# Irwell Medical Practice

## 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 comprehensive inspection at Irwell Medical Practice on 26 January 2016. Overall the practice is rated as good

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and shared with all staff at regular meetings.
- As a teaching practice, learning was embedded at all levels, along with a strong culture of reflective practice, teamwork and mutual support.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and assessed patients' needs in line with current evidence based guidance.
- Patients said that the practice treated them treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 worked closely with other organisations and the local community in planning service provision to ensure that they met people's needs. For example, the practice was involved in the integrated neighbourhood team which ensured complex health and social care needs were identified and met through joint working.
- The patient participation group (PPG) was actively involved in supporting both the development of the practice and wider local health services through Clinical Commissioning Group (CCG) committees. The practice had made changes to the way it delivered services as a consequence of patient and PPG feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available and easy to understand.
- The practice had a clear vision with patient care and safety as its top priority.
- Staff and patient representatives worked hand in hand to deliver and continuously improve the practice.
- There was a clear leadership structure and staff felt supported by visible and approachable management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice including:

- The long established PPG supported the practice by designing and conducting surveys as well as helping the practice improve patient care through involvement in training and acting as "mystery callers" to monitor and improve customer service. PPG representatives explained they had seen an improvement in customer service. The practice actively responded to PPG feedback and engaged with the PPG over practice developments.
- The practice had a "yellow card scheme" in the reception areas which meant that patients who wished to speak in private could pick up a card and hand to reception staff who would immediately arrange a quiet room for the patient to speak to staff.
- The practice had developed an advance nurse practitioner (ANP) service for the locality which was funded by East Lancashire CCG. This team provide additional clinical care for patients living in 27 nursing and residential homes in Rossendale to decrease avoidable admissions. The practice provided active management, training and support to the team.

**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?**

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on thorough analysis, investigation and shared reflection.
- There was a proactive approach to training and development.
- The practice actively monitored and managed safety systems and information was used to promote learning and reflection and embed continual improvements to patient safety.
- Staffing levels and appointment availability were analysed and monitored to ensure good levels of patient access, identify shortfalls and where possible locum cover was provided internally to maintain continuity of care.
- The practice focused on medicines safety through medicines optimisation audits and close monitoring of repeat prescribing.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Well-managed, proactive 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.
- A well planned and managed clinical audit programme demonstrated quality improvement and was clearly linked with reviewing practice protocols and procedures to promote patient outcomes in line with current national guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Data showed that the practice was performing highly when compared to national averages, For example, 99% of patients with schizophrenia, bipolar affective disorder and other psychoses had details of alcohol consumption recorded in their notes in the last 12 months compared the national average of 90%.
- There was evidence of annual appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

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- The practice encouraged and supported patients to monitor and manage their own health conditions such as hypertension and diabetes and ensured they were able to use home monitoring equipment.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice ensured patients had access to easy to understand information, with leaflets available in practice and on the practice website.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, when making referrals for secondary and community care, the secretaries identified patients who may find internet or phone communication difficult and activated referrals and appointments directly on their behalf.
- Patient and PPG feedback suggested there had been improvements in patient care following work between the practice and PPG to train staff and improve customer care skills.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had led in the implementation of an advanced nurse practitioner team to provide care at 27 local care homes on behalf of the local CCG and continued to manage and support this team.
- This team worked closely with a CCG funded medicines manager pharmacist to improve medicines optimisation for vulnerable patients and reduce complications which resulted from interactions between different medications.
- The inspection saw evidence of innovative approaches to providing integrated person-centred care. For example, the

# Summary of findings

practice had helped develop a local Integrated neighbourhood team and supported vulnerable patients, through a multi-disciplinary approach with community teams and social services.
- The practice had identified opportunities to improve patients' experience of customer care. PPG representatives advised us they had seen an improvement in telephone answering skills and patient care following the work they did as "mystery callers".
- People could access appointments and services in a way and at a time that suited them. The practice had bought in external support to analyse appointment demand, which influenced the balance of pre-bookable routine and urgent on the day appointments.
- Telephone appointments were available for minor ailments to support patients who were at work and could not attend. Home visits took place for older and housebound patients, and clinics such as cytology had been re-arranged following low take-up.
- Patients could book appointments and order prescriptions on-line and through some domestic televisions (red button enabled).
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice also offered calibration of patients' own equipment at the same time as practice equipment was checked annually for a small fee. For example, home blood pressure and blood sugar monitors which patients used to monitor long term conditions at home.
- The practice was proactive in sharing compliments and complaints with staff and stakeholders, which embedded a positive, reflective approach to patient care throughout.
- Reflective learning was embedded in the practice to promote personal development and this had a positive impact on good customer service and patient care.

