

Fairmore Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fairmore Medical Practice on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and managed. However, the system in place to ensure abnormal blood test results or x-rays received into the practice was not sufficient to ensure these items were dealt with in a timely and appropriate manner.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it generally easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

Summary of findings

- The practice had recognised the growing number of military veterans in local area and had identified and made available a member of staff with appropriate skills and experience to provide help and assistance to patients who would benefit from additional support.
- The practice had developed health check supporting documentation for all patients that included both pictures and text to aid patient understanding and involvement in their own care.

The areas where the provider must make improvements are:

- Ensure all test results and x-rays received into the practice are reviewed by appropriately trained personnel and acted upon in a timely manner.

In addition the provider should:

- Ensure that activity undertaken to check and monitor emergency medicines and associated items is effective.
- Ensure clinical audit activity is fully completed and supported by a quality improvement programme.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed. However, we found the system in place to ensure abnormal blood test results or x-rays received into the practice was not sufficient to ensure these items were dealt with in a timely and appropriate manner.
- The system for checking and monitoring emergency medicines and associated items was not fully effective at the Rossendale Health Centre site.

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 average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audit activity was undertaken but we found it was not consistently completed or supported by an adequate programme.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- 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.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it generally easy to make an appointment but the appointment was not always with their named GP. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning, improvement and performance monitoring at all levels. We noted the practice had achieved the Royal College of General Practitioners Quality Practice Award in 2014.

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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A call and recall system was maintained for those with complex healthcare needs to facilitate and monitor appropriate review activity.
- The practice engaged with integrated nursing teams operating in the local areas for each practice site and ensured that patient's needs were discussed at monthly multidisciplinary meetings as required.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 83% and 98% this was higher than the national average range of 78% to 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

Summary of findings

- 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 generally comparable to Clinical Commissioning Group rates for all 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.
- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was 81% which was higher than the national average of 75%.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 91%, which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available to reduce the need for individuals to visit the practice in person.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Summary of findings

- 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 and also provided healthcare support to individuals seeking assistance from a local women's refuge.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A member of the practice staff provided specific support to military veterans.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

- 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months, which was higher than the national average of 88%.
- A record of alcohol consumption was recorded for 93% of patients with mental health related conditions compared to 90% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 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 on 7 January 2016 and related to responses collected from January-March 2015 and July-September 2015. The results showed the practice was generally performing in line with local and national averages. 402 survey forms were distributed and 105 were returned. This was a response rate of 26% and represented approximately 2% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received although two also included less positive comments about risks to continuity of care through the use of locums and difficulties in getting appointments. Patients said they felt the practice offered an excellent service and staff were friendly, helpful, caring and treated them with dignity and respect with a number of comments referring to staff by name.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some also said there were not enough GPs and that continuity of care can be an issue as you do not always see the same GP on related visits. The most recent published results of the friends and families test identified that 76% of patients who responded to the survey would recommend this practice to others.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all test results and x-rays received into the practice are reviewed by appropriately trained personnel and acted upon in a timely manner.

Action the service **SHOULD** take to improve

- Ensure that activity undertaken to check and monitor emergency medicines and associated items is effective.
- Ensure clinical audit activity is fully completed and supported by a quality improvement programme.

Outstanding practice

We saw two areas of outstanding practice:

- The practice had recognised the growing number of military veterans in local area and had identified and made available a member of staff with appropriate skills and experience to provide help and assistance to patients who would benefit from additional support.

- The practice had developed health check supporting documentation for all patients that included both pictures and text to aid patient understanding and involvement in their own care.

Fairmore Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a second CQC inspector, a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care services and who has received training in the CQC inspection methodology.

Background to Fairmore Medical Practice

Fairmore Medical Practice is registered with the Care Quality Commission (CQC) to provide primary medical services. The practice provides a comprehensive range of services to approximately 5000 patients from three sites:

- Registered location: Rossendale Health Centre, 161 Bacup Road, Rawtenstall, Lancashire, BB4 7PL.
- Site 2: 211-213 Leeds Road, Nelson, Lancashire, BB9 8EH.
- Site 3: Padiham Health Centre, Station Road, Burnley, Lancashire, BB12 8EA.

We visited the registered location and the site in Nelson as part of this inspection.

The practice delivers services under an Alternative Provider Medical Services contract with NHS England, and is part of the NHS East Lancashire Clinical Commissioning Group (CCG).

