Richmond Hill Practice

Quality Report

Colne Health Centre
Colne
Lancashire
BB8 0LJ
Tel: 01282 731731
Website: www.theRichmondhillpractice.co.uk

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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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Richmond Hill Practice on 28 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not consistently assessed and well managed. Two out of three vaccine fridge temperatures had gone over the recommended vaccine storage temperatures during operation. We did not see any evidence of this being reported as a significant event or action taken to ensure the vaccines were safe for use. The practice acted promptly when we brought this to their attention.
- There were some areas of prescribing for long term conditions which required attention
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The practice was committed to individualised person centred care and introduced two new roles to improve care:
- The care coordinator role (non-clinical) had originated offering support to carers and grown into support for all vulnerable patients that GPs felt would benefit from one to one support. Patients were offered appointments to talk and a variety of health and social support guidance was given to them. Two health care assistants had also been trained as care navigators who contacted patients who had been discharged from hospital and patients identified as at high risk of admission. They checked whether patients required any medication, or had the necessary help at home, and asked GPs or the triage nurse to follow up if they felt the patient required additional support. There was evidence of this impacting positively on patient outcomes, with emergency readmission data for the practice reducing from 18.6% during the period September 2013 to February 2014, to 15.5% between September 2014 and February 2015.
- The practice engaged effectively with patients to increase awareness of practice services and wider health campaigns. There were over 300 patients on the virtual patient participation group (PPG) and an active face-to-face group of around 14 members who met every two months. The PPG had reviewed the format of the annual patient survey to make this more accessible to patients, and the practice had seen an increase in the numbers of patients completing annual surveys from 188 in 2012/13 to 272 in 2014/15.

The areas where the provider must make improvement are:

- Ensure that procedures for vaccine storage meet current legislation and guidance.
- Ensure the practice meets its responsibility to complete risk assessments including for lone working.
- Implement systems to monitor cleaning and hygiene including curtain replacement and ensuring no hazardous substances are in use.

The areas where the provider should make improvement are:

- Share learning from significant events and complaints with all staff.
- Ensure that fire evacuation procedures are revised to include details of how to support patients with limited mobility and all staff given adequate training in this.
- Update the complaints policy to ensure that all complainants are given details of action they can take if they are not satisfied with responses to complaints to refer to the Parliamentary and Health Services Ombudsman.
- Review calibration testing to ensure all equipment testing is in date.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice needed to improve health and safety to ensure risks to patients were consistently assessed and well managed. Specifically, procedures for ensuring vaccines were stored safely did not meet NHS guidelines and fire evacuation procedures did not include how to support people with limited mobility.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were at or above average compared to the national average.
- The practice had implemented two new roles to improve continuity of care for patients. These were:
- A care coordinator, who offered social care support and ensured health needs were met within the practice
- Two care navigators, who contacted patients who had been discharged from hospital and liaised with GPs and practice colleagues as well as other health and social care providers where they identified patients in need of additional support or care.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of continuous quality improvement, although limited two cycle audits had been completed.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals 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.

- The practice provided person centred care and had developed a number of key staff to improve patient care and support carers.
- 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.
- The practice had developed a receptionist to become a care coordinator. This member of staff had begun liaising with carers about three years ago to offer individual support for carers, and the role had been developed to include all patients in need of extra support.
- The practice had identified 130 patients who had a carer and 132 patients who were carers, this equated to 1% of the practice population. Of the 130 patients who were carers, 108 had received an influenza vaccination during the previous 'flu' season.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice shared information on support services for carers with patients.
- A member of staff contacted relatives of patients who had died and had introduced procedures to make collecting death certificates and finding information and support easier for patients and their families who had lost loved ones. A card was sent to the families of all patients who died.

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 local health and care commissioners to secure improvements to services where these were identified. For

example, the practice and patient participation group (PPG) had taken a lead role in challenging changes made to the health visitor arrangements locally and after 18 months, had ensured that health visitors would once again work from the practice building to see babies and young children.

