations for named staff including GPs and stated the care and service was excellent.

We spoke with six patients during the inspection, two of whom were also members of the patient participation group. Four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two said they struggled to see the GP of their choice and mentioned problems getting appointments for joint injections.

The patient participation group members told us about the variety of work they had been involved in to help the practice improve patient service. This included increasing opening hours on Wednesday afternoons and telephone access to secretarial staff dealing with referrals to secondary care.

There were 540 responses to the Friends and Family test (FFT) survey between February and May 2016, of which 491, 91% said they would be extremely likely or likely to recommend the practice to someone new to the area.

Areas for improvement

Action the service **MUST** take to improve

- Improve arrangements to keep staff and patients safe including ensuring all required risk assessments are carried out and ensure that safeguarding policies, procedures and training meet NHS requirements.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Provide chaperone training for all staff who carry out the role.

- Provide Mental Capacity Act training and guidance for all staff, especially those working with vulnerable people.
- Update the business continuity plan to include actions and responsibilities for the continued provision of care should the building be compromised or inaccessible.
- Review and implement management arrangements to ensure all staff have an appraisal annually and all required training is completed and recorded.

Summary of findings

- Review the infection prevention and control policy to include ensure a full annual infection prevention and control audit is carried out for both branch sites with required actions prioritised and implemented.
- Clinical prescribing protocols should be written to ensure consistency between all GPs and locum GPs.
- Introduce a local plan to ensure that continuous improvement activity including two-cycle clinical audit is undertaken consistently.
- Follow the local policy to ensure that complaints are acknowledged, investigated and responded to in line with NHS Guidance.
- Review the recruitment policy and locum policy to include ensuring that relevant checks are made on all locum staff including existing locum GPs.

Peel House Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Peel House Medical Practice

Peel House Medical Centre provides primary care services to 14,717 patients within the town of Accrington, East Lancashire under a personal medical services contract (PMS) with NHS England. Peel House is part of East Lancashire Clinical Commissioning Group (CCG).

The practice has a main surgery based in Accrington PALS Primary Health Medical Centre and a smaller branch surgery based in Baxenden, 2 miles from the main site. Accrington PALS Primary Health Care Centre is maintained by NHS Property Services Ltd. The practice owns and is responsible for the branch site in Baxenden, which had one consultation room and one treatment room which was currently out of use awaiting refurbishment to bring it in line with infection prevention and control requirements.

The practice has six GP Partners, four male and two female, three female salaried GPs, one female nurse practitioner, a nurse manager and three practice nurses, three treatment room nurses, three healthcare assistants and two phlebotomists. The practice also has two community link nurses for housebound patients. One clinical pharmacist had recently started in post, with another due to start in August 2016. The practice is a training practice supporting GP trainees and had three GP trainees at the time of our visit.

The clinical team is supported by a practice manager and team of 20 administrative, reception and support staff.

The practice population is slightly older than the average national practice population, with more patients aged 45 years or older. There are fewer under 45 year old patients than the national average, with comparatively more over 65 year olds. 15% of the practice population are 66 years old or over. Around 69% of patients have a long-standing health condition, which is higher than the CCG average of 58% and national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male life expectancy at the practice is 75 years which is lower than the CCG average of 77 and national average of 79. Female life expectancy is 81 years, this is in line with the CCG average of 81 and just below the national average of 83 years.

East Lancashire has a higher prevalence of chronic obstructive pulmonary disease (COPD, a lung condition), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

The practice is open 8am until 6.30pm Mondays to Fridays. Reception is closed for training for one hour each Friday lunchtime, when urgent calls are responded to by phone.

When the practice is closed, out of hours cover is provided by East Lancashire Medical Services Ltd.

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

Detailed findings

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 reviewed available data including Quality and Outcomes Framework (QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions) and the National GP Patient Survey and National Cancer Intelligence Network Data.

We carried out an announced visit on 22 July 2016. During our visit we:

- Visited the main site at Accrington PALS Health Centre, though we did not visit the branch site at Baxenden.
- Spoke with a range of staff including: five GPs, the nurse manager and one nurse, one health care assistant, the practice manager and reception and administrative staff.
- Spoke with patients who used the service.
- Spoke with members of the patient participation group.
- Observed how staff interacted with patients and talked with carers and family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not support the recording of notifiable incidents under the duty of candour, but the practice assured us they would rectify this. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had duty of candour policies and information available.
- We saw evidence that when things went wrong with care and treatment, the practice informed patients of the incident, and provided reasonable support, truthful information, a written apology and informed patients about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of the significant events, although themes were not identified.

