

Barnoldswick Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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	7
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Barnoldswick Medical Centre	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	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barnoldswick Medical Practice on 22 March 2016.

Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, learning from incidents was not shared with all staff.
- Risks to patients were not always adequately identified and managed, for example there was only evidence of identity checks in one personnel file; emergency equipment was stored in different locations and some patient identifiable data was found in an unlocked bin outside the practice during the inspection.
- Data showed patient outcomes were generally in line with local and national averages.

- Although some audits had been carried out, the evidence did not clearly show that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect, and told us they were able to get appointments when they needed.
- Urgent appointments were available on the day they were requested.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

Improve the governance framework to support the delivery of the strategy and good quality care. This includes arrangements to monitor and improve quality and identify risks. Specifically, the provider must:

- Conduct a risk assessment on the need for controlled drugs being stored within the practice and ensure they are stored securely.

Summary of findings

- Ensure patient medical records are consistently updated to include all relevant clinical information including clinical test results from secondary care.
- Ensure patient identifiable information is stored and disposed of securely in line with the requirements of the Data Protection Act 1988.
- Ensure there is an auditable record of all communication with health visitors.
- Carry out a legionella risk assessment and ensure an appropriate legionella control regime is implemented.

In addition the provider should:

- Review the recruitment process to ensure that personnel records include evidence that identity checks have been carried out.

- Provide staff with appropriate up to date policies and training to carry out their roles in a safe and effective manner.
- Discuss significant events with the wider team to ensure learning is shared throughout the practice.
- Review the use of clinical audit to actively improve patient outcomes through regular audit.
- Review the storage of and access to emergency equipment and medication.

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, however lessons were not shared widely to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received 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 meetings did not take place with health visitors.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there was no legionella control regime in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Personal staff files did not all contain evidence that photographic identification was routinely checked during recruitment.
- Patient records did not appear to be consistently updated by GPs with test results from other providers. This was specifically in relation to high risk medication prescribing. For example, anticoagulation tests (carried out on patients prescribed warfarin).
- Emergency medicines and equipment were stored in more than one location, including an unlocked room.
- Some controlled drugs were kept on the premises in a locked cabinet. This had not been risk assessed and the key to this cabinet was not kept securely.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed most patient outcomes were in line with averages for the locality and compared to the national average.

Summary of findings

- Audits had taken place but these did not clearly demonstrate that audit was driving improvement in performance to improve patient outcomes.
- Whilst most staff had the skills, knowledge and experience to deliver effective care and treatment, protocols did not always meet local and national guidance. The protocol for conducting spirometry tests did not cover checking whether the patient had recently used steroids or antibiotics. The practice nurse assured the inspection team that this would be updated. Additionally nurses were conducting pill checks but had not had training in this area.
- 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.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. For example 94% said the last GP they saw or spoke to was good at giving them enough time, CCG and national averages were 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Carers Link ran a monthly clinic and offered both pre-bookable and drop-in appointments on the practice premises.
- There was a policy in place to support bereaved patients and their families.

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 (CCG) to secure improvements to services where these were identified. For example, the practice had worked with East Lancashire CCG to ensure treatment room services were provided in the town.

Summary of findings

- The practice was also actively engaged with the local CCGs and secondary care to improve care closer to home for patients, this included telemedicine facilities.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adapted the building to meet patient needs where possible and was 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 not always shared with staff and other stakeholders.
- The practice had an active patient participation group and conducted regular patient surveys.
- The practice facilitated a range of clinics to reduce travelling for patients, this included physiotherapists two days per week and a weekly anticoagulation clinic.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver “Best Practice” care and promote good outcomes for patients.
- The governance framework needed improvement to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There were a number of recent positive changes such as the introduction of team meetings, however the whole practice did not meet together and the health care assistant was only invited to attend nurse team meetings when there were agenda items relevant to her role and could not describe the last time she had attended nurse meetings.
- Many staff were supported with personal and professional development and qualifications but there was not a culture of shared, reflective and continuous learning.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for these patients.
- The health care assistant carried out home visits to review those who were unable to attend the surgery.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to national averages, 84% of patients diagnosed with dementia had a face-to-faced review, the same as the national average.
- Likewise, 73% of patients aged 65 and older had received a seasonal flu vaccination within the practice, the same as the national average of 73% (2013-2014 figures). Practice data for 2015-2016 showed that 68% had received a flu vaccination in the previous flu season, although this data was not validated at the time of the inspection.
- 20 minute appointments were given to patients aged over 75 years old as routine.
- The practice actively identified older carers during annual immunisation campaigns.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was performing slightly below national averages for patients with long term conditions, 4 out of 5 indicators for patients with diabetes were below national averages. For

