

Dr Anjum Seema Iqbal

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Anjum Seema Iqbal, also known as Ightenhill Medical Centre on 5 April 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. For example, additional customer care training had been provided for reception staff following patient participation group (PPG) feedback.

We saw one area of outstanding practice:

The principal GP conducted regular checks of patient consultations for all other clinicians, nurses, health care assistant and locum GPs. The GP regularly discussed areas for improvement with locums and employed clinical staff.

Summary of findings

The areas where the provider must make improvement are:

- Ensure recruitment checks are carried out in line with the practice policy for all staff.

The areas where the provider should make improvement are:

- Ensure that personnel records demonstrate adequate indemnity cover is in place for all clinical staff.

- Improve arrangements to protect patients such as installing an alarm in the disabled toilet and risk assessing blind pull cords in public areas.
- Ensure that the lead for infection prevention and control undertakes additional training for this role.
- Ensure patient group directions are consistently signed by the principal GP.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Personnel files did not consistently show that all required checks had been made for new staff and there was no record of indemnity for the practice nurse or health care assistant at the time of the inspection.
- There had been no risk assessment of blind pull cords and there was no emergency alarm in the disabled toilet.
- Although patient group directions had been adopted by the practice, these were not all signed by the principal GP.
- The practice nurse was the clinical infection prevention and control (IPC) lead and had basic IPC training but no higher level training for this role.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Clinical audits demonstrated quality improvement.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG). For example, 91% of patients with hypertension had a blood pressure reading which was within a normal range in the preceding 12 months, compared to 84% nationally.

Summary of findings

- 100% of patients with atrial fibrillation (a heart condition) were treated with appropriate medication compared with the national average of 98%.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.
- Childhood vaccination rates were variable within the practice, with seven immunisations lower than CCG averages. However other immunisations were in line with CCG averages.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others for several aspects of care. For example, 85% described the overall experience of their GP surgery as fairly good or very good, in line with the national average of 85%.
- 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.
- The practice had undertaken training with Carers Link for staff and was awarded a practice certificate as a carer friendly organisation.
- The practice had identified 50 patients as carers and 102 patients as having carers on the electronic patient record system and offered support to all carers, including health checks.
- There was a notice board for carers in the waiting area which provided health and support services information for patients and their families.
- The practice shared compliments with staff and kept records of occasions when patients were given additional support, including delivering prescription items or alerting other agencies to vulnerable patients and ensuring immediate support was provided for them.
- The practice liaised with the local hospice and children's centre and actively referred patients to relevant community support services.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, referrals were made to the local integrated neighbourhood team which provided health and social care support for those most vulnerable patients in the community.
- There was a consistent individual patient approach to providing integrated person-centred care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice had made amendments to access and on-line availability of appointments following patient survey results with PPG input.
- Patients could access appointments and services in a way and at a time that suited them. There were extended hours offered on a Monday evening to patients who were unable to attend the practice during working hours with the GP and practice nurse.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice closed weekly on Wednesday afternoons for team meetings, training and development.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular team meetings where concerns were reviewed and actions shared.

Summary of findings

- Staff received regular performance reviews and the practice actively supported continuing professional development for all staff.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a reflective culture and performance was personally overseen by the principal GP who worked closely with the practice manager to ensure high standards of clinical and non-clinical care throughout the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people

The practice offered proactive, personalised care to meet the needs of the older people in its population.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with a specialist nurse practitioner from the local team who provided care to over 75 year old patients in their own homes.
- Over 82% of over 75 year olds had received a health check during the previous year which included a review of health and social care needs, and appropriate referrals were made to partner organisations if required.
- The practice actively promoted healthy lifestyles for older patients.

Good



People with long term conditions

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

- The GP led on chronic disease management, working closely with the practice nurse.
- Patients at risk of hospital admission were identified as a priority.
- Double appointments were given to patients with long-term conditions with the nurse or GP.
- Performance in all five diabetes indicators were higher than national averages. For example, 90% of patients with diabetes had a blood pressure reading in a normal range within the last 12 months, above the national average of 78%.
- 81% of patients with asthma had attended a health review in the previous 12 months, above the national average of 75%.
- 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



Summary of findings

Families, children and young people

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

Good



- 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.
- The practice was investigating the accuracy of recorded data for childhood immunisations with the local screening and immunisations and data quality teams, as seven out of eleven childhood immunisations were below the CCG averages.
- The principal GP contacted parents of children who missed appointments and liaised with health visitors and social services where appropriate.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of eligible women had been screened for cervical cancer in the previous 3 years, comparable to the national average of 83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- 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.
- The practice opened until 7pm on Mondays to offer appointments to those who could not attend during the core working day.
- Patients were able to request a telephone conversation with GPs and nurses on the same day.
- The practice had run additional extended hours appointments until March 2016 whilst the CCG prepared for a more widespread out of hours primary care service in Burnley.

Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia, with outstanding for caring for this population group.

Good



- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- Likewise, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan agreed in the last 12 months, above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. We saw examples of good partnership working with community mental health teams and social services for patients with mental health support needs.
- The practice recognised the additional risks for patients who were at risk of suicide and adapted repeat prescribing arrangements to ensure additional clinical monitoring was possible for this group of patients.
- 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 the local accident and emergency department 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. There were a variety of easy to read health leaflets which were offered to patients with dementia.
- The practice had identified carers and those patients who had carers and offered health checks and additional support to these patients.

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, and outstanding for responsiveness for this population group.

Good



- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.

Summary of findings

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- The practice had identified carers and those patients who had carers and offered health checks and additional support to these patients.

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 better than national averages. 328 survey forms were distributed and 110 were returned, 34%. This represented 5% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (national average 78%).
- 85% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has 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 31 comment cards which were all positive about the standard of care received. Patients gave examples of excellent care, and described staff and GPs as caring, friendly and always giving them enough time.

We spoke with five patients during the inspection, three of whom were also members of the patient participation group (PPG). All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. The PPG members said meetings were held every three or four months, but they had made various suggestions for improvement over the years which they informed us had been acted upon. Recent friends and family test (FFT) results published on NHS Choices showed that 86% of patients would recommend the practice to family and friends, although the numbers of patients who had responded were very low.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment checks are carried out in line with the practice policy for all staff.

Action the service **SHOULD** take to improve

- Ensure that personnel records demonstrate adequate indemnity cover is in place for all clinical staff.

- Improve arrangements to protect patients such as installing an alarm in the disabled toilet and risk assessing blind pull cords in public areas.
- Ensure that the lead for infection prevention and control undertakes additional training for this role.
- Ensure patient group directions are consistently signed by the principal GP

Outstanding practice

The principal GP conducted regular checks of patient consultations for all other clinicians, nurses, health care assistant and locum GPs. The GP regularly discussed areas for improvement with locums and employed clinical staff.

Dr Anjum Seema Iqbal

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Anjum Seema Iqbal

Dr Anjum Seema Iqbal, also known as Igthenhill Medical Centre is a small community GP surgery which provides primary care services under a general medical services contract with NHS England in Burnley, east Lancashire. The practice population is around 2220.

The practice team consists of one female principal GP, one male GP who works one day a week as a sessional locum, one female part time nurse and one part time male health care assistant. They are supported by a practice manager, a management support assistant and a team of five receptionists and a cleaner. The practice is a training practice for second year medical students and Dr Iqbal is a GP appraiser.

The practice is open Monday from 8am until 7pm and Tuesday to Friday 8am until 6.30pm. A GP is available every morning from 8.30am until 11am and afternoons from 3pm until 6pm Monday to Friday, by appointment, except on Wednesdays when the practice closes from 1pm until 3pm for staff training. On Wednesdays reception opens from 3pm until 6.30pm but there are no afternoon appointments, although patients with urgent needs are directed to a mobile number and always seen by the GP if necessary. Out of hours services are provided by East Lancashire Medical Services Ltd through a contract with East Lancashire Clinical Commissioning Group (ELCCG).

There are a higher number of patients over 45 years old than the national average.

Practice data shows slightly more patients than average with a long-standing health condition 60%, compared to the national average of 54%. Information published by Public Health England rates the level of deprivation within the practice population group as two 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.

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 5 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff: the principal GP, practice manager, nurse, health care assistant and reception staff and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available which all staff were aware of.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident when temperatures for a new fridge had been too high, the following actions were taken:

- Public Health England screening and immunisation team were contacted for advice.
- The fridge manufacturer was contacted who rectified the problem.
- Additional time was allocated for nursing staff to ensure vaccine storage met requirements.
- A number of vaccines were disposed of.
- A cold chain audit was conducted.
- Additional guidance was issued to all staff checking fridge temperatures to ensure vaccines were stored within recommended temperatures.

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. For example, a member of staff identified that an incorrect entry had been made in a patient record. The patient was contacted and the error explained, an apology given and invited in for a review of their condition.

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, although one personnel file did not have evidence that recruitment checks had been carried out in line with the policy:

- 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 lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The principal GP was trained to Safeguarding level 3 and provided regular refresher training for the team.
- Notices on all consulting room doors 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. The practice nurse was the infection prevention and control (IPC) clinical lead and worked closely with the practice manager. There was an infection control policy 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. Neither the nurse nor practice manager had received additional training for the IPC lead role.
- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security) The practice carried out regular medicines audits, with the support of the local CCG pharmacist advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and printer paper were securely stored and there were systems in place to monitor their use. Single use prescriptions were signed out individually when GPs conducted home visits. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, although these were not consistently signed by the principal GP.