- There were innovative approaches to providing integrated patient-centred care. This included developing two health care assistants to become care navigators, who liaised with patients after they had been discharged from hospital to ensure continuity of care after secondary care admissions.
- The practice had reviewed patient access and introduced a new working structure, which included each GP having urgent appointments available in each surgery, and additional telephone consultations for patients who could not easily attend the surgery.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of travel vaccinations and contraception, including fitting long-term reversible contraceptive devices.
- The practice also offered joint injections and other minor surgery for patients to provide this service closer to home.
- The practice ran one or two GP surgeries weekly from a consultation room attached to a local supermarket, which offered patients the opportunity to combine seeing the doctor with doing their weekly shop.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice had an eye catching website, and produced quarterly newsletters which were
- GPs in the practice spoke a range of languages, including Urdu, Punjabi, Welsh, Hindi, French, Gaelic and Polish. The practice had seen an increase in Polish patients registering which they belied was due to having a GP who could consult in Polish if required. Some letters had been translated to try and encourage non British nationals to bring children in for childhood immunisations.
- The practice engaged actively with over 300 patients by e-mail through the virtual patient participation group (PPG) and worked closely with an active face-to-face group of around 14 members who supported the practice with making improvements to services.

Summary of findings

- The practice was able to obtain material in large print from the Royal Society for the Blind and the patient record alerted staff if a patient needed to be collected from the waiting room.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice was passionate about personalised care, and treating staff and patients as individuals.
- The practice encouraged and developed staff and helped them develop new roles which improved care for patients, as well as allowing staff to grow and feel positive about their work and the difference they could make to the lives of their patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice engaged with a wide number of patients through a virtual patient participation group (PPG) which had over 300 members and had a regular PPG group which had contributed to improving patient care within the practice.
- Staff and members of the PPG were encouraged to suggest and make improvements.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was involved in research and was developing research opportunities.

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 a team from Airedale General Hospital which provided 24 our access to telephone support for older patients who were in residential and nursing homes locally.
- The practice had applied for funding from the Clinical Commissioning Group to support patients aged 75 years and older. These patients were offered longer appointments and the care coordinator offered additional support including ensuring that where they required additional health and social care support, appropriate referrals were made.

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 worked closely with GPs and patients at risk of hospital admission were identified as priority one patients.
- Data for 2014-2015 showed that 93% of patients with diabetes has a recent blood sugar test which was within a normal range which was above the local CCG average of 73% and national average of 78%.
- 77% of patients with hypertension had a recent blood pressure reading which was within a normal range which was below the CCG average of 85% and the national average of 84%.
- Only 93% of patients with atrial fibrillation (AF, a heart condition) with a high risk of stroke were currently treated with anticoagulation or antiplatelet therapy, this was below the local CCG and national average of 98%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.
- There were some areas of prescribing and clinical management for long-term conditions which required clinical leadership to demonstrate improvement. For example, correction of inappropriate aspirin for atrial fibrillation (AF, a heart condition) and use of care review templates which ensure holistic care and enhance achievement of quality and outcomes framework targets

Families, children and young people

Good

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. The practice had recently discussed the need to offer appointments to any unaccompanied children who came into the surgery at a practice meeting.
- The practice had campaigned with the support of their PPG to reverse changes to health visitor provision for their patients, and had eventually got agreement that health visitors would once again see local children in the health centre building.
- 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. However, the practice informed us they were unable to provide toys for children due to building arrangements. Some parents had fed back to the practice they would appreciate some activity provision for their children.
- 80% of eligible women had attended cervical screening which was in line with the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had increased the numbers of telephone appointments available and engaged with a wide range of working aged people through the virtual patient participation group (PPG).
- 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.