Requires improvement



Summary of findings

example, 69% of patients with diabetes had a blood pressure reading which was in a normal range in the preceding 12 months, compared to the national average of 78%, although current practice figures were higher.

- Similarly, 68% of patients with asthma on the register had had an asthma review in the preceding 12 months, lower than the national average of 75%, although current practice figures were higher.
- A diabetic nurse specialist ran monthly clinics in the practice and newly diagnosed diabetics were referred to the external diabetes service. One of the practice nurses was currently training to initiate and manage patients on injectable insulin with the support of the diabetic nurse specialist.
- The protocol in use for conducting spirometry tests (a lung function test which is used to monitor patients with COPD, chronic obstructive pulmonary disease and asthma) did not include checking whether patients had recently taken medication which might interfere with the test.
- The practice offered 24 hour ambulatory blood pressure monitoring and had blood pressure monitors to loan to patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

he provider was rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify children living in disadvantaged circumstances and who were at risk, for example, children and young people who missed immunisations. We were informed that health visitors no longer attended meetings at the practice but called in weekly to collect documents and referral information. .
- Parents were proactively reminded about childhood immunisations and the practice offered appointments times to suit the needs of parents.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- Unwell children were prioritised and seen on the same day if required.
- 87% of eligible female patients had a record of a cervical screening test within the last five years, higher than the national average of 82%.
- We saw positive examples of joint working with midwives.
- GPs conducted baby clinics.
- An area which was discussed with the practice during inspection was performance in relation to the percentage of patients aged between six months and 65 years in the defined influenza risk groups who had received the seasonal flu vaccination which was 45% compared to the national average of 57%. The practice explained that patients with asthma did not always attend asthma clinics and influenza immunisation.
- The practice promoted the local “pharmacy first” scheme for patients who had minor ailments.
- Telephone appointment availability had been reviewed to increase access for this population group

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Community physiotherapists worked in the practice two days per week and the practice offered weekly minor surgery clinics.
- Telephone appointments were available for patients who were working and unable to attend the surgery.
- Travel advice and immunisation was offered by the practice nurses.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- All patients with a learning disability were offered annual reviews and the practice liaised closely with the community learning disability team where patients did not attend.
- The practice worked closely with the local drug and alcohol service offering joint appointments to these patients. The practice also registered patients from the local residential rehabilitation clinic.
- 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. The practice reviewed all safeguarding cases annually.
- The practice was actively trying to increase care and support for terminally ill patients by working with the Clinical Commissioning Group to extend the Gold Line” service currently in place at a local general Hospital. (The Gold Line service is offered for patients who are terminally ill and their families. It is run by senior nurses at Airedale Hospital, and offers a 24 hours service, 365 days a year.)

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which is comparable to the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months, above the national average of 88%.
- 90% of patients with physical and/ or mental health conditions had a record of smoking status in their record compared to the national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- The reception manager had completed an NVQ level 3 in Dementia Care and 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Counselling and Improving Access to Psychological Treatment (IAPT) services were available within the practice.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing slightly higher than and national averages. 274 survey forms were distributed and 116 (42%) were returned. This represented 1% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, 10 of which were positive about the standard of care received. Patients used words including caring and professional to describe the staff. One comment mentioned that access to appointment was not as swift as they would like.