**Are services well-led?**

Good

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

- Staff throughout the practice told us that the GP partners were visible, approachable and supportive and involved them in continually improving the practice.
- The partners and strategic manager met every six months in protected time to review strategy.
- There was a clear leadership structure and staff felt supported by management. Partners and managers had time allocated for management tasks.

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- The practice had a number of policies and procedures to govern activity and held regular meetings. GPs met daily to reflect and provide mutual support, and weekly for education, training and clinical governance. Nurses and nurse practitioners as well as district nurses and health visitors had an open invite to join these meetings.
- Delivery of good quality care was supported by a well-led overarching governance framework and robust systems throughout the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice gathered feedback from patients through hard copy and electronic surveys, and had a very active PPG which influenced practice development. Patient representatives had also been invited to assist in a recent mock examination for local GP trainees, where the patients were coached by GP trainers to role play patients in test scenarios. The patients felt this was a valuable experience and appreciated being able to support wider local GP training and development.
- There was a strong focus on continuous learning, improvement and reflection at all levels, from new inductees, through managers, medical students and GPs. The practice had empowered and supported the PPG to plan, design and conduct patient surveys to identify opportunities to improve patient experiences. The practice implemented suggestions for improvements and made changes as a consequence of feedback, involving the PPG representatives in embedding changes.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good

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

The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over 85 years old were given 20 minute appointments as standard and all patients had named GPs.

- 77% of patients aged 65 and older received a seasonal flu vaccination, higher than the national average of 73% (2013-14 data).
- Irwell medical practice developed an advanced nurse practitioner (ANP) service to the nursing and residential homes in Rossendale and continued to provide training, support and management to the team.
- The practice brought community services in to speak to patients on annual Saturday flu clinics.
- Practice nurses administered flu vaccinations to patients living in nursing and residential homes or who were unable to access the surgery themselves.
- The practice worked closely with the CCG medicines manager pharmacist to review medications to prevent unnecessary medications being prescribed and reduce the risks associated with polypharmacy (several medicines interacting). The practice had reduced prescribing of Hospital Admissions Related to Medicines (HARMs) drugs prescribed to over 75 year olds through working with the pharmacist, between 2015 and 2016 this had reduced from 2.5 items per patient average to 1.95, a 22% reduction. HARMs drugs include drugs which can lead to complications such as oral corticosteroids, Non-Steroidal Anti Inflammatory Drugs; opioids, hypnotics and anxiolytics, antipsychotics, PPI, insulin, gliclazide and diuretics.
- The practice also had access to a CCG funded community geriatrician who attended bi-monthly multi-disciplinary meetings to discuss older patients with complex health conditions and agree care plans, working with other healthcare professionals and social services.

### People with long term conditions

Good

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

# Summary of findings

- GP and nurse leads were identified for all long-term conditions. They reviewed relevant national guidelines and updated protocols which were shared at educational meetings.
- Trained practice nurses managed patients with long-term conditions. Patients were invited to an annual review and housebound patients received their annual review at home. All these patients had a named GP. The practice worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had signed up to the national directed enhanced service for avoiding unplanned admissions. All patients identified had care plans which were reviewed regularly and any newly identified patients were discussed monthly.
- 85% of patients with diabetes on the register had recent blood glucose tests which were within a normal range in the preceding 12 months, above the national average of 78%.
- Longer appointments and home visits were available when needed.
- 86% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians questions, again above the national average of 75%.
- 96% of patients with chronic obstructive pulmonary disease (COPD, a condition of the lungs) had a face-to-face review in the preceding year, above the 90% national average.
- The practice had comprehensive information on long-term conditions available on it's website for patients and their families.
- As well as text message and telephone reminders for these patients, the practice monitored attendance at reviews and GPs followed up with patients who did not attend reviews

**Families, children and young people**

Good

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

- The practice held a "one-stop shop" baby clinic weekly with practice nurses, GPs and health visitors present, which identified and reviewed cases of concern, including picking up on any child safeguarding issues.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice also confirmed legal parental status for all new born babies to protect the integrity of patient confidential information for these children.

# Summary of findings

- Health visitors and school nurses were located in the same building and worked closely with the practice.
- Catch up immunisation and children's' flu clinics were sometimes run during school holidays to make it easier for parents to bring children along.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Unwell children were seen at short notice by GPs.
- The practice had high quality information for parents and patients on its website relating to long-term conditions, chronic disease management and all aspects of family health.
- 83% of 25 – 64 year old female patients had attended cervical screening within the target period compared with a national average of 82%.
- Same day telephone appointments were available for patients who wanted urgent advice or were unable to attend the practice.