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, an audit was carried out on patients with diabetes prescribed specific medications to ensure that they were monitoring their blood sugar levels.

Overview of safety systems and processes

The practice systems, processes and practices did not assure the inspection that patients were safe and safeguarded from abuse.

- The safeguarding policy was only available in draft form, although staff had access to a flow chart which identified who staff should contact to raise concerns. Although the lead GP for safeguarding had been in place for two years, an internal assessment of safeguarding procedures had recently taken place and identified a number of areas for improvement. These areas included updating training for clinicians and reviewing coding of children identified at risk. This assessment and action plan had not yet been discussed with all GP partners. On

the day of the inspection, a register of patients who were on the safeguarding registers was not available, and there appeared to be errors in the coding in patient medical records. Staff interviewed could describe the actions they would take if they became aware of concerns about a child or adult.

- The GPs could not always attend safeguarding meetings though they provided reports where necessary for other agencies. Although health visitors held baby clinics in the building weekly, at the time of the inspection, the safeguarding lead could not say who met with them to discuss at risk children and families. At the time of inspection, the practice could not provide records detailing the required level of safeguarding training for GPs, with the exception of the safeguarding lead who completed level 3 training in March 2013.
- The practice arranged additional training immediately following the inspection to address concerns and the policy was updated to reflect legislative requirements.
- A notice in the waiting room advised patients that chaperones were available if required. Chaperoning was carried out by nurses and health care assistants, although health care assistants had not received training for this role. All staff 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 prevention and control clinical lead and an annual environmental audit was carried out as well as some weekly checks on aseptic hand washing techniques. There was an infection control protocol in place and staff had received up to date training. The practice had not carried out annual infection control audits.
- 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. Receptionists followed a protocol for issuing of repeat prescriptions, and GPs verbally described clear clinical prescribing protocols although these were not

Are services safe?

written down. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure 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. Several of the nursing team were qualified as independent non-medical prescribers and were supported by GPs with this role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription).

- We reviewed six 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. The practice had recently introduced a policy on conducting checks on new locum GPs. However, the practice had used the same locum GPs for a number of years and no checks had been carried out on these GPs.

Monitoring risks to patients

Risks to patients were not consistently assessed and well managed.

- The practice had recently recruited a quality assurance officer who was responsible for health and safety as well as fire procedures. This staff member was supporting the practice by developing procedures and systems for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and work was underway to complete risk assessments. There were no risk assessments available for the branch surgery at Baxenden owned by the GP partners. The main building had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment at the main site was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were

variety of other risk assessments provided by NHS Property Services Ltd in place for the main surgery site to monitor safety of the premises including legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, at the time of our inspection, the practice did not have health and safety or fire risk assessments for the branch site at Baxenden and electrical and gas safety checks had not been carried out. The practice arranged these immediately following the inspection and evidence was shared with CQC.

- However, the inspection observed a number of substances for which there were no control of substances hazardous to health (COSHH) assessments in place including acetone and flammable air freshener.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited new GPs and interviewed twice for a nurse practitioner, but been unable to appoint a suitable candidate, so they had recruited for clinical pharmacists to support GPs with safe prescribing and patient medication reviews. The first of two new clinical pharmacists had joined the practice in July 2016 just prior to the inspection.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All clinical areas and toilets had an emergency alarm system which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available stored securely behind reception. All the medicines we checked were in date and stored securely.
- 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage, although there was no plan in place should the building be compromised or inaccessible. No copy of the plan was available off the practice premises.

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 were 99% of the total number of points available. Clinical exception reporting was 14%, which was above the national average of 11% and clinical commissioning group (CCG) average of 12%. (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).

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. For example, 89% of patients with diabetes had a recent blood sugar test which was within a normal range, which was above the CCG average of 79% and national average of 78%. 92% of patients had a recent cholesterol test which was within a normal range, which was above the CCG average of 84% and national average of 81%.
- Performance for mental health related indicators was similar to the national average. For example, 87% of

patients with severe mental health conditions had received a full review in the last 12 months, which was similar to the CCG average of 89% and national average of 88%.

- 70% of patients with dementia had a review recorded which was below the CCG average of 82% and national average of 84%.

The practice had recognised that patients living in a local hostel had complex health conditions and their health care had at times been disjointed in the past. The hostel offered accommodation for up to 21 patients who had been recently released from prison for up to 12 weeks. The practice implemented additional checks and screening to ensure that these patients were given good care, and followed up with previous primary care providers to ensure that essential clinical information was available to support these patients.