People whose circumstances may make them vulnerable

Good

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

- The care coordinator offered one to one support for patients who were vulnerable and care navigators contacted all patients who had been discharged from hospital to ensure adequate health and social care support was in place for them.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice liaised with and referred patients to a local veterans charity.
- 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. For example, the practice held a monthly clinic for patients with substance misuse issues and worked closely with the local substance misuse service for these 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.

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).

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is worse than the national average of 88%.
- Only 58% of patients with dementia had a record of a face to face review which was lower than the CCG average of 82% and national average of 84%. However, the practice shared year to date figures which showed that they had made improvements in this area, although these figures were not yet nationally validated.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Dementia awareness training had been provided for staff.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 for surveys distributed between January and March 2016. The results showed the practice was performing in line with local and national averages. Of 282 survey forms distributed, 103 were returned (37%). This represented 1% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patient comments on cards included the words fantastic and brilliant and most patients reported they got appointments easily, although two patients mentioned that it could be difficult to get through on the phone at times. One card referred to the notice about keeping children sat still so as to not disturb unwell patients, and said this was difficult for a young child with learning disabilities. The practice had reviewed patient survey results over several years and provided additional customer care training for staff following patient feedback, as well as introducing recording of telephone calls which was sued to support staff and patients.

We spoke with seven patients during the inspection, one of whom was the chair of the patient participation group (PPG). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient explained that getting non urgent appointments could take longer than they preferred, around 10 days, and they had experienced difficulties in getting medication resolved after seeing a consultant at the local hospital.

In the last three months, 176 patients had completed the friends and family test (FFT) and 168, 95% had responded that they were extremely likely or likely to recommend the practice to someone who had just moved into the area.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure that procedures for vaccine storage meet current legislation and guidance.
- Ensure the practice meets its responsibility to complete risk assessments including for lone working.
- Implement systems to monitor cleaning and hygiene including curtain replacement and ensuring no hazardous substances are in use.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Share learning from significant events and complaints with all staff.
- Ensure that fire evacuation procedures are revised to include details of how to support patients with limited mobility and all staff given adequate training in this.
- Update the complaints policy to ensure that all complainants are given details of action they can take if they are not satisfied with responses to complaints to refer to the Parliamentary and Health Services Ombudsman.
- Review calibration testing to ensure all equipment testing is in date.

Richmond Hill Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Richmond Hill Practice

Richmond Hill Practice provides primary care services for 10,543 patients in the Lancashire town of Colne under a general medical services (GMS) contract with NHS England. The practice is part of the East Lancashire Clinical Commissioning Group (CCG).

The practice is based on the first floor in Colne Health Centre, which opened in 2014. This building is shared with a variety of other local community services including podiatry, speech and language and sexual health services, as well as four other GP practices. Meeting rooms and treatment rooms are shared between the services.

The property is maintained by NHS Property Services and East Lancashire Hospitals NHS Trust. There is a car park outside and access is good for patients with limited mobility.

The practice also offered GP appointments in a consultation room attached to a local supermarket twice a week.

The practice team comprises seven GP partners, five male and two female, four female practice nurses and two health care assistants who also act as care navigators. A practice manager and team of 15 administrative staff support the clinical team. The practice has developed one receptionist to become a care coordinator. The practice is a training practice and supports medical students from local medical schools.

The practice is open Mondays and Tuesdays from 7am until 7:30pm, Wednesdays 7am until 6:30pm and Thursdays and Fridays 8am until 6:30pm.

The patient population is older on average than the England average, with more patients aged 50 years and older than average, and fewer patients aged 44 and under.

Male and female life expectancy is just below East Lancashire Clinical Commissioning Group (CCG) and national averages (male: practice 77 years, England 79; female: practice 81 years, England 83).

Information published by Public Health England rates the level of deprivation within the practice population 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 disease of the lungs), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as 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 28 July 2016. We visited the main practice site at Colne Health Centre but did not visit the consultation room attached to a local supermarket. During our visit we:

- Spoke with a range of staff including four GPs, three nurses, practice manager, assistant practice manager, the health care assistants who acted as care navigators and the care coordinators as well as reception staff.
- Spoke with patients who used the service.
- Spoke with the chair of the patient participation group (PPG).
- Observed how staff interacted with patients and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of policies and procedures within the practice and minutes of meetings.

