Oswald Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oswald Medical Centre on 12 April 2016. 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. However, the level of detail within associated records maintained by the practice was insufficient to demonstrate communication and learning from incidents was effective.
- There was evidence of risk management activity within the practice. However, risk management activity was not comprehensively completed. For example, the practice had not appropriately assessed or managed risks related to fire safety and security.
- Data showed patient outcomes were low compared to the locality and nationally. The practice was taking action to address performance issues through the recruitment of nursing staff and completion of audit activity.
- 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. However, we found that policies and procedures were not always followed or implemented as intended. For example, the practice did not complete regular checks of water temperature within the practice in accordance with practice policy to mitigate the risk of legionella bacteria. In addition, the practice had not applied processes and systems for the management of medicines consistently or effectively.

Summary of findings

- The practice had proactively sought feedback from patients and had arrangements in place for a patient participation group. However, the group was not active at the time of our visit.

The areas where the provider must make improvements are:

- Ensure the arrangements and actions for identifying, recording, mitigating and managing risks to patient safety, building maintenance and security are comprehensive and complete.
- Ensure the systems and processes for the management of medicines, vaccines and associated items are adequate and fully embedded.
- Ensure staff responsible for the administration of vaccines and medicines are appropriately authorised.
- Ensure blank computer prescription forms are controlled and secured when distributed within the practice.
- Check electrical equipment in accordance with practice policy to ensure the equipment is safe to use.

In addition the provider should:

- Ensure records of concerns, complaints and incidents are sufficiently detailed to support effective communication and learning.
- Implement practice policies and procedures and take action to ensure practice staff follow them.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, records of reviews and investigations did not detail sufficient information and were not communicated widely enough to support improvement or demonstrate the involvement of relevant people.
- Risk management activity was undertaken within the practice. However, it was not comprehensively completed and did not provide assurance patients were kept safe.
- A safety check of electrical equipment used within the practice had not been completed since prior to 2015.
- The practice had systems and processes to review and control emergency medicines, vaccines and associated items held within the practice. However, we found a number of out of date items in more than one area of the practice. In addition we noted storage fridge monitoring records identified temperatures had exceeded required levels on six occasions in the first two months of 2016. On each occasion a reset was recorded but no additional information was present to identify if further action had been taken to ensure fridge contents were fit for use.
- The practice used patient group directions (PGD) to support and control the provision of vaccines to patients. Review of a sample of PGDs revealed the documents did not consistently detail required authorisations.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were generally comparable to local and national averages. The practice had identified achievements for some performance indicators had fallen to below locality and national levels and action was being taken to address the underlying causes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 82%, which was the same as the national average.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for practice staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had recognised the benefit to patients of extended opening hours following a pilot introduction and was in consultation with the Clinical Commissioning Group to agree continued provision.
- Patients told us they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

Summary of findings

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. However, staff did consistently tell us they had an aim to provide a high level of service to patients. There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity but we found some of these were not followed as intended. In October 2015 the practice was awarded a Quality Practice Award and it was clear significant effort had been given to the creation of documentation to support the award. However, there was a lack of evidence to indicate the practice had monitored or maintained documented activity.
- The practice proactively sought feedback from patients. However, due to other organisational activity it was recognised the patient participation group had not been active for approximately 18 months. We were told there was an intention to reintroduce PPG activity in the near future and we saw notices displayed in the practice to encourage patient involvement and membership.
- All staff had received inductions and a sample review of personnel files confirmed staff had received regular performance reviews.
- A number of formal meetings were regularly held within the practice but we were told reception staff did not attend practice meetings as reliance was placed on the use of informal conversations or email messages to communicate with this staff group. In addition we were told the frequency of meetings within the practice had not been consistent with practice intentions due to staffing issues experienced in 2015.
- Risk management activity was not completed thoroughly within the practice. Review of supporting records revealed the practice had identified action requirements in 2013 to mitigate identified risks but the records detailed a number of the actions as ongoing or incomplete.
- A system was in place to control blank computer prescription forms received and stored within the practice. However, the distribution of these forms within the practice was not subject to the same level of control creating a risk of theft and/or misuse.

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

Requires improvement

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

There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed the services of a community nurse and community health care assistant to monitor patients with complex needs and carry out annual reviews.

People with long term conditions

Requires improvement

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

There were, however, examples of good practice:

- 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 64% and 79%; this was lower 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

Requires improvement

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

There were, however, examples of good practice:

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 relatively high 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.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years identified a test had been performed in the preceding five years for 82%, which was comparable to the national average of 82%. However, those attending within the target period was 70% which was low when compared to the national average of 74%.
- 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, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

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

There were, however, examples of good practice:

- 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.
- Each practice location opened at 8am Monday to Friday, and one location remained open until 8.45pm each Monday for working patients who could not attend during normal opening hours.In addition during the previous 12 months the practice had taken part in a pilot scheme to provide access to services from 8am – 8pm Tuesday to Friday and Saturday mornings.