The practice's patient population consists of a higher proportion of younger people, with 28% being under the

age of 18 (CCG average 22%, national average 21%), 13% aged between five to 14 years (CCG average 12%, national average 11%) and 11% aged less than five years (CCG and national averages both 6%). The practice also caters for a lower proportion of patients with a long-standing health condition at 48%, compared to 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 ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by two salaried GPs (one male and one female) and two regular sessional GPs. The GPs are supported by a practice nurse (PN) and a healthcare assistant (HCA). Clinical staff are supported by a practice manager, an office manager and 13 administration and support staff. In addition strategic and operational support is provided to the practice by the overarching provider organisation, Integral Healthcare Partnership Limited.

The three practice sites were open Monday and Friday between the hours of 8am and 7.30pm and Tuesday, Wednesday and Thursday between the hours of 8am and 6.30pm. Standard appointments times varied across the three sites as follows:

- Registered location – Rossendale Health Centre: Monday 8.10am – 6.40pm, Tuesday and Wednesday 8.30am – 5.30pm, Thursday 8.30am – 2.40pm (HCA only) and Friday 8am – 6pm.
- Site 2 – Nelson: Monday 9am – 6.40pm, Tuesday 8.10am – 5.30pm, Wednesday 8.30am – 5.30pm, Thursday 8.10am – 3.30pm (PN only) and Friday 8.30am – 4.30pm.
- Site 3 – Burnley: Monday 9am – 2.40pm, Tuesday 9am – 2pm, Wednesday 3pm – 6.30pm, Thursday 8.30am – 2pm and Friday 8.10am – 5.50pm.

Detailed findings

In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them. When the practice is closed, Out of Hours services are provided by East Lancashire Medical Services and can be contacted by telephoning NHS 111.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, practice management and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with patients and family members

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice reviewed and discussed significant events in a timely manner and carried out regular analysis of these events.

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 further training and communication was undertaken in relation to the availability and location of emergency oxygen following issues experienced when reacting to an incident within the practice.

However, we noted that overarching incident reporting records did not include information to provide assurance actions taken following an incident had been effective.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Practice salaried GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. It was practice policy for all staff who acted as chaperones to be trained for the role and to have 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). However, we identified that chaperone duties had previously been undertaken by a member of staff that had not fully completed the associated training but it was noted the individual was able to adequately describe chaperone responsibilities. When we brought this to the attention of practice management they assured us it was an isolated occurrence and immediate action would be taken to ensure future compliance with practice policy.
- The system in place to ensure blood test results or x-rays received into the practice was not sufficient to ensure these items were dealt with in a timely and appropriate manner. For example we were told that a non-clinical member of staff was responsible for allocating urgent incoming x-ray and blood test results to doctors on duty each day. However, we found there was a minimum of 170 results, that included results identified as abnormal, up to four weeks old awaiting allocation for review in a central electronic results box. We brought this to the attention of the practice and immediate action was taken to allocate the results for review by GPs within the practice and we were told further priority action would be taken to review and implement system improvements.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that audit documentation included provision for the consideration and implementation of any improvements identified as a result of audit findings.

- The arrangements for managing 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.
- There was a system in place to manage emergency medicines held within the practice and records were available to indicate all items were checked monthly with action taken to replace items as appropriate. However, at the registered location we found one single medicine was present that had expired in March 2016 despite being marked as checked in April and May 2016. We brought this to the attention of the practice and immediate action was taken to dispose of the medicine and a significant event was raised by practice staff. The inspection at the branch site in Nelson found all items to be correct and in date.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines in accordance with patient specific directions.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at each practice site.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. With the exception of one that was appropriately dealt with on the day of inspection all the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, it was noted the plan did not recognise the potential to use alternative practice sites in the event of an adverse incident restricting access to an individual site.

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 100% of the total number of points available, with 11.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets but it was noted the practice had a higher exception reporting rate for three specific clinical domains when compared to the Clinical Commissioning Group (CCG) and England averages. Further enquiry revealed exception recording for the three domains to be appropriate. Data from 2014-2015 showed:

- Performance for diabetes related indicators was higher when compared to national averages. For example:
 - 98% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
 - A record of foot examination was present for 91% of patients compared to the national average of 88%.

- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 83% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 86% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 88% compared to the national average of 84%.
- Performance for mental health related indicators was comparable to national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 95% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 79% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit. However, we found that clinical audit activity was not consistently completed or supported by a quality improvement programme. Review of documentation made available by the practice at the time of the inspection identified there had been two complete clinical audits completed in the last two years.