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not include reporting of notifiable incidents under the duty of candour, though the practice assured us they would update the form immediately (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 partners carried out a thorough analysis of the significant events.
- Although staff who incidents were related to were involved in reviewing these, learning was not shared with all practice staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice could demonstrate that recent alerts which required action, on medicines safety, for example, had been addressed but there was no clear audit trail to evidence all alerts had been reviewed and relevant actions taken.

The practice shared details of two incidents where incorrect prescribing had been identified, and had introduced additional systems to ensure that similar incidents could not happen in future.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse, although the inspection raised concerns about the safety of vaccine storage. Procedures included:

- Arrangements to safeguard children and vulnerable adults. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP was the lead member of staff for safeguarding. The GPs could not always attend safeguarding meetings, though they 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 and nurses were trained to level 2. The practice had recently held an update for staff and discussed with receptionists how to care for children and young people who attended the practice alone, this was an action stemming out of a significant event. The practice met with health visitors weekly to share information on children and families of concern.
- There was a notice in the waiting room to advise 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).
- We observed the premises to be clean and tidy. The building manager was responsible for cleanliness and hygiene. The practice did not have a formal cleaning check, but liaised with the building manager if they identified any areas of concern.
- During the inspection we observed that bottles of air freshener spray were in place which were flammable and did not have COSHH assessments. The practice said these had been left by the cleaners, and the practice manager liaised with the building manager who informed the practice manager that no air fresheners should be in the building. Privacy curtains in consultation rooms were last changed on 26.1.2016, so these were overdue a change at the time of our visit. This was the responsibility of the building manager. The practice manager informed the building manager these were overdue when we noted it on the inspection.
- The practice nurses shared responsibility for infection prevention and control (IPC). There was an infection control protocol in place and staff had received up to

date training. Annual IPC audits were undertaken by the practice manager and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not assure the inspection that patients were kept safe (including obtaining, prescribing, recording, handling, storing, security and disposal). This was specifically in relation to two vaccine fridge temperatures, which had been recorded as +11 and +12 degrees Celsius during the week prior to the inspection. NHS guidance for vaccine storage requires that vaccines are stored in fridges which are maintained between the manufacturer's recommended temperature range of +2˚C to +8˚C until the point of administration. There was no evidence that this had been reported as a significant event, reported to management or any actions taken to ensure the vaccines were safe for use. The practice began to address this when the inspection team bought this to their attention during the inspection. Previous temperature recordings checked by the inspection did not show similar high temperatures.
- 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 (CCG) CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Additional procedures were in place to ensure prescriptions for controlled drugs for patients on substitute prescribing were securely kept and audited.
- We reviewed four 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 not consistently well assessed and managed.

- 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 staff corridor which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, the procedures for safe evacuation of people with limited mobility had not been well documented or shared. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, there was a mismatch between dates on labels on equipment and the certificate of equipment calibration testing which the practice looked into following our observations. The building had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had not carried out risk assessments for staff. Specifically there were no risk assessments for moving and handling and lone worker risk assessments for staff who were visiting patients in their own homes.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. This included ensuring that four staff were available to answer phones at peak times, and developing staff to adopt new roles to increase care and support for patients.

Arrangements to deal with emergencies and major incidents

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

- There was an emergency alarm 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 practice library.
- GPs did not carry emergency medicines in their bags and there had been no risk assessment for this.
- 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.

Requires improvement

Are services safe?

- 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage and incapacity of staff. 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 94% of the total number of points available. (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 an outlier for QOF clinical targets for patients with dementia and patients with atrial fibrillation (AF, a heart condition). During the current reporting year the practice had made some improvement in dementia care, increasing the numbers of patients with dementia who had an annual review, though data had not been validated at the time of our visit. We could not see any improvement in the management of patients with AF and relevant prescribing to reduce the future risk of heart attack.

