

Manchester Road Surgery

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manchester Road Surgery on 26 November 2015.

Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate, such as when staff are acting as chaperones.
- Ensure all staff have the relevant training to carry out their role and responsibilities, for example, safeguarding training. Ensure all staff receive supervision and appraisal within appropriate timescales and all staff files are monitored regularly.
- Ensure a programme of clinical and non-clinical audits and re-audits is implemented to improve patient outcomes.
- Ensure the arrangements for identifying, recording and managing risks, issues and implementing the mitigating actions are fully embedded.
- Have a process for a clinician to check repeat prescriptions once they have been inputted by a non-clinical staff member.

Summary of findings

- Ensure all single use equipment, such as urine test strips, blood bottles and swabs are within their expiry date.
- Review and update the login protocol for electronic systems so the individual staff (external and internal) have their own username and passwords to ensure traceability.

In addition the provider should:

- Review and update procedures and guidance to include review dates, version control and ensure they contain all the required information. For example, the complaints policy didn't contain information about how patients could access external agencies.

- Assign roles to all staff with specific job descriptions to ensure staff are aware of the roles and responsibilities they have.
- Implement a system to ensure all vaccines are kept and used within their expiry date.
- Schedule regular staff meetings with minutes available to be shared to all staff.
- Formulate action plans around feedback sought from all sources including the national GP patient survey and information from the NHS Choices website.
- Update the practice business plan and strategy to include any succession planning.

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 as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Patients were at risk of harm because systems and processes were not in place or not being followed. For example, staff performed chaperone duties without a Disclosure and Barring Service (DBS) check being in place; adequate recruitment procedures were not in place.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice identified patients who may be in need of extra support.
- There was little evidence that audit was driving improvement in performance to improve patient outcomes.
- Appraisals were not monitored and not all staff had completed their yearly appraisal.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- It 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 this.
- 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 knowing about notifiable safety incidents.
- There was a documented leadership structure and all staff felt supported by management.
- The practice did not proactively seek feedback and did not act on negative feedback.
- The governance arrangements were not fully embedded and this had led to gaps in safe management of the service.

Requires improvement



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 requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The GP had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed better than the national average in three out of the six diabetes indicators outlined in the Quality of Outcomes Framework (QOF) and was comparable to the national average for the remaining three indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 relatively high for all standard childhood immunisations.

Requires improvement



Summary of findings

- Patient comments confirmed children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The take up rate for the cervical screening programme of women aged 25-64 was below the CCG and national average (2015).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 94.5% of people diagnosed with a mental health issue had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 8 July 2015 and showed the practice was performing in line with local and national averages. 417 survey forms were distributed and 135 were returned (a response rate of 32% which represents 2.8% of the practice patient list).

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 91% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).

- 97% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 73% described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 85% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate, such as when staff are acting as chaperones.
- Ensure all staff have the relevant training to carry out their role and responsibilities, for example, safeguarding training. Ensure all staff receive supervision and appraisal within appropriate timescales and all staff files are monitored regularly.
- Ensure a programme of clinical and non-clinical audits and re-audits is implemented to improve patient outcomes.
- Ensure the arrangements for identifying, recording and managing risks, issues and implementing the mitigating actions are fully embedded.
- Have a process for a clinician to check repeat prescriptions once they have been inputted by a non-clinical staff member.
- Ensure all single use equipment, such as urine test strips, blood bottles and swabs are within their expiry date.

- Review and update the login protocol for electronic systems so the individual staff (external and internal) have their own username and passwords to ensure traceability.

Action the service **SHOULD** take to improve

- Review and update procedures and guidance to include review dates, version control and ensure they contain all the required information. For example, the complaints policy didn't contain information about how patients could access external agencies.
- Assign roles to all staff with specific job descriptions to ensure staff are aware of the roles and responsibilities they have.
- Implement a system to ensure all vaccines are kept and used within their expiry date.
- Schedule regular staff meetings with minutes available to be shared to all staff.
- Formulate action plans around feedback sought from all sources including the national GP patient survey and information from the NHS Choices website.
- Update the practice business plan and strategy to include any succession planning.

Manchester Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Manchester Road Surgery

Manchester Road Surgery is based in Burnley and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 4751 patients on their register on the day of the inspection.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 75 years for males and 80 years for females both of which are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were similar to the average GP practice in England.

The practice had a higher percentage (69.9%) of its population claiming disability allowance than the England average (50.3%).

The service is provided by two GP partners (one male, one female). The practice also employs a practice manager, a practice nurse, two healthcare assistants and six reception / administrative staff who also cover other duties.

The practice is based in a building with ramp access situated at the rear of the surgery to assist people with

mobility problems. The practice has two consulting rooms, one for each GP, four treatment rooms, used by the nurse, the midwife and the health visitor as well as a dedicated room for the healthcare assistant on the first floor.