People whose circumstances may make them vulnerable

Requires improvement

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

There were, however, examples of good practice:

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff 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)

Requires improvement

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

There were, however, examples of good practice:

- 77% 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. However, 62% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan, which was lower than the national average of 88%. In addition a record of alcohol consumption was recorded for 62% 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 384 survey forms were distributed and 107 were returned. This was a response rate of 28% and represented 1.2% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% 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 22 comment cards of which 20 were very positive about the standard of care received. Two of the cards made reference to individual difficulties with nursing staff and the practice appointment system. 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 nine patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent published results of the friends and families test identified that 83% of patients who responded to the survey would recommend this practice to others.

Areas for improvement

Action the service MUST take to improve

- Ensure the arrangements and actions for identifying, recording, mitigating and managing risks to patient safety, building maintenance and security are comprehensive and complete.
- Ensure the systems and processes for the management of medicines, vaccines and associated items are adequate and fully embedded.
- Ensure staff responsible for the administration of vaccines and medicines are appropriately authorised.
- Ensure blank computer prescription forms are controlled and secured when distributed within the practice.
- Check electrical equipment in accordance with practice policy to ensure the equipment is safe to use.

Action the service SHOULD take to improve

- Ensure records of concerns, complaints and incidents are sufficiently detailed to support effective communication and learning.
- Implement practice policies and procedures and take action to ensure practice staff follow them.

Oswald Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector**.** The team included 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 Oswald Medical Centre

Oswald Medical Centre is registered with the Care Quality Commission (CQC) to provide primary medical services. The practice provides a comprehensive range of services including minor surgery to approximately 8700 patients from three sites:

- Main surgery: Oswald Medical Centre, 296 Union Road, Accrington, Lancashire, BB5 3JD.
- Branch 1: Hyndburn Medical Practice, Acorn Primary Care Centre, 421 Blackburn Road, Accrington, Lancashire, BB5 1RT.
- Branch 2: Pritchard Street Surgery, 1A Pritchard Street, Blackburn, Lancashire, BB2 3PF.

Our inspection was undertaken at the main surgery, Oswald Medical Centre.

The registered provider also offers services from a fourth site in accordance with a separate CQC registration.

The practice delivers services under a Personal Medical Services (PMS) contract with NHS England, and is part of the NHS East Lancashire Clinical Commissioning Group (CCG). The average life expectancy of the practice population is slightly below both CCG and national averages for males at 75 years compared to 77 years and 79 years respectively. Life expectancy for females is also slightly below the CCG and national averages at 80 years (CCG 81 years and national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

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

The practice is staffed by five GP partners (one female and four male). The practice is a training practice and has previously supported trainees at different stages of their learning. The GPs are supported by a trainee nurse practitioner, two practice nurses and a healthcare assistant. Clinical staff are supported by a senior business manager, a practice manager and 14 administration and support staff.

The opening times for surgeries within the practice are as follows:

- Oswald Medical Centre – 8am – 6.30pm Monday to Friday with the exception of Wednesday when the surgery closes at 1pm.
- Hyndburn Medical Practice – 8am – 6.30pm Tuesday to Friday and 8am – 8.45pm on Monday.
- Pritchard Street Surgery – 8am – 6.30pm Monday to Friday with the exception of Wednesday when the surgery closes at 12.30pm.

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 12 April 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 spoken to by staff.
- 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.

Requires improvement

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 carried out regular analysis of the significant 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, as a result of miscommunication within the practice changes were made and a requirement for on screen messages to be acknowledged by practice GPs introduced. Reception and administrative staff were also instructed to make face to face contact with the GP concerned if the required response was not received.

Overview of safety systems and processes

The practice had clearly defined 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. Information available within the practice outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice Healthcare Assistant (HCA) had been nominated as the infection prevention and control (IPC) clinical lead at the beginning of 2016 following the departure of a practice nurse who had previously undertaken this role. We were told action was ongoing to gain a full understanding of the lead role and develop contacts with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found a number of out of date medicines and associated items in more than one area of the practice that included a drug reclassified as a controlled drug in 2014. Immediately following the inspection we received confirmation from the practice that all out of date items, including the controlled drug had been disposed of in an appropriate manner. In addition we noted vaccine fridge monitoring records identified temperatures had exceeded required levels on six occasions in the first two months of 2016. On each occasion a reset was recorded but no additional information was present to identify if further action had been taken to ensure fridge contents were fit for use.
- Processes were in place for handling repeat prescriptions which included the review of high risk

medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Review of a sample of PGDs revealed required authorisations were not consistently present for individuals named on the documents.
- We reviewed three 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 identified, assessed and recorded, although the management of risk was not always comprehensive.