There was evidence of quality improvement including clinical audit, although there had been no two-cycle audit activity in the last two years.

- There had been a range of clinical audits completed in the last four years, five of these were completed audits where the improvements made were implemented and monitored.
- Findings had been used by the practice to improve services. For example, action taken as a result included reviewing patients who had chronic obstructive pulmonary disease (COPD, a lung condition) and where appropriate ensuring the patient had self-rescue medication available. Improvement action taken increased the number of patients diagnosed with COPD who had a self-rescue pack from 14.5% in 2013 to 44% in 2015.
- The practice participated in local audits, national benchmarking, and accreditation including the CCG medicines management local incentive scheme. The practice was a low prescriber of benzodiazepines and hypnotic medicines (these are medicines used to treat sleep and anxiety disorders and can be addictive and have negative side effects). However, between 2012 and 2015, the practice had implemented a withdrawal plan for patients prescribed these medications which demonstrated a decrease in prescribing these medications.

Are services effective?

(for example, treatment is effective)

The practice was a research practice and had recently involved patients in national research trials including cancer diagnosis decision rules (CANDID) and HEAT (Helicobacter Eradication Aspirin Trial). Information about the research was available in the patient waiting area.

Information about patients' outcomes was used to make improvements such as:

Ensuring the correct diagnostic tests were carried out for patients urinary tract infections prior to treating with antibiotics and improving the prescribing regime for patients with acne.

The practice had monitored a number of vulnerable unwell patients through the avoiding unplanned admission scheme and shared evidence on a number of patients where the care had been holistic and reduced the patient's reliance on other health services and hospital attendances and admissions. They had also increased the remit of the GP community nurse to include housebound patients who were under 75 years old to improve care and outcomes for these patients.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one health care assistant had been supported to attend training to support patients with diabetes and another was awaiting a training course in diabetic foot monitoring.
- 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, although the practice had fallen

behind it's annual appraisal programme. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

- The appraisal system had been reliant upon a member of clinical staff who had been off work and alternative arrangements had not yet been put in place, this meant that over 20 staff had not had an appraisal in the last 12 months. The salaried GPs had requested an internal appraisal system to mesh with their external appraisal which had not yet been implemented.
- 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. There were limited records for previous training and a number of staff were out of date with training, including one health care assistant who required a basic life support update course. The practice had recognised there were gaps in their staff training and the quality assurance officer had been tasked with improving staff training and record keeping.

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.
- The practice worked closely with the community nursing team to ensure that care for housebound patients met the patient's needs.

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 every two months when care plans were routinely reviewed and updated for patients with complex needs.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Not all staff were able to seek patients' consent to care and treatment in line with legislation and guidance.

- GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, one member of staff we spoke to worked with vulnerable patients in their own homes had not attended training. This member of staff was not aware of the mental capacity act requirements and could not describe the correct procedures to follow should they encounter patients with limited capacity to give consent.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice's vision was "helping people live healthier lives" and all staff were committed to empowering and enabling patients. 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.
- The practice had run alcohol and dementia awareness courses for patients.
- The practice nurses had developed an awareness session for newly diagnosed diabetic patients. They offered a 90-minute session which included a video on managing diabetes, educational material on healthy eating and lifestyle and the session was attended by expert patients who had been living with diabetes for some time.

- The practice had increased the scope of the CCG funded GP community nurse to cover all housebound patients, including those aged under 75 years to improve the continuity of care for these patients.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 71% of eligible women had attended breast cancer screening which was higher than the CCG average of 68%.

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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 90% and five year olds from 65% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients, two of whom were 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.

The PPG representatives gave us examples of working in partnership with the practice to improve care for patients throughout the local area and had been involved in setting up the Hyndburn patient forum. The practice was also actively encouraging patients and carers to sign up to an on-line support network for carers to ensure that vulnerable isolated patients were socially supported at home.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 92% of patients said the GP gave them enough time compared to the CCG 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 94% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages 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 92% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice actively engaged in a variety of charity fundraising events and worked closely with charitable organisations who could offer additional care and support for their patients.

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 and diabetes care plans which encouraged patients to take ownership of their diabetes and lifestyle including eating.

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 above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Are services caring?

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The nursing team had designed a diabetes care plan and provided simple and helpful information to patients.
- The practice facilitated awareness sessions for patients on alcohol, dementia and had facilitated two health living festivals and was hoping to facilitate another festival in 2016.

