

Rishton and Great Harwood Surgery

Inspection report

32 High Street
Rishton
Blackburn
BB1 4LA
Tel: 01254617590
<https://rghsurgery.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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Rishton and Great Harwood Surgery on 29 April 2019. This was the first inspection of this GP practice under this registered provider. As part of this inspection we visited both the practice at Rishton and the branch surgery at Great Harwood.

The single-handed GP completed the registration of the service with the CQC in November 2018. The GP confirmed due to other issues overall management and leadership of the service did not occur fully until March 2019.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall.

We rated the practice as **requires improvement** for providing safe services because:

- Some systems and processes to keep patients safe required improvement.
- Reception staff had not been given clear guidance on identifying deteriorating or acutely unwell patients. There was lack of clarity regarding the actions to take in respect of such patients.
- Systems to recognise opportunities to learn and make improvements when things went wrong were not in place.

We rated the practice as **requires improvement** for providing well-led services because:

- A practice business development plan with an action plan was not available. A copy was provided after the inspection.
- Governance arrangements to monitor and review the service provided were not fully established.
- Clear and effective processes for managing risks, issues and performance required improvement.
- Systems to ensure patient information was reviewed and recorded accurately were not established.

We rated the population groups as **good** except for Families, children and young people which we rated as **requires improvement**.

- Children who did not attend appointments were not followed up.

We rated the practice as **good** for providing effective, caring and responsive services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Provide training to the practice cleaner.
- Undertake infection control audits and monitoring at both surgeries.
- Implement best practice guidance and obtain written consent before undertaking minor surgery.
- Undertake a data cleanse of the carer's register to validate its content as accurate.
- Continue to promote and develop the patient participation group.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Rishton and Great Harwood Surgery

Rishton and Great Harwood Surgery offers services from both a main surgery in Rishton (32 High Street, Rishton, BB1 4LA) as well as a branch surgery in Great Harwood Health Centre in Great Harwood (2b Water Street, Great Harwood, BB6 5QR). Patients can access services at either premises.

The practice delivers primary medical services to a patient population of 1000 under a general medical services (GMS) contract with NHS England. The practice caters for a higher proportion of patients experiencing a long-standing health condition, 58.7%, compared to the local average of 54.2% and national average of 51.2%. The average life expectancy of the practice population is higher than the local average, but lower than the national average for both males and females (78 years for males, compared to the local average of 77 years and national average of 79 years. For females, 82 years, compared to the local average of 81 and national average of 83 years).

The age distribution of the practice population closely mirrors the local and national averages.

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

The practice is now registered to one GP who provided cover at both the main and branch locations. The

practice did not offer practice nurse led clinics for long term condition reviews, although plans are in place to provide some practice nurse cover from May 2019. Patients can access appointments with nurses whose posts are funded by the Clinical Commissioning Group (CCG) and at the GP provider's other registered GP practice at Blackburn Road Medical Practice.

The GP is supported at the practice by three receptionists. The practice manager and assistant practice manager based at Blackburn Road Medical Practice provide managerial oversight and visit the practice regularly through the week.

The practice location at Rishton is open between 8:00am and 6:30pm Monday to Friday, and the branch location at Great Harwood is open 8.30am to 12.30pm and 14.30pm to 6pm Monday, to Friday apart from Thursday where the surgery is closed in the afternoon.

Appointments are available at alternate surgeries. For example, Rishton offers appointments Tuesday morning and Wednesday and Friday afternoon and at Great Harwood (where the practice confirmed they had a larger registered patient population) Monday, Wednesday and Friday morning, Tuesday afternoon and Thursday late morning.

Extended access is provided locally by East Lancs GP federation at designated hub sites; where later evening until 8pm and weekend appointments are available.

The practice provides, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures 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 persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Action in response to children's non-attendance at appointments was not implemented.• Monitoring of the correspondence workflow was not sufficient to ensure it was safe and effective.• The security risk assessment did not account for factors impacting on the lone worker.• Reception staff had not been trained to respond quickly and appropriately when presented with an acutely ill patient.• Checks to ensure appropriate blood results were available before issuing repeat prescriptions was not evident. <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures 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>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk</p> <p>In particular:</p>

This section is primarily information for the provider

Requirement notices

- There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.
- Governance arrangements to monitor and review the service provided were not fully established.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.
- Issues and incidents were not responded to in a systematic way or viewed as opportunities to learn and develop.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- The provider had not ensured patient electronic records reflected the location.
- Appropriate log in details for some GP consultations had not been recorded accurately.
- Paper prescriptions referred to the provider's other registered GP location.

Regulation 17(1)