- 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 displayed in the practice that identified local health and safety representatives.
- The practice did not have an up to date fire risk assessment but action had been taken to check and maintain firefighting equipment, fire alarms and carry out regular fire drills. A recommendation for a fire risk assessment to be undertaken by 6 March 2013 was recorded as an outstanding action within the building health and safety risk register.
- The practice had documented a requirement for all electrical equipment to be checked annually to ensure the equipment was safe to use. However, a review of practice records and a review of a sample of appliances indicated associated items had not been checked since prior to 2015.
- The practice maintained records that identified clinical equipment was checked to ensure it was working properly.
- The practice had a policy to assess risks associated to legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the practice did not have a current legionella risk assessment and no action had been taken to check and monitor water temperature within the practice in accordance with practice policy.
- We found that it was routine practice to leave internal doors unlocked within the practice including doors to consulting rooms containing equipment and medicines when these were unoccupied.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. We were told the business continuity plan had recently been put into action due to an adverse incident at the practice and service provision was maintained with minimum disruption.

- 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 accessible to staff in treatment rooms within the practice and all staff knew of their location. All emergency medicines we checked were in date but they were not stored securely due to the practice of leaving doors unlocked within the practice.
- 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.

Good

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 88.3% of the total number of points available with 6.6% 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).

Data identified the practice was an outlier for eight QOF clinical targets and we were told this was due to clinical staffing issues experienced during 2015. We noted new nursing staff had recently been recruited to the practice and we were told the practice expected performance to improve during 2016 because of this recruitment activity. Data from 2014-15 showed:

- Performance for diabetes related indicators was variable when compared to national averages. For example:
  - 79% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
  - A record of foot examination was present for 70% of patients compared to the national average of 88%.
  - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was within expected levels was 70% compared to the national average of 78%.
  - Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was within expected levels was 72% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was within expected levels was 77% and was below the national average of 84%.
- Performance for mental health related indicators was lower when compared to national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 62% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, five of these were complete two-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit related to bowel cancer screening improved screening uptake by 10%. We noted further action was also planned during 2016 to achieve additional improvement.

Effective staffing

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

- The practice had experienced clinical staffing issues during 2015 due to long-term illness and staff leaving the practice. We noted recruitment activity had been undertaken and new nursing staff had recently taken up posts within the practice.

Good

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.
- 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 a timely and accessible way through the practice's patient record system and their intranet system.

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. 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 publishing supporting information on the practice website and making this information available in different languages in addition to ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for 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 comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 91% and five year olds from 73% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

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.

Good

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.

- Patients' privacy and dignity was maintained during examinations, investigations and treatments through the use of side rooms within consulting rooms used by GPs and curtains within the room used by practice nurses. However, we noted there was no provision for a curtain within the room used by the practice healthcare assistant and we were told it was not possible to lock the door of this room, as the key had previously been mislaid.
- 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.

We received 22 Care Quality Commission comment cards of which 20 were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The remaining two comment cards made reference to difficulties with nursing staff and the practice appointment system.

We spoke with one member of the patient participation group (PPG) on the telephone the day following the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were 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 satisfaction scores on consultations with GPs and nurses were comparable to Clinical Commissioning Group (CCG) and national averages. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% 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%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% 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. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

Good

Are services caring?

- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice website offered the facility for patients to select and read all information in wide selection of languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices for carers were available on a dedicated notice board in the patient waiting area. The notice board was well maintained and the information made available told patients how to access a number of support groups and organisations. Information about support groups was also available from practice staff and on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 139 patients as carers; this represented approximately 1.6% of the practice list. The practice had a documented procedure to identify and collect information from carers that included the potential opportunity to share information with a local carers support organisation. 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.

Good

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 practice had recognised the benefit to patients of extended opening hours following a pilot scheme and were in consultation with the Clinical Commissioning Group to agree continued provision.

- Each practice location opened at 8am Monday to Friday, and one location remained open until 8.45pm each Monday for working patients who could not attend during normal opening hours. The practice also provided online patient access that allowed patients to book appointments and order prescriptions.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a practice-based community nurse and community health care assistant to support and meet the needs of patients in care, nursing and residential homes.
- We were told the practice had worked closely with a local residential rehabilitation unit and provided healthcare support to all residents at the unit that was led by a practice GP with special interests in the subject of rehabilitation.
- Minor surgery services were provided to both practice patients and those from other practices in the local area.