We spoke with 12 patients during the inspection, one of whom was a member of the patient participation group (PPG). All 12 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice shared results for the friends and family test (FFT) for the last six months, which showed they usually achieved over 90% of patients responding they would be extremely likely to likely to recommend the practice to their family and friends with an average of 60 – 70 responses each month.

Areas for improvement

Action the service **MUST** take to improve

The governance framework needed improvement to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risks. Specifically, the provider must:

- Conduct a risk assessment on the need for controlled drugs being stored within the practice and ensure they are stored securely.
- Ensure patient medical records are consistently updated by GPs to include all relevant secondary care clinical information such as test results where high risk medication is prescribed.
- Ensure patient identifiable information is stored and disposed of securely in line with the requirements of the Data Protection Act 1988.
- Carry out a legionella risk assessment and ensure an appropriate legionella control regime is implemented.

Action the service **SHOULD** take to improve

In addition the provider should:

- Discuss significant events with the wider team to ensure learning is shared throughout the practice.
- Review the recruitment process to ensure that personnel records include evidence that identify checks have been carried out on all staff.
- Review the use of clinical audit to actively improve patient outcomes through audit.
- Review infection prevention and control policy and cleaning schedule to include cleaning of or changes of privacy curtains.
- Review the storage of and access to emergency equipment and medication.
- Provide staff with up to date policies and training to carry out their roles in a safe and effective manner.

Barnoldswick Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice nursing specialist adviser and an Expert by Experience (someone with experience of using GP services who has knowledge of CQC methodology).

Background to Barnoldswick Medical Centre

Barnoldswick Medical Centre is in Barnoldswick, in East Lancashire. It provides Primary Medical Care to 11,553 patients under a General Medical Services (GMS) contract with NHS England. The local population has continued to grow recently, and further housing developments will lead to an increase in local residents needing primary health care services.

The premises are owned by the GP partners and comprise a number of terraced houses which have been joined together. The building first became a GP surgery in 1915. The practice has been adapted and modernised where possible to increase the facilities available, and the practice are aware that the building has limitations in the delivery of modern healthcare.

There are seven GP partners, five male GPs and two female GPs, five female nurses and a female health care assistant. They are supported by a practice manager, a reception manager and team of 15 staff. One receptionist is trained as a phlebotomist and two further reception staff are currently being trained as phlebotomists. Barnoldswick is a training practice and currently has one GP trainee and one second year medical student.

The practice is open between 8.20am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11am every morning and 3pm to 6pm daily.

Out of hours provision is provided by East Lancashire Medical Services under a contract with East Lancashire Clinical Commissioning Group (CCG).

Information published by Public Health England rates the level of deprivation within the practice population group as five 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 COPD, 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 22 March 2016. During our visit we:

- Spoke with a range of staff including two GPs, one nurse, a health care assistant, four administrative and reception staff, the local CCG medicines manager and spoke with patients who used the service.
- 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.

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 practice manager of any incidents and there was an incident book in reception.
- The practice carried out analysis of the significant events at six-monthly intervals.
- However, these meetings were only attended by GPs and the practice manager. Learning from significant events was not shared more widely with nursing or administrative staff.

We reviewed safety records, incident reports and nationally issued safety alerts. While the practice could demonstrate that action was taken for recent Medicines and Health Care Products Agency (MHRA) alerts, the inspection noted that patient medical records were not consistently updated by GPs with relevant clinical test results from secondary care. This was of concern particularly in relation to prescribing of high risk medications such as warfarin and where national safety alerts had been issued.

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. There was a GP safeguarding lead. The practice passed information where concerns regarding children were raised to health visitors, although we were informed that due to contractual changes health visitors no longer attended meetings at the practice and called in once a week to collect documents regarding patients.

