

# Thursby Surgery



## Quality Report

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	13
Background to Thursby Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thursby Surgery on 21 April 2016. Overall the practice is rated as good.

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

- The practice provided eye catching and informative health information displays in the waiting areas. One display included empty soft drinks bottles and bags containing the equivalent amount of processed sugar in each drink. Alongside this was information on sugar, diabetes and the impact on health. The practice was discussing whether it was possible to take this into local schools as a presentation at the time of our visit.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed but some areas required further work to meet guidance. For example, there had been no completed infection prevention

and control audits at the time of our visit and whilst we observed the practice to be clean throughout, there was no evidence that all areas were being cleaned to meet NHS guidance.

- Two practice nurses and the health care assistant had not attended immunisation refresher training in the last twelve months.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients told us they did not always find it easy to make an appointment with a named GP, although a GP assessed requests for urgent appointments and spoke with patients.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Emergency equipment and medicines were available and in date, although no atropine was available.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, on which it acted.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure adequate arrangements are in place to address IPC to patients including carrying out infection prevention and control audits; maintaining a cleaning schedule; reviewing spillage of bodily fluid procedures and conducting COSHH assessments of cleaning materials.
- Ensure that emergency medicines include all those recommended for all activities carried out by the practice, specifically atropine for emergency treatment if required, during the fitting of contraceptive coils.
- Ensure that all staff conducting immunisations receive timely annual training updates.

The areas where the provider should make improvements are:

- Complete the work on reviewing local policies and procedures including the business continuity plan.
- Keep records of supervision and meetings for nurses
- Review the procedures to maintain patient privacy when undressing in the clinical rooms.
- Complete two-cycle clinical audit to ensure audit is consistently improving patient outcomes.
- Setting up the hearing loop and information sign this so that patients are aware they can request this and providing written information in Urdu in the waiting areas to reflect this population group.
- Review the complaints handling process to ensure the complainant is advised of their right to take their complaint to the Parliamentary and Health Services Ombudsman (PHSO) in written responses to complaints.
- Review the system for authorisation of all patient group directions to ensure they are signed in a timely way.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not consistently implemented well enough to ensure patients were kept safe.
- Patient group directions were not consistently signed when they were issued to ensure all nurses administering vaccines were aware of the latest updates, and only one of those we viewed had been correctly authorised by a manager at the time of our visit.
- The practice had not fully completed an infection prevention and control audit (IPC) for the whole practice though we did see evidence of two individual room audits and action taken to address risks identified in these.
- The practice offered family planning services including fitting of long lasting reversible contraceptive coils to women. The practice did not have atropine in the emergency drugs cabinet. This is recommended by the Royal College of Obstetricians and Gynaecologists within the services standards for sexual and reproductive healthcare.
- Recruitment checks had been carried out in line with requirements.
- There was a comprehensive training programme for all staff, though the inspection noted that not all clinical staff attended annual refresher training for administering immunisations the previous year.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



# Summary of findings

- Data showed that the practice was performing well when compared to practices nationally and in the Clinical Commissioning Group. The practice achieved 100% in the Quality and Outcomes Framework for 2015-2016, although this data was not validated at the time of our visit.
- Data from 2014-2015 showed that 84% of patients with hypertension had a blood pressure reading in a normal range within the last 12 months, the same as the national average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance., though one practice nurse had out of date NICE guidelines on her computer, she assured us this would be deleted immediately.
- A number of clinical audits were carried out, though audits were not used consistently as a process of continuous improvement in patient clinical care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We were informed that the nurses met informally as a team but there were no records of these meetings.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. For example, 92% of patients described their overall experience of their GP surgery as fairly good or very good, compared with the national average of 85%.
- Feedback from patients about their care and treatment was positive, although some patients explained that access to appointments was not as easy as they would like.
- 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.
- Information for patients about the services was available, though there was limited multi lingual written information available in the practice at our visit, a range of non-English language information leaflets were available from the practice website.

**Good**



# Summary of findings

- The practice had a range of information for carers available on noticeboards and the practice website.
- Two rooms did not have privacy curtains. We were informed that doors were locked prior to examination though there was no policy in place on privacy, particularly with regards to respecting patients whilst dressing and undressing.