Data from 2014-2015 showed:

- Performance for four out of five diabetes related indicators was better than the national average for example:
- 93% of patients with diabetes had a recent blood sugar test that was within a normal range which was above the national average of 88%.
- 86% of patients with diabetes has a recent cholesterol test which was within a normal range which was above the national average of 84% and 67% of diabetic patients had a recent blood pressure reading which was within a normal range, which was below the national average of 78%.
- Performance for mental health related indicators was similar to the national average with 83% of patients who had a care plan documented in their record; this was in line with the national average of 88%.
- However, only 58% of patients with dementia had a care plan review in the last 12 months which was below the national average of 84%. We discussed this with the practice during our visit who provided evidence that showed some improvement in the current year which was 67%, although this data had not yet been nationally validated.

There was evidence of quality improvement including clinical audit.

- There had been a range of clinical audits completed in the last two years. These included:
- A completed audit on contraceptive impacts where the improvements made were implemented and monitored
- A completed audit patients with thyroid concerns who had low thyroid stimulating hormones (TSH, a condition which affected patients with underactive thyroid glands).
- A completed audit on patient access to appointments.
- Findings were used by the practice to improve? patient clinical care.
- A range of medication and prescribing audits had also been undertaken, with additional checks implemented to ensure prescribing risks were monitored and reduced.
- The practice had begun participating in research including a trial of equipment which would allow non-clinical staff to conduct diagnostic tests to show whether patients had atrial fibrillation (AF, a heart condition).

The practice shared data on emergency readmissions which was provided by East Lancashire CCG with the inspection team. This showed admissions data for September 2013 to February 2014 and September 2015 to

Good

Are services effective?

(for example, treatment is effective)

February 2015. The practice had made a reduction in the emergency re-admissions during this time from 18.6% to 15.5% which was the greatest reduction in the Pendle locality during this period.

Care navigators completed a checklist when they contacted patients post discharge, though there was no specific care review template in place for vulnerable patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice recognised that some staff had potential to widen their skills and involvement with patients and was passionate about developing potential and empowering staff to improve the lives of their patients.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the health care assistants had attended a range of training to increase their skills and improve the care they gave to patients as care navigators.
- 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, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice triage nurse had attended additional training in telephone consultations and combined her role with respiratory clinics in the practice. She believed that her in depth knowledge of respiratory conditions was crucial to the triage role, as she was able to identify patients whose acute condition might be linked to underlying long-term conditions and arrange for them to come in for review when they had completed acute medications.
- The practice had recognised that staff in administrative roles had potential to grow and develop into more patient focussed roles. Two receptionists had been supported to become phlebotomists then health care assistants and care navigators. One member of staff had been supported to become the care coordinator. This member of staff was currently being supported to complete cognitive behavioural therapy to widen the breadth of support she could give.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice offered shared clinics for patients with substance misuse issues monthly and worked closely with the local substance misuse service. The substance misuse nurse informed the inspection of the care and support the practice gave to patients and supported the work of the substance misuse service.

Practice staff worked effectively 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, care navigators contacted all patients who were discharged from hospital to ascertain whether additional health or social care support was required. Multi-disciplinary meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs.

Good

Are services effective?

(for example, treatment is effective)

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.
- Patient who attended for joint injections, coil fittings and minor surgery were asked to read and complete a consent form which was recorded on the patient medical record.
- 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 had developed new roles to offer individual support to patients who may be in need of extra support. This included:

All patients identified as at risk of hospital admission, and patients discharged form hospital; patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and lifestyle. A range of support services were offered from the practice premises, or patients were signposted to the relevant services.