The surgery is open Monday to Friday between 8am and 6.30pm with extensions on Thursday mornings (open from 6.45am) and Tuesday evenings (open until 7.45pm). All surgeries are accessed by appointment only with a number of open appointments for each doctor on a daily basis. Patients can access pre-booked appointments during extended hours on Tuesday evenings (until 7.45pm) and Thursday mornings (from 6.45am). There is provision for ill children to be seen the same day.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 November 2015. During our visit we:

- Spoke with a range of staff including doctors, the practice manager, nursing and healthcare assistant staff as well as the reception staff and we spoke with patients who used the service.
- Observed how people were being dealt with by the practice staff.
- Reviewed the personal care or treatment records of patients.

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 are provided for specific groups of people and what good care looks 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 also a recording form available.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people 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.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, but they were not fully embedded. There were:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and there was a lead member of staff for safeguarding.
- Policies outlined who to contact for further guidance if staff had concerns about a patient's welfare but they were not easily accessible to all staff and there were no contact details for safeguarding referrals in the clinical rooms.
- Staff demonstrated they understood their responsibilities. All staff had received training relevant to their role, for example, the GPs were trained to Safeguarding level 3; but there was a lack of update/ refresher training for some staff such as the healthcare assistant (HCA) who had been absent for two years.
- A notice in the waiting room advised patients the reception staff would act as chaperones, if required. All staff who acted as chaperones were appropriately trained for the role. However, none 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. There was an infection control protocol in place and staff had received up to date training. The practice nurse was the infection control lead; however, there was no liaison with the local infection prevention teams to keep up to date with best practice. Annual infection control audits had been undertaken but there was no evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Vaccines were stored appropriately and in date, but, we found there was no system to record and check the expiry dates which meant there was a potential for the vaccines to become out of date.
- We also found a number of out of date stock items such as urine test strips, blood bottles and swabs. If these were to be used beyond their expiry date, the results may not be accurate.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The receptionists were putting the medications on repeat prescriptions on the computer and changing doses as directed on the discharge letters. However, the final prescription was not checked by a clinician prior to issue for any errors.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice had a recruitment policy but this was not appropriate as it did not include the process to follow or the appropriate checks to conduct during the recruitment process. We reviewed five personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification was only available in two files and only one proof as opposed to two checks as stated in the policy. References, qualifications and

Are services safe?

registration with the appropriate professional body were not always completed. None of the staff had undergone the appropriate checks through the DBS as part of their employment.

- The practice manager told us there was a low turnover of staff and the majority of staff had been employed for a number of years and through recommendations from other practices. We saw a risk assessment the previous practice manager had conducted to describe the rationale as to why reception staff did not require a DBS but this was not fit for purpose.
- The practice utilised agency locum GP's who covered any absence. A comprehensive locum pack was in place as supplied by the agency which contained evidence of qualifications and a check with the General Medical Council (GMC) (Doctors must be registered with a license to practice with the General Medical Council (GMC) to practice medicine in the UK).
- All staff had individual access to the electronic systems used by the practice for patient administration such as looking at personal details, adding notes and looking at test results. We noted a midwife led antenatal clinic was held at the practice weekly. A number of different midwives attended and conducted this clinic but they all had one user login to the electronic systems shared between them which meant there was no traceability or accountability of who was accessing and entering into the records.

Monitoring risks to patients

- 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.
- The practice had an up to date fire risk assessments and carried out regular fire drills. The practice manager was the fire marshal but had not received any specific training for this role and was not fully aware of the processes.

- We saw evidence of electrical equipment checks to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety but risks such as control of substances hazardous to health (COSHH) had not been considered. The practice manager told us all the required checks had been undertaken but the certificates could not be located for the gas and legionella testing at the time of inspection. There were no systems to ensure the tests were done annually at the correct times.
- 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 that 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.
- 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. There was also a first aid kit and accident book available. The emergency drugs were difficult to access as they were in a locked clinical room. The defibrillator and oxygen were also in different locations which meant the response to an emergency would be delayed.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' 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 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 (2014/15) were 91.4% of the total number of points available, with 16.4% clinical exception reporting. 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 87.2%. This was below the CCG average of 91.8% and below the national average of 89.2%.
- Performance for hypertension related indicators was 92.3%. This was below the CCG average of 97.8% and the national average of 97.8%.
- Performance for mental health related indicators was 92.3%. This was below the CCG average of 93.3% and below the national average of 93.3%.
- Performance for dementia related indicators was 100%. This was above the CCG average of 96.7% and the national average of 94.5%.

Clinical audits

- There had been very few clinical audits completed in the last two years. We saw evidence of one audit one GP had conducted of minor surgery for their appraisal.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.

- The practice participated in applicable national benchmarking, accreditation and peer reviews.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not always demonstrate how they ensured role-specific training and updating for relevant staff.
- One healthcare assistant (HCA) had been off on maternity leave for two years and had only returned to work three days before our inspection. The nurse described how the practice had set up an induction programme to ensure the HCA was competent but this was informal and had not been commented to the HCA. The HCA was not currently up to date with any of the training such as basic life support, safeguarding and infection control as no updates had been undertaken in the two years the HCA was absent.
- Not all staff had received an appraisal within the last 12 months.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, there were discrepancies in the files and on the training matrix as to which staff had completed each 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on an informal and ad hoc basis.