- There was no dedicated time for practice staff or GPs to meet with Health Visitors and safeguarding was not an agenda item at team meetings. The practice provided reports where necessary for other agencies. All safeguarding cases were reviewed at an annual meeting. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There had been no additional training for this lead role, however. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. .
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always address risks to patient safety (including obtaining, prescribing, recording, handling, storing and security). We noted that one GP stored controlled drugs on the premises. These were kept in a locked cabinet, although the key was left in an unlocked drawer.
- 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. Where the practice shared patient care with secondary care, local patient medical records were not routinely updated with test results from other providers.
- Prescription 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.

Are services safe?

The practice had a system for production of Patient Specific Directions to enable the health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and three locum GP folders and found evidence did not demonstrate that all recruitment checks had been undertaken prior to employment for some staff. References, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were all made, though we only noted photographic proof of identify in one staff file. The practice informed us that identification was checked but there was no evidence in personnel files.
- 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 legionella testing and protecting patient information.

- 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However, there was no legionella risk assessment or control regime in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had contracts in place for the disposal of confidential waste. A locked confidential waste container was situated in a store room which was not locked at the time of our visit. However, during the

inspection, we found that a domestic waste bin situated outside the practice were not locked. There was an open waste bag which contained a list of patient names in this bin. We brought this to the attention of the practice manager immediately who assured us she would report this in line with the information governance policy and requirements of the Data Protection Act 1988.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency and staff knew that actions they should take in such emergencies.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff, although they were stored in three different locations. The defibrillator and oxygen were stored in a cupboard which was not kept locked, though all staff knew of their location; more oxygen was stored in the treatment room, and anaphylaxis kits were stored separately in the treatment room. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This had been used following power cuts and a gas leak outside the building. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

While staff had access to guidelines from National Institute for Health and Care Excellence (NICE) best practice guidelines and used this information to deliver care and treatment that met peoples' needs, evidence did not assure the inspection team that all staff were aware of all relevant guidance. For example, nursing staff informed the inspection team that were carrying out pill checks but they had not had training on combined oral contraceptive safety.

There were a number of clinical templates and protocols in use, though we noted that the template for conducting spirometry tests did not cover checking whether patients had recently taken antibiotics or steroids prior to administering the test. Not all staff could describe these contra-indications, although the practice nurse assured the inspection team that the protocol would be updated to ensure these checks were included.

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 92% of the total number of points available, with 14% 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. The practice advised that performance for 2015-2016 had improved for some indicators but this was not validated at the time of our visit. Data from 2014 - 2015 showed:

- The practice was performing slightly below national averages for patients with long term conditions, 4 out of 5 indicators for patients with diabetes were below national averages. For example, 69% of patients with diabetes had a blood pressure reading in the preceding 12 months which was within a normal range, lower than the national average of 78%.

- The practice informed the inspection that more recent 2015-2016 data showed an improvement in some patient outcomes although this data had not been validated at the time of our visit. For example, practice figures for patients with diabetes who had a recent blood pressure test which was within a normal range showed an improvement from 69% in 2014-2015 to 77% in 2015-2016
- The percentage of patients with hypertension in whom the last blood pressure reading was within a normal range was 86% compared to the national average of 84%.
- Similarly, 87% of patients with chronic obstructive pulmonary disease (COPD, a lung condition) on the register had a full review undertaken in the preceding 12 months compared to the national average of 90%.
- Performance for mental health related indicators was similar to national averages, 84% of patients diagnosed with dementia had a face-to-face review in the preceding 12 months compared to the national average of 84%.
- The inspection team discussed the variation in seasonal flu vaccination for patients aged between 6 months and 65 years with the practice (45% compared to 57% national average). The practice believed this was linked to a number of patients with asthma not attending immunisation and had plans to investigate this further.

Clinical audits did not demonstrate consistent quality improvement.

- There had been five clinical audits completed in the last two years. These included audits on minor surgery, folate prescribing to pregnant women and warfarin dosing which were completed two cycle audits where the improvements made were monitored. It was not clear from all audits what improvements in patient safety were made. We did not see evidence that audit was used as a tool for shared learning and improving patient outcomes.
- The practice participated in local benchmarking, though this did not underpin clinical development or strategy. The practice was active within both local Clinical Commissioning Groups (East Lancashire and Airedale) and worked to support the development of better care closer to home for patients.