- Smoking cessation advice was available in the practice and from a local support group.
- The care coordinator met with individual patients in a weekly clinic, where social support was given to patients and this helped contribute to a holistic approach within the practice.
- The practice actively publicised a local pharmacy first scheme and informed patients of the NHS choose well scheme to ensure patients knew which was the appropriate service for them to access.
- A dietician was available on the premises and the practice hosted other local services including a mental health specialist.
- The practice offered patients influenza vaccinations from the consultation room attached to the local supermarket on Saturday mornings.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages of 82% There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, 63% of eligible patients had attended bowel cancer screening which was above the CCG and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 88% and five year olds from 71% to 99%. The practice had arranged for letters to be translated for parents whose first language was not English to encourage them to bring their children for immunisations.

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

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.

- A private room was clearly identified beside reception and patients informed they could ask to use this.
- The practice had introduced new roles to champion patient care through the care coordinator and care navigator roles which focussed on providing person centred care for patients. This member of staff had supported patients who cared for others and helped direct them to sources of support and gaining financial support for acting as carers.
- Privacy curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff were aware of patients who required additional help and actively supported them. For example, the practice advertised a local transport service which helped patients who did not have transport to get to their appointments.
- The practice had reviewed care for families following bereavement and they were supported by the care coordinator.
- The practice shared details of a local Asian Woman's support network with patients.

All 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

During the inspection, we spoke with six patients, one of whom was the chair of the patient participation group (PPG). Five patients informed us they were satisfied with the care provided by the practice and that access to appointments and prescriptions was good. One patient informed us they had experienced problems obtaining medication which had been prescribed by a secondary care consultant, and had waited over a week to see a GP about this issue.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The practice shared a range of thank you cards and compliments from patients during the inspection.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice was involved in fundraising for a range of local and national charitable organisations.

Care planning and involvement in decisions about care and treatment

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

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:

Good

Are services caring?

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages 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. Several GPs could speak other languages, although the population mainly spoke English.
- Information leaflets were available in easy read format and the practice had obtained large print information for patients with vision impairment.

Patient and carer support to cope emotionally with care and treatment

The practice had developed the role of care coordinator several years ago specifically to support patients who were carers. The chair of the patient participation group and the care coordinator described the development and growth of this role from carers to include patients who required additional social care support. The care coordinator held weekly clinics which offered 30-minute appointments for vulnerable patients, and was undertaking training in cognitive behavioural therapy at the time of our visit to increase her skills with patient care. This staff member had attended a range of training including bereavement and mental health awareness to help patients going through grieving and difficult life stages.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. This included details for a local handy person and home repair service offered through a local housing association.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 130 patients as carers (1% of the practice list) of which 108 (83%) were recorded as having received an influenza vaccination during the previous 'flu' season. The practice also had details of 132 patients who were identified as having carers on their system.

If families had suffered bereavement, the care coordinator contacted them and sent them a sympathy card, as well as a bereavement information pack. Families and relatives were offered telephone calls or appointments 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. A process had been put into place to hand death certificates sensitively to bereaved relatives.

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. This included increasing the capacity of the care coordinator to offer social care support to older patients and working with the patient participation group to challenge the local authority over changes made to health visiting which were believed to adversely impact on local children. At the time of our visit, the health visitors had returned to run weekly clinics from Colne Health Centre for all local children.

- The practice offered extended hours on three morning and two evenings a week.
- The practice had reviewed access to appointments and increased the numbers of telephone appointments available.
- The practice had also recently amended the telephone system to inform patients of their place in the queue.
- 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 facilities for the disabled, a hearing loop and translation services available.
- The practice also offered GP appointments from a consultation room attached to a local supermarket two days per week, which helped access for people who were not mobile or were pressed for time.
- The practice prepared and issued a patient newsletter every three months which was informative and colourful. The practice website was eye catching and had a range of helpful information available to patients.

Access to the service

The practice was open between 8am and 6:30pm Mondays to Fridays, as well as from 7am on Mondays, Tuesdays and Wednesdays and until 8pm on Mondays and Tuesdays. Appointments were from 8:30am until 11:30am and 2:30pm until 6pm daily. Extended hours appointments were offered from 7am three mornings a week and from 6:30pm two evenings a week.