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 215 patients as carers (1.5% of the practice list). Carers were offered influenza vaccinations and health checks, 172 (80% of carers) had had a 'flu vaccination the previous 'flu' season and 56 (26% of carers) were recorded as having had a health check. Written information was available to direct carers to the various avenues of support available to them and the local carers organisation came into the practice twice a year to meet patients and raise awareness.

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. This included introducing a GP community nurse for housebound patients who were over 75 years old. The practice had decided to extend the scope of this role, and the team now visited all housebound patients, including those under 75 years old.

- There were longer appointments available for patients with a learning disability and patients with mental health concerns.
- The GP community nursing team visited older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had reviewed access to appointments and home visit requests, and introduced a new model of working to increase appointments and emergency home visits.
- This new model included 15 minute appointments as standard, increased telephone appointments and availability of urgent care throughout the day.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice had increased its use of telephone consultations from 106 in January 2014 to 1,186 in January 2015. They continued to provide telephone consultations where appropriate to reduce the need for patients to attend the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and the practice was registered as a yellow fever centre.
- A variety of family planning services were available including fitting long lasting reversible contraception.
- There were disabled facilities, a hearing loop and translation services available.
- The health visitors held drop in baby clinics and the practice offered childhood immunisations at the same time.

- The practice worked with a local probation hostel to provide primary health care for temporary patients and had implemented systems to improve transitional care for these patients who often had complex health problems.
- The practice had recruited two clinical pharmacists to help patients with medication queries and to improve medical care around prescribing for patients. One of these pharmacists had commenced in July 2016, the other was due to start in August 2016. This role was being developed at the time of our visit.
- The patient participation group (PPG) engaged with a wide variety of patients, and had recently attended a market stall event facilitated by East Lancashire Clinical Commissioning Group reaching out to encourage patients to join their own practice PPGs. The PPG chair was involved in developing an older patients policy for the local area which had recently been presented to the council.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. The practice introduced a new appointment system in 2014 following a review of access. Appointments were available from 8:30am every morning, with clinicians seeing patients in 90-minute blocks of surgery throughout the day until 6pm. This offered appointments during lunchtimes, and ensured clinical appointments were available throughout the day. The practice previously closed on Wednesday afternoons, but after feedback from the PPG, the practice began opening on Wednesdays. In addition to pre-bookable appointments that could be booked up to six 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 below national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 39% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 63% of patients said that last time they wanted to see or speak with a GP or nurse they were able to get an appointment, which was below the CCG average of 73% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

Most patients told us on the day of the inspection that they were able to get appointments when they needed them, although two comment cards and two patients said they had had difficulty in accessing non-urgent appointments. Two comments also related to not being able to see the GP of their choice. The practice had made considerable changes to the appointment and access system to increase patient access and satisfaction, and showed us ongoing monitoring which demonstrated that Friends and Family Test (FFT) results had improved significantly over the last 18 months. For example, between February and May 2015, 85% of patients who responded said they would be likely to recommend the practice, whereas this had increased to 91% for the comparable period in 2016. The practice had increased the numbers of staff answering phones and some comment cards explained the system had improved recently, despite nationally published data suggesting patient satisfaction was lower than average.

Urgent appointments were available on the day of the inspection, and there were routine appointments available within a week.

The practice had seen a number of clinical staff changes, and had a number of clinicians who did not work full time. The practice had not published information to patients about when staff who worked part time were available.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Receptionist followed a clear protocol to ask people who requested a home visit, and there was GP availability throughout the day to ensure urgent home visits were undertaken promptly.

Listening and learning from concerns and complaints

The practice had policy in place for handling complaints and concerns, though complaints had not been consistently handled in line with this policy.

- 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, including information on the practice website and in the practice waiting areas.

We looked at a sample of complaints received in the last 12 months and found that acknowledgements were not sent within three days for five of these complaints. Three of the complaints were acknowledged within the final response letter which was sent after fourteen days.

Only one complaint had a complete response letter and patients were not given information about the right to take a complaint to the Parliamentary and Health Service Ombudsman if they were unhappy with the way in which their complaint had been handled. Appropriate apologies were given and the practice offered to meet with patients to discuss the issues. Complaints were discussed at meetings and actions and learning discussed, although they were not monitored for trends. Some areas of improvement following complaints were noted by the inspection team. For example, the practice reviewed the way in which test results were given out to patients and discussed with staff the need for sensitivity when patients were anxious about results.

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 “help people live healthier lives”.

- The practice had a mission statement, “working together, for our patients, with our patients, for Peel House”. This was displayed on the practice website and in patient waiting areas.
- Staff knew and understood the vision and mission statement and their commitment to caring for patients to help them was evident during the inspection.