## 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. For example, the practice had run additional Saturday morning surgeries as part of a CCG scheme to extend working hours whilst the CCG implemented a wider out of hours primary care scheme.
- Patients told us that they did not always find it easy to make an appointment with a named GP which reflected national GP survey results.
- The practice had reviewed access to appointments and introduced an additional triage system following patient feedback, which we were told had a positive impact on patient access. Not all patients we spoke to understood the system and some told us it remained difficult to get an appointment.
- 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.
- The practice opened until 8pm on Tuesday evenings and from 7am on Wednesday mornings to meet the needs of patients who were unable to attend during the usual opening hours.

## Are services well-led?

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

Good



- The practice had a mission statement, which included providing an appropriate and rewarding experience for patients whenever they need support.
- There was a clear leadership structure and staff felt supported by management. The practice was reviewing a number of policies and procedures to govern activity and held regular governance meetings.

# Summary of findings

- The governance framework was under review at the time of our visit. The practice was aware of the improvements required to deliver the delivery the strategy and good quality care. This included arrangements to monitor and improve quality and mitigate risks.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Complaints were handled in a timely way.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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.
- The practice worked closely with the specialist integrated nurse practitioner team who cared for patients in nursing and residential homes.
- The practice offered annual health checks for patients over 75 years old.
- The practice also worked with the intermediate care allocations team locally. This team coordinated care in patient homes to reduce acute admissions where possible.
- Staff had completed dementia awareness training and the practice manager was trained as a Dementia Friend.

### 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.
- 97% of patients with chronic obstructive pulmonary disease (COPD, a disease of the lungs) had a full review of their condition in the previous 12 months, higher than the national average of 90%.
- All five indicators for diabetes were higher than national averages. For example, 98% of patients on the diabetes register had an influenza immunisation in the previous flu season compared with national figures of 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.



# Summary of findings

- The practice website provided links to a number of support services/ third sector organisations for patients with long-term conditions.
- The practice provided evidence from the primary care web tool that they had significantly reduced admissions to hospital for patients with long-term conditions over the preceding three years. These had reduced from an average of 31 emergency admissions related to long-term conditions per quarter in 2013 to an average of 26 per quarter in 2015.
- The practice offered to loan blood pressure monitors to patients so they could monitor their conditions at home.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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.
- 80% of eligible women had a cervical screening test recorded, in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ran antenatal clinics and post-natal baby checks.
- The practice offered contraception and family planning services including long lasting reversible contraception. A sexual health service was also available from the premises.
- The practice had introduced a virtual patient participation group (PPG) in an attempt to widen the patients involved and reach younger patients and a more representative ethnic mix of patients.
- Patient information displays were eye catching. The use of soft drinks bottles to demonstrate sugar content was particularly appropriate for parents and children.

Good



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

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

Good



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice website had a range of useful health information and could be accessed in a variety of other languages.
- Early morning and evening appointments were available for those who could not attend during the main working day.
- Family planning and contraceptive services were available to patients.
- GPs offered telephone consultations for advice, results and reviews where appropriate.
- The practice offered dermatology and minor surgery services on-site, which affected all population groups but specifically reduced the need for working people to travel further.
- 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.

## People whose circumstances may make them vulnerable

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

- The practice offered weekly support sessions for patients who were unable to work and the local wellbeing service offered weekly clinics on the surgery premises.
- The practice ran a shared care service with the local substance misuse team.
- The practice reviewed medication for those at risk of over-using it and issued weekly prescriptions to help these patients manage their conditions.
- The practice offered longer appointments for patients with a learning disability, and offered these patients annual reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, and there was a range of useful information on display in the practice including for ex-services personnel.
- 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.

Good



# Summary of findings

## 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).

- 84% of patients diagnosed with dementia who 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%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record, higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice informed 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.
- The practice offered referral to improving access to psychological therapies (IAPT) on-site, which made referrals for cognitive behavioural therapy (CBT) for patients where appropriate.
- The practice had a carers' lead who championed carer support and ensured that carers were directed to the variety of support services available.

# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. Of 251 survey forms distributed 93 were returned, 37%. This represented 1.2% of the practice's patient list.

- 81% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 56% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 92% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 24 comment cards, which were all positive about the standard of care received. Patients described staff as caring and helpful, they also mentioned that GPs who spoke other languages were helpful and described care as brilliant. However five of the cards mentioned concerns with accessing appointments.

We spoke with 10 patients during the inspection, one of whom was also a member of the patient participation group. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring, although three explained they had experienced problems in accessing appointments. There were 42 responses to the latest family and friends test (FFT) results for the practice. 98% of patients responded that they would recommend the practice.