Are services safe?

- The principal GP had attended training in polypharmacy (the management of patients who were prescribed a number of medicines, where, on occasion, there could be side effects from interaction between these medications). She undertook a number of additional audits with the CCG pharmacist advisor following this training.
- The practice manager had introduced additional auditable checks throughout the practice, such as checking carbon monoxide monitors, defibrillators and other emergency equipment.
- We reviewed five personnel files and files for three locum GPs. We found appropriate recruitment checks had not consistently been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) were checked for non-clinical staff and locum GPs. There was no evidence of checks having been made for a staff member who returned to work for the practice, although a DBS check relating to a previous period of employment with the practice was available. There was no evidence relating to indemnity insurance cover for the practice nurse or health care assistant at the time of inspection, though the practice provided information subsequent to the inspection to show that the practice nurse was covered and the principal GP had indemnity which included vicarious liability for the healthcare assistant.
- 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. The practice manager had recently carried out an audit of cervical screening and discussed improvement actions with the practice nurse.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in reception 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, infection prevention and control and lone working. A legionella control regime was in place and the practice was awaiting results from recent water samples. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice was clean and hygienic throughout, with comprehensive cleaning schedules and safe processes for the management and disposal of waste, including clinical waste.
- We did note that there were blind pull cords in public areas which had not been risk assessed and there was no emergency alarm in the disabled toilet.
- 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. The GPs covered nursing tasks when the nurse was on leave, and locum GPs covered the principal GP's annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in all consultation rooms.
- 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 and equipment were easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines and equipment we checked were in date and fit for use.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 6% 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. Data from 2014-2015 showed:

- Performance for all five diabetes related indicators was better than the CCG and national average. For example, 97% had an influenza immunisation in the preceding flu season compared to a national average of 94%. 90% had a recent blood pressure reading which was within a normal range, compared to a national average of 78%.
- 91% of patients with hypertension had a recent blood pressure test within a normal range, higher than the national average of 84%.
- Performance for mental health related indicators was better than national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months,

compared to 89% nationally. 100% of patients with dementia had a face-to-face care plan, also higher than the national average of 84%. No patients were clinically excepted for these two indicators.

Clinical audits demonstrated quality improvement.

- There had been a number of clinical audits completed in the last two years; one of these was a completed audit on atrial fibrillation (AF, a heart condition) where the improvements made were implemented and monitored.
- The principal GP carried out regular audits of NICE guidelines for prescribing. They also reviewed consultations for other clinical staff including locum GPs. Areas for improvement were noted and discussed with individual staff. An example of this was a discussion of antibiotic prescribing with a locum GP which was noted as being outside NICE and local guidelines.
- Medicines management data showed a continual improvement in prescribing practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such increasing as the numbers of patients with atrial fibrillation who had had appropriate tests from 50% to 100%. The practice also increased the number of patients who were prescribed anti-coagulation medication to reduce the risk of blood clotting which can lead to heart attacks or strokes.

The practice had undertaken a review in 2015 of attendance at the local accident and emergency department for a three month period in 2014, which demonstrated that there were no avoidable attendances.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice 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

Are services effective?

(for example, treatment is effective)

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, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The principal GP was a GP appraiser and was committed to reflective appraisal to improve patient care. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, patients were referred to the integrated care allocation team which included social needs assessment and health care support

for the most complex and vulnerable patients. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Written consent was obtained before minor surgery and recorded on the patient record. The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients with substance misuse conditions. Patients were then signposted to the relevant service.
- The practice actively promoted healthy lifestyles, and provided information for patients on counselling and physiotherapy services available. The practice was also planning on facilitating Carers Link clinics within the premises.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 83%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening

Are services effective?

(for example, treatment is effective)

programmes for bowel and breast cancer screening, and made easy to read information available for patients with learning disabilities. All patients on the learning disability register had attended relevant screening.

Childhood immunisation rates for the vaccinations given were variable, a number lower than CCG averages and 11 of the 18 vaccinations were much higher. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 61% to 100% and five year olds from 48% to 100%. We discussed this with the practice who were aware of this. The practice was liaising with the screening and immunisation and data quality teams as there were concerns that the may not have been reliable. The practice knew which children who were not brought in for immunisation, and had discussed all these cases with the health visitor.

Flu vaccination rates for the over 65s were 78%, and at risk groups 60%. These were above national averages of 73% and 57% (2013-2014 data). The practice was discussing more current figures with data quality colleagues, and looking at whether there was a coding issue with all immunisation data.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All patients were informed that Dr Iqbal was their named GP.
- Alerts were put on the patient record system for patients who required additional support.

All of the 31 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.

We spoke with five patients, three of whom were members 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. Patient used words such as excellent and described the practice as first class.