Effective staffing

Are services effective?

(for example, treatment is effective)

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 could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 and meetings. 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff development and training was given high priority. Mandatory training included: safeguarding, fire procedures, basic life support and information governance awareness, as well as conflict management. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was committed to staff development and encouraged staff to revalidate previous skills. For example one member of staff had been supported to return to clinical practice having been working as a notes summariser with the practice around family commitments. Several staff were supported to complete NVQs, including supervisory management, customer service and business administration.
- There were regular clinical and non-clinical meetings for GPs; the nurses met every two or three months and the administrative staff met quarterly. There was no evidence that feedback and learning from complaints, significant events or audits was shared with staff at meetings.

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.
- The practice had run a pilot telemedicine room previously. This trial had encountered technical difficulties and was not continued, but had informed a system which was rolled out to care homes throughout the local area.

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 made referrals to the integrated neighbourhood team, who took up to two new patient referrals each month, and the intensive home support team for patients where short term intervention was required. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice worked closely with district nurses and midwives.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Some GPs sought verbal consent for minor operations, others requested this in written format

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

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation as well as patients with mental and physical health problems including substance misuse.
- Carers Link offered monthly clinics in the practice; community physiotherapy was available at the practice two days per week and counsellors from the improving access to psychological therapies (IAPT) service met patients in the practice regularly.
- Anticoagulation clinics were run by one local hospital within the practice, and there were discussions ongoing about the other "local" hospital introducing this service within the practice.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG and national averages of 74%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National Cancer Intelligence Network Data published in March 2015 showed 68% of

patients were screened for breast cancer in the last 36 months, which was in line with the national average. Additionally 62% of patients aged 60 – 69 were screened for bowel cancer in the last 30 months, higher than 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 78% to 92% (higher than CCG averages) and five year olds from 67% to 95%.

Flu vaccination rates for the over 65s were 73% (national average 73%), and at risk groups 45% (national average 57%) (2013-2014 data). Practice data for the current year suggested that vaccination of patients in the at risk groups remained a concern, although this data was not validated at the time of our visit.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice was aware that the reception area did not offer good confidentiality to patients. Staff dealt with this professionally and were discreet when dealing with patients at the desk.
- Reception staff were warm and welcoming and we were given examples of them going out of their way to help individual patients.

Ten of the 11 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. One comment mentioned that access to appointments was not as swift as they would like.

We spoke with 12 patients, one of whom was a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. All patients we spoke with told us they were able to see a GP or nurse when they needed and urgent appointments were always available.

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

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 94% said the GP gave them enough time (CCG and national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG and national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 78% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 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:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 81%)
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Two GPs were able to consult in Urdu and/ or Punjabi, and we were informed some patients requested them by name. We were also given examples of communication tailored to meet individual needs, including IT translation and speech alternatives.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had been actively identifying carers and the register had increased from 44 in March 2015 to 79 (0.7% of the practice population) in March 2016.

Written information was available to direct carers to the various avenues of support available to them. Carers link facilitated sessions on a monthly basis within the practice for patients to access their support.

Staff told us that if families had suffered bereavement, their usual GP contacted them, a sympathy card was sent to patients, this had been started in January 2016. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice detailed which days each GP worked enabling patients to understand when their preferred GP might be available.
- There were longer appointments available for patients with a learning disability.
- 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 make appointments on-line and telephone consultations were available.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available. We noted that the disabled toilet did not have an emergency alarm call and a wheelchair was stored in this room at the time of our visit.
- There was a chair lift to the first floor where some services were offered, although there were also various steps on the ground floor which made access for those with mobility issues difficult.
- The practice had undergone significant alteration over many years, and had undertaken discussions with the CCG over possible improvements to the building. At the time of our visit, discussions with the CCG were taking place regarding submission of a funding bid to NHS England.
- The practice was sensitive to the complex cases of patients with multiple long-term conditions, and tried to ensure that regular reviews included all conditions where possible to avoid the need for repeat trips to the practice.
- The practice worked closely with the new telemedicine service run by Airedale General Hospital (AGH) which provided an advice and triage service for patients living in local residential homes.
- The practice was looking to extend the Gold Line telephone service offered by AGH to terminally ill

patients, hoping to increase this for other patients with complex needs. (The Gold Line service is offered for patients who are terminally ill and their families. It is run by senior nurses at Airedale Hospital, and offers a 24 hours service, 365 days a year).