## Areas for improvement

### Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure adequate arrangements are in place to address IPC to patients including carrying out infection prevention and control audits; maintaining a cleaning schedule; reviewing spillage of bodily fluid procedures and conducting COSHH assessments of cleaning materials.
- Ensure that emergency medicines include all those recommended for all activities carried out by the practice, specifically atropine for emergency treatment if required, during the fitting of contraceptive coils.
- Ensure that all staff conducting immunisations received timely annual training updates.

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Complete the work on reviewing local policies and procedures including the business continuity plan.
- Keep records of supervision and meetings for nurses
- Review the procedures to maintain patient privacy when undressing in the clinical rooms.
- Complete two-cycle clinical audit to ensure audit is consistently improving patient outcomes.
- Setting up the hearing loop and information sign this so that patients are aware they can request this and providing written information in Urdu in the waiting areas to reflect this population group.
- Review the complaints handling process to ensure contact details for the Parliamentary and Health Services Ombudsman (PHSO) is given in written responses to complaints.
- Review the system for authorisation of all patient group directions to ensure they are signed in a timely way.

# Thursby Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser.

## Background to Thursby Surgery

Thursby Surgery provides services to around 7,613 patients in the Burnley area of East Lancashire under a General Medical Services (GMS) contract with NHS England. The local Clinical Commissioning Group (CCG) is East Lancashire CCG.

The practice has four GP partners, two male and two female; three practice nurses and a health care assistant (HCA). A practice manager, and team of nine administrative and reception staff support the practice. The practice currently uses a locum GP, as they have been unable to recruit a salaried GP. The practice is a training practice and supports medical students.

The practice is open between 8am and 6.30pm Monday, Thursday and Friday; 8am until 8pm Tuesdays and 7am until 6.30pm on Wednesdays.

The practice has seen an increase in South Asian patients over recent years, and is now seeing increasing numbers of Eastern European patients. The practice has a higher proportion of patients who are over 55 years old than average, and less 20 – 50 year olds than average. Practice data shows similar numbers of patients with a

long-standing health condition to the CCG average, 59%, compared to the national average of 54% and CCG average of 58%. Average life expectancy is 2 or 3 years below national averages.

Out of Hours services are provided by East Lancashire Medical Services Ltd. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). East Lancashire has a higher prevalence of chronic obstructive pulmonary disease (COPD, a lung condition) smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 April 2016.

During our visit we:

- Spoke with a range of staff GPs, nurses, practice management and staff;
- Spoke with patients who used the service;
- Observed staff interacted with patients and talked with carers and/or family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the nurse manager or practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and nationally issued safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, protocols were revised and additional staff awareness raising took place regarding patients with breathing difficulties to ensure the GP was able to contact patients swiftly. The practice also invited in secondary care consultants to educational discussion meetings where significant events highlight the opportunity for further learning.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and 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. One GP was the lead for safeguarding and met with health visitors monthly to discuss children of concern. The GP 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 relevant to their role. GPs and the practice manager were trained to Safeguarding level 3.

- Notices in the waiting room and all consultation rooms, and information on the practice website 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 check (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).
- We observed the premises to be clean and tidy, though cleaning schedules were not available for all areas of the practice premises.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as independent non-medical prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation, although these had not been consistently signed by all nurses and the designated clinical manager at the time of our visit. For example, seasonal flu PGD published by NHS England in September 2015 had been signed by one nurse and one health care assistant (HCA) only. The PGD for shingles was signed three months after publication by three nurses. The practice rectified this by ensuring all PGDs were signed immediately after our visit. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and one locum file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of



## Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed, with the exception of cleaning and infection prevention and control.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 did not have all required risk assessments in place to monitor safety of the premises. For example, there was no COSHH (control of substances hazardous to health) assessment carried out. We noted that one cleaning substance was diluted by a staff member who informed us this was done according to the instructions on the bottle. The diluted liquid was stored in a generic spray bottle with a handwritten label on it at the time of our visit. There was no procedure or protocol in place for the use of cleaning materials.
- There was a general building risk assessment and a tap flushing regime which acted as a legionella control regime in the absence of a legionella risk assessment (legionella is a bacteria which can infect water systems and is dangerous to human health), and the practice had approached a consultant to conduct a risk assessment.
- The practice nurse was the infection control clinical (IPC) lead. There was an IPC protocol in place and staff had received up to date training, although the nurse had not attended the higher level IPC training. Infection

prevention and control audits were not being carried out in accordance with national guidance. We found an audit was started in February 2016 but this had not been completed.