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 which included:

- A clear management structure with a senior team and regular meetings to support good communication.
- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, patient participation group, management and appraisal, and infection prevention and control.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance, significant events and complaints were discussed.
- Practice specific policies were implemented and were available to all staff, although some policies remained in development at the time of our visit.
- Continuous clinical and internal audit had been used to monitor quality and to make improvements, though no recent two-cycle audit activity had taken place.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions, although some areas, such as health and safety were incomplete at the time of the inspection visit.
- Comprehensive succession planning for example developing staff in-house and planning for retirements.

Leadership and culture

The GP partners worked in partnership with staff and patients to consistently improve the lives of patients. One

GP partner had been supported to attend a leadership course as part of taking on a more senior role within the partnership. 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 guidance and 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:

- We were told that the practice gave affected people reasonable support, truthful information and a verbal and written apology, though records of verbal interactions were not always recorded as well as written correspondence.
- Complaints were investigated and apologies given where appropriate, although the practice did not routinely send acknowledgement letters and formal response letters did not consistently detail actions taken to prevent recurrence.

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

- We saw minutes of regular team meetings.
- Time was allocated each week for communication and training.
- 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.
- A strategy away day had been held and the practice took patient feedback as the starting point for improvement actions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, supported the practice with patient surveys and discussed proposals for improvements with the practice management team. The patient survey in 2015 identified that some patients with long-term conditions said they were not always given information about their condition, so the practice introduced expert patient packs and recruited long-term condition champions to increase awareness with patients.
- The PPG had been integral to the development of the Hyndburn patient forum, and the PPG members had supported a number of local practices in developing their own PPGs. The practice had nominated the PPG for a clinical commissioning (CCG) excellence award which had been recently given for the contributions the PPG made to improving patient engagement locally.
- The practice encouraged staff to give feedback and suggestions for improvement. An example of this was the records room, which a staff member highlighted to the practice manager was unsafe and required additional cabinets. Cabinets were ordered and time was allocated to re-arrange the files. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

In October 2015 the practice was awarded the Royal College of General Practitioners (RCGP) Quality Practice

Award. This award is awarded to practices which demonstrate a high level of commitment to continuous improvement in the quality of patient care. The practice had recently shared an abstract on their new working day with the RCGP, hoping to share their experience and how they felt they had increased access for patients.

There was a focus on continuous learning and improvement at all levels within the practice. The practice was proud of being a training practice for medical students. The practice was involved in developing better education for medical students and GPs, and actively engaged with local providers of medical education. The practice had been recognised as offering higher than average study leave to trainees on the National Training scheme, which was noted by the General Medical Council in 2015.

The practice used additional income from local incentive schemes to provide a comprehensive annual update for all GPs and encouraged staff to undertake relevant training. A number of staff had been supported to develop their skills, including training as Health Care Assistants, Phlebotomists and developing nursing skills. The practice had recognised the local and national shortfall in availability of GPs and practice nurses, so recruited clinical pharmacists to help improve patient care.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included being part of the East Lancashire Union of General Practitioners, and working closely with the CCG to develop services for older housebound patients. The practice had reviewed the work of the GP community nurse, and decided they wished to extend the scope of this, so part funded the team with the CCG to ensure that all patients who were unable to attend the practice received and assessment and primary care support at home.

The practice had recognised a number of areas they felt required improvement prior to the inspection, and shared the action plans they had in place during the inspection. They also acted swiftly on completion of the inspection to arrange updated training and completion of a number of documents and policies.

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>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice had not risk assessed a number of areas including the branch surgery at Baxenden.</p> <p>During the inspection a number of hazardous materials were found which included acetone, flammable air freshener and cleaning products in bottles for different products for which there were no control of substances hazardous to health (COSHH) assessments available.</p> <p>A comprehensive infection prevention and control audit had not been undertaken.</p> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>At the time of the inspection, safeguarding policies were in draft form and had not been shared with staff.</p> <p>At the time of the inspection, evidence was not available to demonstrate when GPs and nurses had completed the required level of safeguarding training.</p> <p>At the time of inspection, the practice did not have a clear list of children who had been identified as at risk and there appeared to be inconsistencies in the coding of vulnerable children and adults.</p>

This section is primarily information for the provider

Requirement notices

At the time of the inspection, a member of staff who was involved in visiting elderly housebound patients had not completed training in the mental capacity act and could not describe procedures which should be followed where any concerns about a patient's capacity to give consent were observed.

This was in breach of regulation 13(1)(2)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.