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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% and five year olds from 80% to 97%. Flu vaccination rates for the over 65s were 73%, and at risk groups 55%. These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 86%.
- 87% said the GP gave them enough time (CCG average 87%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

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

- 83% 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%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).

Staff told us 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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. 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. 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.

- The practice had sufficient space and flexibility for the current number of patients being treated. The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties. The consulting rooms were accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. There was sufficient free parking to meet patients' needs.
- The practice offered late appointments on Tuesday evenings (until 7.45pm) and early appointments on Thursday mornings (from 6.45am) for patients who could not attend during normal opening hours.
- Longer appointments were available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed. One GP spoke Urdu and Punjabi which were the most common languages after English.
- The practice was working with the nurses from the CCG who went into the local care and nursing homes on a routine basis. The GP's signposted any patients who required follow up to these nurses.

Access to the service

The practice was open Monday to Friday between 8am - 6.30pm with extensions on Thursday mornings (open from 6.45am) and Tuesday evenings (open until 7.45pm). All surgeries were accessed by appointment only with a number of open appointments for each doctor on a daily basis.

Patients could access pre-booked appointments during extended hours on Tuesday evenings (until 7.45pm) and Thursday mornings (from 6.45am). There was provision for poorly children to be seen the same day.

Results from the most recent national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day they were able to get appointments when they needed them.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 80% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 73% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 85% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

Listening and learning from concerns and complaints

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

- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system and was displayed in the waiting room areas.
- The complaints policy and procedures were available but they didn't contain any information about how patients could access external agencies, such as the Parliamentary and Health Service Ombudsman (PHSO), if they weren't satisfied with how the practice had handled their complaint.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely and satisfactory manner. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a new protocol was devised for the reception staff in relation to children's Urinary tract infections (UTIs) following one complaint.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice staff described a clear vision to deliver high quality care and promote good outcomes for patients. The GPs described how they aimed to provide a safe and effective service whilst treating patients with respect and dignity in a safe and friendly environment

The practice had an overall vision and ethos to deliver consistent, friendly and patient centred care and staff knew and understood the values. The aims and objectives were available on the website and included:

- To ensure safe and effective services, whilst providing the highest quality of care within the environment.
- To continue to provide the whole practice population with a high standard of healthcare.
- To continue with the practice development, whilst working in partnership with their patient, their families, and carers, involving them in decision making about their care and treatment, geared to individual needs, encouraging them to become involved in decisions relating to care delivery.
- To encourage services into the practice, whilst providing quality primary care medical services into the community.

The practice had a business plan in place but there was no formal succession planning to account for both GPs who were considering retiring in the next few years.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Although this outlined the structures and procedures in place, there were some areas that required updating.

- There was a clear staffing structure and staff were mostly aware of their own roles and responsibilities, however, staff did not have access to job descriptions which meant they could not carry out the full range of duties and staff could not plan training to meet their role.

- Practice specific policies were implemented and some were available to all staff. However, policies were not always available nor adequate for all processes such as recruitment. The policies did not always include version control or when they were reviewed.
- Data was available that ensured staff had a comprehensive understanding of the performance of the practice.
- The programme of continuous clinical and internal audit was not fully embedded which meant the practice could not monitor quality and could not make all the required improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing the mitigating actions were not fully embedded. We noted there were no Control of Substances Hazardous to Health (COSHH) assessments and the risk assessments were not all available, for example, there were no environmental specific risk assessments for some areas.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept formal written records and written correspondence but the verbal interactions and informal complaints were not recorded which meant any learning was not always appropriately shared or acted upon.
- There was a clear leadership structure in place and staff felt supported by management.

Are services well-led?

Requires improvement 

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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- We found the practice did not hold regular team meetings but staff were kept updated via ad hoc meetings.

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 GP and practice manager had an open door policy. Staff said they felt well supported at work and could approach their manager if they had any problems.
- It had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. However, the group wasn't fully embedded.

- The practice had gathered feedback from patients by a patient satisfaction survey in February 2015. They had not put an action plan in place following the results as most patients had responded positively.
- There was no action plan in place following the national GP patient survey published in July 2015 as the practice manager wasn't aware this survey existed.
- We saw negative feedback on the NHS Choices website which hadn't been responded to as the practice manager wasn't aware of this process.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area.

- The practice was working with the local CCG nurses to share information about patients in care homes to ensure a collaborative approach was taken.
- One GP had the lead for dealing with patients who misused substances and worked alongside The Inspire East Lancashire Integrated Substance Misuse Service. This service was offered to patients from other surgeries.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the registered person did not assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks.</p> <p>This was in breach of regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not have all the required practice specific policies and procedures. The practice did not complete clinical audit cycles in a way to improve patient care and implement change.</p> <p>This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (RA) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found the registered person did not operate an effective system to provide support, training, professional development, supervision and appraisal as necessary to enable staff to carry out the duties they are employed to perform.</p> <p>This was in breach of regulation 18(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person did not operate an effective recruitment system. The information required in Schedule 3 was not held for all staff and Disclosure and Barring Service (DBS) checks had not been carried out for all appropriate staff.

This was in breach of regulation 19(1)(a)(b)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.