- The waste contractor had carried out an audit of clinical waste management following a significant event when a worker suffered a “needle stick” injury from clinical waste bags collected from the surgery. (Needle stick injury is when a needle used for vaccinations accidentally punctures the skin of a person who was not the patient). The practice had subsequently introduced additional waste streams for non-infectious waste in response to this to ensure all waste was disposed of in line with best practice advice from the environment agency. However, we noted that two sharps containers with purple lids were being used in areas where cytotoxic medicines were not in use. (The Department of Health published guidance on colour coding of clinical waste in the Safe management of Healthcare Waste Memorandum, HTM 07-01).
- There was a record kept of cleaning of examination couches, consulting rooms and toilets, though this did not specify which were cleaned and when, “various” was recorded each day.
- We were told privacy screens were steam cleaned weekly, and curtains laundered appropriately, but there was no records maintained. Ad-hoc management checks of some areas of the practice had been carried out, and any areas identified as requiring improvement in these were acted upon.
- There were spill kits in place for cleaning bodily fluids although there was no policy or guidance for cleaning of bodily fluid spills and one spill kit had expired in 2012.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients’ needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and the practice had recruited two apprentices following the departure of one member of staff to increase the cover and bring younger staff members into the team.

### Arrangements to deal with emergencies and major incidents

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



## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms, as well as alarm calls on consulting room desks which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room, with the exception of atropine. As the practice fitted contraceptive coils, atropine is recommended as required for resuscitation by the Royal College of Obstetricians and Gynaecologists.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had begun writing a business continuity plan in place for major incidents such as power failure or building damage, though this had not been fully updated at the time of our visit. For example, it did not include emergency contact details for staff.

# 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 peoples' needs. The inspection noted that one nurse had out of date NICE guidelines on the computer. We were assured these would be deleted and replaced with the most up to date guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with 8.7% clinical 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. Practice data for 2015-2016 also showed 100% achievement in QOF, though this had not been validated at the time of our visit.

Data from 2014-2015 showed;

- Performance for diabetes related indicators was better than national averages. 81% had a last blood test which was within a normal range, compared with the national average of 77% and 95% had a record of a foot examination which was higher than the national average of 88%.
- Performance for mental health related indicators was also better than and national averages. 98% of patients with schizophrenia, bipolar affective disorder and other

psychoses had a care plan in their record, compared with the national average of 88% and 100% had details of recent alcohol consumption recorded compared with 90% nationally.

- 85% of patients with dementia had a care review, this was in line with the national average of 84%.

The practice also monitored its performance through the NHS England Primary Care Web Tool. Between 2013 and 2015, the practice had reduced admissions to hospital for patients with long-term conditions. These had reduced from an average of 31 emergency admissions related to long-term conditions per quarter in 2013 to an average of 26 per quarter in 2015.

Clinical audits demonstrated quality improvement in some areas of patient care. Clinical audits completed in the last two years included:

- Urinary tract infections, single cycle
- Combined oral contraceptives, single cycle
- Minor surgery, two cycle
- Nexplanon (a contraceptive implant) fitting, single cycle.

One of these was a completed two-cycle audit, which demonstrated where improvements made were implemented and monitored. Recent action taken as a result included improving the quality of clinical checks when conducting minor surgery and ensuring the clinician recorded tissue sample results and any complications in the patients' medical records.

The CCG pharmacist had conducted various medicine audits and there were improvements made in prescribing, particularly around antibiotic prescribing. Information from the medicine audits was used to make improvements such as reducing the levels of antibiotic prescribing (this is important due to increases of anti-biotic prescribing nationally and internationally and the growth of antibiotic resistant strains of bacteria).

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice ensured role-specific training and updating for relevant staff for example, for those reviewing

# Are services effective?

## (for example, treatment is effective)

patients with long-term conditions. The nursing team had completed a range of diplomas in diabetes; heart failure and respiratory care. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. However, the practice could not demonstrate how staff stayed up to date with changes to the immunisation programmes. Some clinical staff had not attended immunisations refresher training in the last year. This training is required annually for staff carrying out immunisations in line with the Health Protection Agency National Minimum Standards for Immunisation Training.