The practice had reviewed the appointment system and patient access in 2014 and increased the numbers of urgent appointments available with all clinicians throughout the day as well as increasing telephone consultations. 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.

The practice had a clear system for home visits. Receptionists would always inform GPs of requests for home visits and they would assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

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.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.

Five of the six patients we spoke with on the day of the inspection that they were able to get appointments when they needed them, one said sometimes non-urgent appointments took up to two weeks.

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, the assistant practice manager covered if she was on leave.
- The complaints policy and procedures were available on the practice website.
- We saw that information was available to help patients understand the complaints system.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at five complaints received in the last 12 months and these were acknowledged promptly and investigations were thorough. Response letters were comprehensive and offered patients the opportunity to meet to discuss their concern. The complaints we reviewed did not include details of the Parliamentary and Health Services Ombudsman, although the practice informed us more complex complaint responses did include this information.

Lessons were learnt from individual concerns and complaints and also from the analysis of trends. Three main themes over the last three years which were addressed were:

- Improving access for patients, especially same day access
- Improving the telephone system and increasing the numbers of staff answering phones at peak times.
- Providing additional training for receptionists on customer care and empathy for patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice mission statement was "Richmond Hill Practice prides itself on delivering a high standard of professional medical care for all the family. Your physical and mental well-being is our priority and we aim to achieve this at all times with dignity and respect."

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

- The mission statement was displayed in the waiting areas and staff knew and understood the values.
- The practice strategy to continually improve patient care included being proactive and innovative to introduce changes to help deliver better care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Structures and procedures in place included:

- An understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, care coordination, dealing with complaints and significant events, patient communication and publicity. There were areas such as infection prevention and control, vaccine storage and health and safety which required further attention.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance was discussed though not all learning from significant events and complaints was shared.
- A programme of clinical audit, which was used to monitor quality and drive improvements.
- Arrangements for identifying, recording, managing and mitigating risks required some improvement.
- Business continuity and comprehensive succession planning was in place, for example the upskilling of staff and implementing new roles to support good care.

Leadership and culture

The practice had a strong team ethos and respect for the strengths of individual team members. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support 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.
- The practice reviewed verbal complaints and comments from NHS choices as well as written complaints.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good

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

management team. For example, the practice had improved the patient survey following PPG feedback, and introduced improvements in the telephone queues system.

- Staff were proud of delivering quality person centred care to patients. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff gave us an example of how they felt care for bereaved families could be improved and this had been implemented.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice looked critically at performance and tried to identify innovative ways of working to improve patient care and had introduced the care coordinator and care navigator roles three years ago. These roles were now being rolled out throughout East Lancashire.

The practice was a training practice and supported medical students for which they had good feedback.

Recent improvement activity included introducing a research project to trial a piece of equipment which would help health care assistants conduct a diagnostic test for atrial fibrillation (AF, a heart condition). The practice had also recently introduced a confidential social networking group for GPs which allowed the GPs to share learning and support for each other.

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 **How the regulation was not being met:** 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. Actions were not taken to ensure that vaccine storage was in line with NHS England requirements. The temperature check sheets showed that fridge temperatures had been +11 ˚C and +12 ˚C on Monday 25 July 2016 at 7.15 am and over +8˚C on Tuesday 26 July 2016 but there was no record of any reporting or investigating this incident. The practice had not carried out health and safety risk assessments and the fire evacuation procedures were not clear on how to support patients with limited mobility out of the building. A fire evacuation chair was in place, but no staff had been trained, and the evacuation procedure did not refer to the fire refuge points and procedures. The practice had no formal procedures in place for checking that areas that were the responsibility of the building management met requirements. For example, privacy curtain change dates and ensuring no hazardous substances were in the practice premises. This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.