

# Oswald Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced follow up inspection Oswald Medical Practice on 10 November 2016.

Following a comprehensive inspection on 12 April 2016 the practice was issued with two requirement notices due to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was in relation to shortfalls in systems for risk management and health and safety and the management of medicines. The practice was rated as Requires Improvement. An action plan was submitted with agreed timescales, identifying the action the practice would take.

We undertook a focused inspection to follow up the action taken by the practice in these specific areas. We found the practice had completed the action plan and was now meeting the required regulations.

Overall the practice is now 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 improved system in place for reporting and recording significant events and there was evidence that learning was shared across the practice.
- Risks to patients were assessed and were effectively managed.
- The management of complaints had been reviewed. 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs. All equipment was now serviced and maintained as required. Portable appliance testing had been completed.
- The management of medicines had been improved, with additional security measures implemented for the distribution and storage of prescriptions.
- The authorisations to administer medicines via patient group and patient specific directions had been reviewed. Systems had been implemented to better manage and to reduce risks

# Summary of findings

**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 good for providing safe services.

At the last inspection there were a number of concerns in relation to risk management and the management of medicines

At this inspection we found:

- Risk management processes had been reviewed and improved. New reporting systems had been implemented and the practice was registered with NHS National Reporting and Learning System (NRLS)
- A legionella assessment and testing had been completed.
- All electrical equipment had been serviced, maintained and portable appliance tested as required.
- The management of fire risks had significantly improved. Effective action had been taken, with the implementation more comprehensive system to identify and monitor risks. Fire risk assessments had been undertaken.
- A staff member had been nominated as fire officer, with deputy fire wardens, for the main site and each branch surgery
- The security of medicines, along with the distribution and storage of prescriptions had been significantly improved.
- The authorisations to administer medicines via patient group and patient specific directions had been reviewed. Systems had been implemented to better manage and to reduce risks
- The contents of the GP emergency bags had been reviewed to reduce wastage

Good



### Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



## Are services well-led?

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

At the last inspection improvement was needed in the overall management and governance of health and safety and risk.

At this inspection we found:

- The practice had reviewed policies and procedures to govern activity. These had been shared with staff, via practice meetings, email communication and stored on an easily accessible shared drive.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included more comprehensive arrangements to monitor and improve quality and identify risk.
- Staff had been given the opportunity to increase their responsibility across areas of safety, risk and governance, with staff having protected time, support and training for those additional roles

Good



# 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 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 employed the services of a community nurse and community health care assistant to monitor patients with complex needs and carry out annual reviews

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators for 2015/16? was between 66.4% and 79%. This was lower than the national average range of 78% to 94% but had improved from 2014/15 .
- 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Cervical screening uptake data from 2015/16 for women aged 25-64 years identified a test had been performed in the preceding five years for 84% of female patients, which was comparable to the national average of 82%

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours had been implemented each Monday evening until 8.30pm at the Hyndburn branch, which all patients could access.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice effectively signposted patients to community and voluntary support services and had a range of health and well-being information available in the waiting area.
- 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. Staff had received additional training and were Dementia Friends.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 354 survey forms were distributed and 113 were returned. This was a response rate of 31.9% and represented 2% of the practice's patient list.

- 70.3% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

These results had shown improved patients responses since the inspection in April 2016.

We did not speak with patients during this focused inspection and comment cards were not sent to the practice, however the most recent collated results from the NHS Friends and Families test identified a positive month on month trend, that reflected patients, who responded to the survey, would definitely recommend the practice to others.

For example for September 2016, there were 106 responses; 68 were extremely likely to recommend the practice, 26 likely. In October 253 responses; 124 extremely likely to recommend the practice and 84 likely. In addition patients had made comments which expressed a high level of satisfaction with reception staff and the caring attitude of the GPs and staff

# Oswald Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Oswald Medical Centre

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

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

The practice also has a location registered at

- Myrtle House Surgery, 154 Blackburn Road, Accrington, Lancashire, BB5 0AE

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

slightly below the CCG and national averages at 80 years (CCG 81 years and national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

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

The practice is staffed by five GP partners (one female and four male). In addition there is also one salaried and one sessional GP. The practice is a training practice for trainee GPs and medical students. The GPs are supported by a nurse practitioner, two practice nurses, an assistant nurse practitioner and a healthcare assistant. Clinical staff are supported by a senior business manager, a practice manager and 14 administration and support staff.