- The practice identified the learning needs of staff 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 during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We did note that there were no written records of nursing meetings or supervision. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training and had all completed core skills on-line modules during 2015.
- The practice was supportive of all learning. Staff were encouraged to attend a variety of additional training, this included dementia awareness training, customer care and management skills. The practice supported nursing staff to develop their clinical skills and the senior nurse was applying to undertake in depth training on consultation skills with the practice support. The practice also facilitated evening development and learning events which covered clinical topics and at times invited relevant specialists in to share knowledge and learning at these events.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- 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 services 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. The practice worked closely with the integrated neighbourhood team and the specialist nurse practitioner team who supported older patients in local care and nursing homes. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated when a patient's circumstances changed.

### 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.
- Patients completed consent forms for minor surgery and these were recorded in the patient medical record.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

# Are services effective?

(for example, treatment is effective)

condition, smoking and alcohol cessation and those with physical and learning disabilities, as well as those experiencing significant mental health problems.

Patients were then signposted to the relevant service.

- Counselling and sexual health services were available on-site.

The practice's uptake for the cervical screening programme was 80.5%, comparable to the national average of 82%. The practice contacted patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were eye-catching information displays encouraging patients to undertake screening in the waiting areas. National Cancer Information Network data showed that patients attendance at bowel and breast cancer screening was in line with CCG and national averages.

Childhood immunisation rates for the vaccinations given were all better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 96% (CCG rates 71% - 86%) and five year olds from 77% to 100% (CCG rates 68% - 97%).

The practice provided flu vaccination figures during our visit, although these were not validated at the time of our visit. 73% of over 65 year olds had a seasonal flu vaccination (2015-2016 practice data). 56% of patients in at risk groups had received a flu vaccination the previous flu season (2015-2016 practice data). The practice also provided figures on uptake of shingles and pneumonia vaccinations, which showed they were actively participating in these national vaccination campaigns.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 or privacy screens were provided in most consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. There was no privacy screen or curtain in the room used by the health care assistant or the minor surgery room. Staff told us the clinicians ensured doors were locked. We discussed the need for patients to have privacy to undress for examinations.
- 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 would offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the care experienced, though five cards mentioned difficulties in accessing appointments. Patients said they felt the staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients, one of whom was also a member of the patient participation group (PPG). These patients 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. Patients described staff as lovely and singled out individual GPs, nurses and the reception team for particular praise.

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

- 88% said the GP was good at listening to them compared to the CCG and national averages of 87%.
- 92% said the GP gave them enough time (CCG and national averages 87%).

- 97% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

The practice had monitored performance in the friends and family test in 2014-2015. Of 334 responses, 93% said they would be extremely likely or likely to recommend the practice to their family and friends. More recent figures on NHS Choices showed that of 42 responses, 98% would recommend the practice.

### 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 on 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. Three GPs could speak Urdu and some Punjabi and the team used google to either translate or arrange interpreters

## Are services caring?

where required. We did not see notices in the reception areas informing patients this service was available, although patients told us verbally and on comment cards they appreciated bilingual GPs.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 117 patients, equating to 1.7% of the practice list as carers. 93 of these

had a flu vaccination in the previous year and 46 had a health check. The practice intended to focus more on support for carers. Written information was available to direct carers to the various avenues of support available to them and there were helpful information displays in the practice.

Staff told us that if families had suffered bereavement the practice sent sympathy card to the family with information offering support and advice. The GP followed this up by a phone call or patient consultation at a flexible time and location to meet the family's needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. This included providing appointments on Saturday mornings whilst the CCG reviewed out of hours access to primary care locally.

- There were longer appointments available for patients with additional mental and physical health needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- The building was suitable for wheelchair users. There was a hearing loop, but this had not been set up and no signage was in place to inform patients.
- Translation services were available, with three GPs speaking Urdu and Punjabi. There was no patient information in Urdu in the waiting area although the website had the facilities to be translated into over 100 languages.
- The practice had reviewed services for patients who registered without a home address and worked with individual patients to ensure communication to and from secondary care was received and passed on with appropriate patient consent.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services, this included when vulnerable patients required help in accessing secondary care services and referrals.

### Access to the service

The practice was open between 8am and 6.30pm Monday, Thursday and Friday, from 8am until 8pm on Tuesdays and from 7am until 6.30pm on Wednesdays. Morning appointments were from 8.30am until 11am, and from 7am on Wednesdays. Afternoon appointments were from 3pm until 5.40pm daily. Extended surgery hours were offered on Tuesday evenings from 6.30pm until 7.40pm.