Access to the service

The practice was open at the Oswald Medical Centre surgery between 8am and 6.30pm Monday to Friday with the exception of Wednesday when the surgery closed at 1pm. Extended hours appointments were offered at the Hyndburn Medical Practice branch surgery in Accrington until 8.45pm each Monday. 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.

Analysis of the results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than or comparable to local and national averages. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example posters were displayed in the practice and information was available via the practice website. In addition a summary leaflet detailing the procedure for compliments or complaints and regulatory organisation contact details was readily available within the practice.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled in a timely manner. Review of associated records revealed lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a customer service training need was identified and arrangements made for completion following investigation of a patient 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 had a vision to deliver high quality care and promote good outcomes for patients but not all staff were aware of this and their responsibilities in relation to it. Staff did however consistently tell us they had a personal aim to provide a high level of service to patients.

The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which was intended to support the delivery of the strategy and good quality care. However we found the supporting systems and processes were not consistently applied. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff. However, we found evidence to indicate some policies were not implemented as intended. For example the practice had not completed regular water temperature checks in accordance with practice policy and the register of complaints was not consistent with the template detailed within the practice complaints policy. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- An understanding of the performance of the practice was maintained.
- A system was in place to control the receipt and storage of blank computer prescription forms. However, distribution of these forms within the practice was not subject to the same level of control and we found blank computer prescription forms in unsecured printers in unlocked rooms throughout the practice.
- The practice assessed risks to patients, staff and visitors. However, associated activity had not been completed thoroughly as a review of supporting records revealed risk mitigation action requirements identified in 2013 had not been completed or were identified as ongoing. A number of outstanding actions related to fire safety and included the completion of a building fire risk assessment and the installation of smoke detection equipment within the computer communication room.We noted that smoke detection equipment was not present in the room where the computer hardware was located.
- There were arrangements in place for the use of Patient Group Directions (PGD) to support and control the provision of vaccines and medicines to patients. Review of a sample of PGD documents revealed authorisations were not consistently detailed for named staff.

Leadership and culture

On the day of inspection a review of practice documentation indicated the partners in the practice had the experience, capacity and capability to run the practice and provide quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included 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. However, it was noted that records were not consistently or comprehensively maintained for all incidents, complaints and concerns and this had the potential to undermine effective communication and learning within the practice.

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

- Staff told us the practice held regular team meetings. However, we were told reception staff did not attend formal meetings as reliance was placed on informal communication methods for this staff group.

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 there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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 use of feedback forms and by monitoring external websites designed to collect patient feedback. Improvements implemented as a result of patient feedback included making changes to the practice website to improve access to information. The website was modified to allow patients to view the information in a wide selection of languages.
- The practice had a patient participation group (PPG) but acknowledged that the group had not been active for approximately 18 months and this was confirmed by a member of the group contacted as part of the inspection process. We were told this was due to other organisational activity related to practice development and there was an intention to reintroduce the PPG in the near future.We saw notices displayed in the practice to encourage patient involvement and membership.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion.
- The practice had a system in place for recording complaints and concerns. However, we noted the complaints log presented for inspection was not consistent with the template detailed within the associated practice procedure document and as a result the level of detail was reduced and was not sufficient to enable trend analysis to be completed easily.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in a pilot scheme to offer patients extended access to services that was organised and funded by the Clinical Commissioning Group (CCG) until 31 March 2016. During this scheme, the practice provided access to services between 8am – 8pm Tuesday to Friday and Saturday mornings at the branch surgery in Accrington. We were told this was well received by patients and the practice were involved in ongoing discussions with the CCG to support the development of a new model of care for the locality.

In October 2015 the practice was awarded a Quality Practice Award by the Royal College of General Practitioners and it was clear significant effort had been given to the creation of documentation to support the award in the previous three years. However, there was a lack of evidence to indicate the practice had monitored or maintained documented activity. For example, risk management activity had not been completed as detailed within documentation assessed by the awarding body.

The practice was a training practice and had previously had regular medical students and GP trainees at different stages of their learning although there were no trainees at the practice at the time of our visit. As a training practice we were told staff were supported through mentorship and guided learning.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to mitigate and manage risks to the health and safety of service users. • They had not mitigated and managed risks associated patient safety, building maintenance and security. This included fire safety, internal security of rooms and prescriptions and legionella bacteria. • They had not ensured staff administering medicines were appropriately authorised. • They had not ensured the proper and safe management of medicines. • They had not controlled the internal distribution of blank computer prescription forms. This was in breach of regulation 12(1),(2)(a)(b)(c)(d)(e)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

How the regulation was not being met:

The registered person did not have effective systems and processes to enable them to identify, assess and mitigate risks to the health, safety and/or welfare of service users and others.

This was in breach of regulation 17(1),(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.