Other non-clinical audit activity was undertaken within the practice that was used to inform practice development and learning. For example an audit related to patient access was initially completed in February 2014 and repeated in April 2015. The audit identified frequent attenders and enabled the practice to consider additional more appropriate care planning for these patients.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in an 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. However, the system in place to ensure abnormal blood test results or x-rays received into the practice was not sufficient to ensure these items were dealt with in a timely and appropriate manner.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were signposted to the relevant service and a range of information leaflets were available in the reception area of the practice.

The practice's uptake for the cervical screening programme was 91%, which was higher than the CCG and England average of 82%. However, it was noted the practice exception reporting rate for this indicator was 20% compared to 6% nationally. 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

Are services effective?

(for example, treatment is effective)

bowel and breast cancer screening. 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 generally comparable to CCG averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 47% to 86% and five year olds from 43% to 97% with CCG averages ranging from 71% to 86% and 68% to 97% respectively.

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 12 patient Care Quality Commission comment cards we received were positive about the service experienced although two cards also included reference to issues with continuity of care through the use of locum GPs and appointment availability. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally comparable to Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG and national average of 87%.

- 97% 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%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 83% 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% to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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. With the exception of responses related to nursing staff involving patients in decisions about their care results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 81% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

Are services caring?

- A practice GP was multi-lingual and 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 practice had developed health check supporting documentation that included both pictures and text to aid patient understanding and completion.

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 97 patients as carers and this represented approximately 2% of the practice list. We were told the practice routinely included actions to identify and record carers at every contact. In addition the practice maintained links with the local carer's link group and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. Families were also given a comprehensive information pack that included practical advice and information about additional support services.

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. For example, the individual needs associated to specific cultural groups within the patient population had been identified and services had been tailored to meet those needs.

- The practice offered extended hours outside of normal working hours Monday – Friday for working patients who could not attend during normal opening hours. Telephone consultations were also available.
- There were longer appointments available for patients with a learning disability and others with enhanced needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recognised the growing number of military veterans in local area and had identified and made available a member of staff with appropriate skills and experience to provide help and assistance to patients that would benefit from additional support.
- The practice had liaised with and involved sign language professionals to meet the needs of specific patients.

Access to the service

The three practice sites were open Monday and Friday between the hours of 8am and 7.30pm and Tuesday, Wednesday and Thursday between the hours of 8am and 6.30pm. Standard appointments times varied across the three sites as follows:

- Registered location – Rossendale Health Centre: Monday 8.10am – 6.40pm, Tuesday and Wednesday 8.30am – 5.30pm, Thursday 8.30am – 2.40pm (Healthcare assistant only) and Friday 8am – 6pm.
- Site 2 – Nelson: Monday 9am – 6.40pm, Tuesday 8.10am – 5.30pm, Wednesday 8.30am – 5.30pm, Thursday 8.10am – 3.30pm (Practice nurse only) and Friday 8.30am – 4.30pm.
- Site 3 – Burnley: Monday 9am – 2.40pm, Tuesday 9am – 2pm, Wednesday 3pm – 6.30pm, Thursday 8.30am – 2pm and Friday 8.10am – 5.50pm.

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 comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were generally able to get appointments when they needed them but some did mention it can sometimes be difficult particularly if they have a preferred GP.

The practice had a system in place to assess:

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

For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example information leaflets were readily available within the practice and information was also present on the practice website.

We looked at the records for six written and two verbal complaints received in the last 12 months and found these were satisfactorily handled in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, all complaints were formally discussed at a dedicated complaints review meeting with the most recent record detailing action was taken to improve communication and protocols in the practice as a result of complaints received.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was included within practice documentation and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice maintained a performance dashboard and this was used to inform practice meetings.
- There were adequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs and managers 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 GPs and managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager and GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the practice 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 and members told us they felt valued and listened to by the practice management team.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example and as a result of staff feedback we were told improvements had been made to the level of information recorded when booking

Are services well-led?

Good 

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

appointments for blood tests. The change reduced the need for clinical staff to seek additional information during appointments and as a result minimised disruption for patients.

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked in collaboration with the Clinical Commissioning Group and other local GP practices to improve outcomes for patients.

In 2014 the practice achieved the Royal College of General Practitioners Quality Practice Award. The Quality Practice Award is a standards based quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality care to their patients. The award recognised the commitment of the practice team in providing high quality care and every aspect of the GP practice was assessed and checked to see if it met the required standards. This award has only been given to those practices that can prove they were providing care of a consistently high standard, through effective team work and professionalism.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The system and arrangements in place to ensure abnormal blood test results or x-rays received into the practice was not sufficient to ensure the practice responded appropriately and in good time to peoples changing needs.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>