The appointment system had been reviewed following an audit on patient access commissioned by the CCG, and an

additional daily GP triage system put in place. Most appointments were now available the same day, though this did reduce the availability of pre-bookable appointments.

The practice closed for one hour each Thursday and once every three months for staff meetings and training. An emergency number was available during this time to ensure patients had access to urgent care. The practice had trained the senior practice nurse in minor illness and she was being supported to undertake consultation skills course. This would increase on the day access for patients with minor ailments.

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.

- 84% of patients were fairly satisfied or very satisfied with the practice's opening hours compared to the national average of 78%.
- 81% patients said they could get through easily to the surgery by phone (national average 73%).
- 45% patients said they always or almost always saw or spoke to the GP they prefer (national average 36%). Most patients told us on the day of the inspection that they were able to get appointments when they needed them, though several said they found it problematic, especially routine appointments following the introduction of the new system.

The practice was acutely aware of the need to continually monitor and review access for patients and had written to all households in July 2015 informing them of the introduction of the new appointment system.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including in waiting areas and publicised on the practice website.

We looked at nine complaints received in the last two years and found that the practice responded to these in an open



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

and honest manner with apologies where appropriate. However, we did note that the practice did not routinely include an explanation that the complainant had the right to take their complaint to the Parliamentary and Health Services Ombudsman (PHSO) in written responses to

complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice arranged additional training in customer care and conflict resolution to support staff in dealing with difficult situations.



# 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 mission statement was “To provide an appropriate and rewarding experience for our patients whenever they need our support”. The practice endeavoured to provide a high standard of general practice, keeping up to date with modern technology yet preserving the traditional values of family medicine.

- The partners met regularly to discuss practice development and had developed a business plan which reflected the mission statement and continuous improvement throughout the practice.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care. The structures and procedures in place included:

- A clear staffing structure with most staff aware of their own roles and responsibilities.
- There were aspects of governance within the nursing team which required additional attention to improve patient safety, such as update training and infection prevention and control.
- Practice specific policies, a range of which had already been implemented and were available to all staff. A number were still in development such as the business continuity plan.
- A comprehensive understanding of the performance of the practice by the partners and practice manager.
- Clinical and internal audit was used to monitor quality, though there were limited two-cycle audits available at the time of the inspection.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, which required ongoing work to meet requirements. The practice recognised there were areas for improvement, and a number of these were rectified during or immediately following the inspection. For example, the signing of patient group directions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held team meetings every 3 – 4 months.
- The practice informed us the nurse team met informally. No records were available for these 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, when implementing the new appointment system, proposals had been shared with staff, and staff suggestions to improve the systems had been taken into consideration.

### 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 practice had recently moved to a virtual PPG in order to involve a wider mix of patients. The PPG had previously met regularly and discussed for improvements to the

# Are services well-led?

Good 

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

practice management team. The group now met annually and sent regular electronic communication and updates by e-mail. For example, the PPG had raised concerns regarding access to appointments supported the practice with the new system. Two of the PPG members were also members of the Burnley Patients Network and shared information on the wider health promotion work locally.

- The practice introduced regular meetings to gather feedback from staff.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One example was given of moving to the new patient clinical record system, and staff persuading GPs that they should move away from written notes and prescription requests to use the electronic system.
- A recent staff complaint had led to the practice conducting a 360 review of the entire team. This had

been used to improve communications and relationships within the team. Staff told us they now felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

This included preparing to introduce a private Facebook area for patients to share health promotion information and practice news.

As a training practice, the practice had an ethos of continuous development for all staff, and a range of staff development had been supported by the practice. The practice was considering becoming a training practice for GP trainees in the near future. The practice also had a building development plan in place, which covered both improving current facilities and proposals to extend the building to cope with increased demand on services.

## 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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Infection prevention and control audits had not been routinely carried out to improve infection prevention and control arrangements: the cleaning schedule did not cover routine cleaning of all areas; there was no protocol or procedure for cleaning up spillage of bodily fluids and there had been no COSHH assessments of cleaning materials.</li><li>• Some clinical staff had not completed immunisation training in the last year.</li><li>• Not all emergency medication was available.</li></ul> <p><b>This was in breach of regulation 12(1)(2)(a)(b)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>