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

- Oswald Medical Centre – 8am – 6.30pm Monday to Friday
- Hyndburn Medical Practice – 8am – 6.30pm Tuesday to Friday and 8am – 8.45pm on Monday. There are extended hours each Monday evening until 8.30pm that all patients can access
- Pritchard Street Surgery – 8am – 6.30pm Monday to Friday
- Myrtle House Surgery - 8am – 6.30pm Monday to Friday

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

# Detailed findings

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

## Why we carried out this inspection

We carried out an 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 10 November 2016. During our visit we:

- Spoke with a range of staff including the practice manager, senior business manager, assistant nurse practitioner and reception and administration staff.
- Reviewed a range of documents that support the running of the practice

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

At the last inspection there were a number of concerns in relation to risk management and the management of medicines. At this inspection we focused on the action taken against these specific areas.

### Safe track record and learning

Although the practice had a system in place for reporting and recording significant events, at the last inspection it was noted that records were not consistently or comprehensively maintained for all incidents, complaints and concerns. This had the potential to undermine effective communication and learning within the practice.

We found at this inspection that the system had been reviewed so that complaints and incidents were reviewed to ensure they were correctly identified and the right action undertaken.

- A new significant event reporting policy had been implemented. We saw evidence that learning from incidents were shared at clinical and practice meetings. Improved recording templates had been implemented to support this.
- The practice had registered with NHS National Reporting and Learning System (NRLS). The NRLS is a central database of patient safety incident reports. Data submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

### Overview of safety systems and processes

- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The assistant nurse practitioner was named as the infection prevention and control (IPC) lead. This staff member confirmed that additional support and training opportunities had been provided to enable her to undertake this role effectively. There was an infection control protocol in place and staff had received up to date training.
- At the last inspection we noted vaccine fridge monitoring records identified temperatures had exceeded required levels on six occasions in the first two

months of 2016. On each occasion a reset was recorded but no additional information was present to identify if further action had been taken to ensure fridge contents were fit for use.

- We found the monitoring of fridge temperatures had been reviewed. A new fridge had been purchased at one of the branches and this branch was now undertaking all baby clinics, which had led to a more efficient system of monitoring and storing larger quantities of vaccines. We saw evidence that fridge temperatures were recorded correctly and these were within acceptable ranges. New recording sheets had been introduced and these were audited each month from all sites by the practice manager.
- At the last inspection we found shortfalls in how prescription pads were managed. At this inspection we found that systems had significantly improved. Prescription pads were no longer left on printers overnight. These were now securely locked in cupboards, with access to keys by authorised persons only. Coded locks had been placed on all doors to avoid unauthorised access. Records of prescription numbers and pads issued were maintained and audited by the practice manager. A new prescription issued check list had been implemented and was completed each day.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The assistant nurse practitioner and health care assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. At the last inspection a review of a sample of PGDs and PSDs revealed required authorisations were not consistently recorded for individuals named on the documents. At this inspection we found a significant improvement in the management of these authorisations. Clinical staff had their own file which they were accountable for ensuring that these were authorised and reviewed as required. This was reviewed at each clinical meeting. We reviewed these individual files and found that these were dated and signed by the required authorised GP.

### Monitoring risks to patients

At the last inspection we found risks to patients were identified, assessed and recorded, although the management of risk was not always comprehensive.

## Are services safe?

At this inspection we found significant improvement.

- Effective action had been taken, with the implementation more comprehensive system to identify and monitor risks. A comprehensive fire risk assessment had been undertaken by an external company.
- A staff member had been nominated as fire officer, with deputy fire wardens, for the main site and each branch surgery. Comprehensive monitoring systems had been implemented.
- All equipment, including clinical was in good working order and had been portable appliance tested(PAT)
- A comprehensive risk assessment and review had been undertaken across all sites for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This now resulted in more effective water temperature monitoring

# Are services effective?

(for example, treatment is effective)

## Our findings

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

## Are services caring?

### Our findings

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>



# Are services well-led?

Good 

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

## Our findings

At the last inspection improvement was needed in the overall management and governance of health and safety and risk. At this inspection we focused on the action taken against these specific areas.

### Governance arrangements

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

At this inspection we found that appropriate action had been taken to rectify these shortfalls:

- Practice specific policies had been reviewed and were available to all staff.
- The system to manage the receipt and storage of blank computer prescription forms had significantly improved , with new recording templates, audit and improved security.
- The practice had reviewed and significantly improved the management of risks across all areas, in particular fire risks and Legionella.
- The arrangements in place for the use of Patient Group Directions (PGD) and Patient Specific Directions (PSD) had also significantly improved , with all authorisations in place.