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

- 81% said the GP was good at listening to them compared to CCG and national averages of 87%.
- 82% said the GP gave them enough time (CCG and national averages 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 75% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 99% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

The practice kept additional anonymised records of patients to whom they gave additional individual support, this included patients with visual impairment, patients the practice felt needed further referral to community teams, or patients who experienced sudden acute conditions and were unable to attend the practice or obtain medication.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 87%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).
- 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. One receptionist could speak Urdu and Punjabi and the principal GP could also consult in Urdu and Punjabi. We were advised there were few patients who did not speak English in the practice population. There were leaflets available in other languages at the reception desk.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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 identified 50 (2.25%) of the practice list as carers, and 102 (4.5%) of patients as having carers. Written information was available to direct carers to the various avenues of support available to them.

The practice had undertaken training with Carers Link and received certification as a carer friendly organisation. They also provided eye catching and easy read information on notice boards for carers and on national screening programmes which, we were informed, patients found helpful.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This was followed by offering a 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. For example the practice had joined the scheme for delivering additional care to older patients who were in local care and nursing homes and had run additional extended hours appointments until March 2016 whilst the CCG prepared for a more widespread out of hours primary care service in Burnley.

- The practice offered extended hours appointments on Monday evenings until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs, learning disabilities, dementia and long-term conditions.
- 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 all informed us they were always seen if they needed to be seen. The practice had improved access to appointments following work with the patient participation group (PPG) and an external consultant to analyse appointment capacity and demand.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available, although the practice did not have a hearing loop.
- The practice was planning to extend the building and had applied for NHS England funding to improve the premises, including improving the reception area and the disabled toilet facilities to include an emergency alarm and installing a hearing loop.
- All staff actively identified patients who were vulnerable; the GP had asked the practice manager to liaise with the community learning disability team to support one

patient. The practice manager had contacted a local food bank and support services for another patient whom staff recognised as needing additional health and social care support.

Access to the service

The practice was open between 8am and 6.30pm Tuesday, Thursday and Friday. The practice was open from 8am until 7pm on Mondays, and on Wednesdays from 8am until 1pm and 3pm until 6.30pm. The practice was closed from 1pm until 3pm on Wednesdays for staff training and development.

Appointments were from 8.30am to 11am every morning and 3pm to 6pm, Monday, Tuesday, Thursday and Friday. On Wednesdays appointments were from 8.30am until 11am only, although emergencies were seen by the GP during the afternoon if required. Extended surgery hours were offered until 7pm on Mondays. 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 local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 98% patients said they could get through easily to the surgery by phone (national average 73%).

People told us on the day of the inspection that they were always 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice

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

information had easy to understand information, and information was available on the practice website. The patients we spoke to were aware of how to complain but told us they never needed to.

The practice had received no written complaints in the last 12 months. However, we reviewed 2 complaints from preceding years which had been handled in line with NHS requirements.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a mission “to provide quality, caring, patient-centred healthcare”. This was displayed on the practice website. Staff were committed to this vision.

The practice had a business development and quality improvement plan which reflected the vision and values and was regularly monitored.

Governance arrangements

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

- A clear staffing structure and staff who were aware of their own roles and responsibilities
- Practice specific policies which were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements throughout the practice.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Regular meetings between the principal GP and practice manager to review care throughout the practice.

Leadership and culture

The principal GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

- They kept written records of verbal interactions as well as written correspondence.

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

- The practice held weekly team meetings which were also used for training and development.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Facilities for staff included a kitchen and comfortable staff lounge where staff regularly met.

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 every three to four months. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the numbers of pre-bookable routine appointments had been revised following a patient survey. The practice had gained NHS England approval for funding to extend the premises to improve confidentiality at the reception desk recently. Additional training and support in customer care had been given to reception staff following concerns from the patient group.
- The practice gathered feedback from staff at weekly meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they liked working in a small practice, felt actively involved and enjoyed meeting each week.

Are services well-led?

Good 

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

- The nurse and health care assistant were not always present for these meetings, but informed us the practice manager made sure all information was passed onto them. Regular meetings with the GP were held with clinical staff for ongoing supervision and support.

Continuous improvement

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

There was a reflective learning culture, and the practice was a training practice. The principal GP had been approached to take more students but decided to limit the

number of students to reduce the impact on patient care. The principal GP was an appraiser, and committed to the process of reflective appraisal and continuing professional development for herself and the team. Staff gave us examples of additional training they had discussed on appraisal recently which the practice was looking to support them with.

The practice was forward thinking and looking for ways to improve the facilities and services available for patients. This included plans to extend and improve the practice premises.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The practice had a recruitment policy in place. This had not been followed for the recruitment of a staff member who had been previously employed by the practice.</p> <p>This was in breach of regulation 19(2) and (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>