Access to the service

The practice was open between 8.30 am and 6.30 pm Monday to Friday. Appointments were from 8.30am to 11am every morning and 3.30pm until 6pm every afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 71% patients said they always or almost always saw or spoke to the GP they prefer (CCG average 60%, national average 60%).

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

Listening and learning from concerns and complaints

The practice had 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, with leaflets available in the waiting areas and information on how to make a complaint on the practice website.

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

- The practice was aware of issues with confidentiality and queueing in the waiting area and was working with the CCG to assess options and prepare a bid for submission to NHS England Primary Care Transformation Fund.

We looked at six complaints received in the last 12 months and found they were handled in line with the policy.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However, we did not see evidence that lessons or actions were routinely discussed with staff more widely. An example where procedures were changed was to ensure that requests for a specific gender GP were noted in the patient record and on the appointment diary.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver “Best practice” standard of care.

- The practice had a practice charter which was displayed on the practice website and staff knew and understood the values.
- The practice had commenced work on a development plans which reflected the vision.
- The practice was involved in a variety of local initiatives and CCG groups to improve patient outcomes locally, including discussions to provide a new health care building in Barnoldswick.

Governance arrangements

There were areas within the governance framework which required improvement to support the delivery of the strategy and good quality care. Structures and procedures in place included:

- A clear staffing structure with staff who were aware of their own roles and responsibilities.
- Local patient medical records were not consistently updated by GPs with relevant clinical information prior to prescribing high risk medication.
- We were informed by nurses that they carried out pill checks but had not had training in this area.
- An understanding of the performance of the practice was maintained. Performance in screening required further action.
- Clinical and internal audit was not consistently used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks were not always in line with requirements. For example, of five staff and three locum personnel records checked, there was only evidence that photographic identification had been checked in one record; some patient identifiable documentation was found in waste and there was no risk assessment for storage of controlled drugs on the premises.

Leadership and culture

The practice had seen significant GP and management changes in the last two years and had been working to adapt and implement new managerial structures. Safe, high quality and compassionate care were prioritised in the practice.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They did not always keep written records of verbal interactions as well as written correspondence.

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

- Weekly partner meetings covered education, significant events, palliative care and prescribing.
- There were regular meetings within teams, although learning was not routinely shared throughout the practice.
- 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 told us they were encouraged to contribute to the development of the practice but were unable to give us any examples of improvements which had been made as a result of their suggestions.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice and PPG had supported the establishment of at

Are services well-led?

Requires improvement 

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

treatment room service in the town which stopped the need for patients to travel to Colne and Burnley for this service after the practice deciding it could not continue to provide the resource for this community service.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the

area. For example, the practice was discussing funding with the CCG to introduce a 24 hour telephone service for terminally-ill patients at the time of our visit. The practice had also run a pilot telemedicine scheme for 12 months which although not taken forward within primary care, was adopted in residential care locally to improve outcomes for patients in care and nursing homes.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Controlled drugs were stored within a locked cabinet but the key was not held securely.</p> <p>There was no legionella control regime in place.</p> <p>This was in breach of regulation 12(2)(b)(c)(d)(g)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Patient identifiable information was found in the unlocked external domestic waste bin during the inspection process.</p> <p>Patient medical records were not consistently updated by GPs with test results carried out by other providers, specifically in relation to the prescribing of high risk medication such as warfarin.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Data Protection Act 1998.