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

Good

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

- On-line appointment booking and prescription ordering were in place, as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours GP and nursing team appointments on Monday and Tuesday evenings until 8.15pm.
- Telephone appointments were offered to patients where appropriate with GPs calling patients the same day the patient requested the appointment.
- Appointments were bookable on-line as well as via smart TVs. The practice had changed its provision of cervical screening from a single weekly clinic to make this more accessible and practice nurses carried out opportunistic screening where appropriate to reduce trips to the surgery.
- A family planning and well woman clinic was held every Friday morning. GPs offered coil and contraceptive implant fitting as well as a specialist vasectomy clinic for patients within East Lancashire. This service was extended to patients registered at other practices, giving local access to these services to patients living within Rossendale Valley.
- Travel advice and vaccinations were provided by the practice nurses in 20 minute appointments.

# Summary of findings

**People whose circumstances may make them vulnerable**

Good

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

- The practice identified patients living in vulnerable circumstances including those with a learning disability and carers.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people and had helped implement the integrated neighbourhood team to ensure appropriate additional support needs were identified and implemented for these patients.
- The practice had systems in place to see and treat temporary patients, patients who were homeless or required immediate and necessary treatment.
- The practice maintained a register of patients with learning disabilities and undertook annual health checks of these patients in a longer appointment.
- The practice also ran a 'shared care' scheme with the local substance misuse service which included clinical prescribing and regular reviews.
- Staff had completed safeguarding training. Those staff we spoke to knew how to recognise signs of abuse in vulnerable adults and children, were aware of their responsibilities regarding reporting, information sharing, and documentation of safeguarding concerns, and knew the practice safeguarding leads.
- The practice worked closely with local hospices and the hospice at home service and met regularly to review palliative care patients.

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

Good

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

- 97% of people diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, higher than the national figures of 84%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan review in the preceding 12 months, also higher than the national figures of 88%.
- Patients with mental health problems were offered same day appointments with a GP.

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- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations and a clinic for mental health support was facilitated in the surgery.

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## What people who use the service say

The national GP patient survey results published on 2 July 2015 (surveys between 01/07/2014 and 31/03/2015) showed the practice was performing in line with local and national averages. There were 117 responses and a response rate of 32%. This equated to 0.8% of the total population.

- 86% found it easy to get through to this surgery by phone which was higher than the CCG average of 71% and national average of 73%.
- 91% found the receptionists at this surgery helpful (CCG 85%, national average 87%).
- 70% of patients always or almost always got to see or speak to the GP they prefer compared to 59% nationally.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG 84%, national average 85%).
- 95% said the last appointment they got was convenient (CCG 91%, national average 92%).
- 81% had good experience making an appointment (CCG 71%, national average 73%).
- 57% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG and national average of 65%.
- 53% felt they didn't normally wait too long to be seen (CCG 59%, national average 58%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards 19 of which were positive about the standard of care received. Patients praised various individual staff members; “excellent” was used several times. Patients said staff were caring and they could get appointments when they asked for them. The one negative comment related to access to ante natal care.

We spoke with 10 patients and three members of the patient participation group during the inspection. Patients told us they were happy with the care they received and thought that staff were approachable, committed and caring. The practice was active in trying to address two areas which were mentioned to us by patients, informing them when clinicians were running late and the lift being out of order.

## Outstanding practice

We saw several areas of outstanding practice including:

- The long established PPG supported the practice by designing and conducting surveys as well as helping the practice improve patient care through involvement in training and acting as “mystery callers” to monitor and improve customer service. PPG representatives explained they had seen an improvement in customer service. The practice actively responded to PPG feedback and engaged with the PPG over practice developments.
- The practice had a “yellow card scheme” in the reception areas which meant that patients who wished to speak in private could pick up a card and hand to reception staff who would immediately arrange a quiet room for the patient to speak to staff.
- The practice had developed an advance nurse practitioner (ANP) service for the locality which was funded by East Lancashire CCG. This team provided additional clinical care for patients living in 27 nursing and residential homes in Rossendale to decrease avoidable hospital admissions, though the practice was unable to provide data to evidence the impact of this service. The practice actively supported and supervised this team who worked in several GP practices.

# Irwell Medical Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser, a second CQC inspector and an expert by experience, (someone with experience of using GP services who is trained in CQC's inspection methodology).

## Background to Irwell Medical Practice

Irwell Medical Practice provides services to around 14,200 patients in the Bacup area of East Lancashire, under a General Medical Services (GMS) contract. In 2005, three former practices in the East Rossendale Valley merged to become Irwell Medical Practice, which moved into a purpose built building with other community health services. The premises are owned by Community Health Partnerships and have a local building manager. The practice is located on the ground and first floors of the building. Health visitors, district nurses and audiology clinics are located the ground and second floors. The practice also runs a vasectomy clinic in Burnley for patients living within East Lancashire under a local incentive scheme commissioned by East Lancashire CCG.

The practice has six female and three male GPs, a nursing team comprising two nurse practitioners, four nurses and three health care assistants (HCA). They are supported by a strategic manager and a team of 18 support staff. The practice is a training practice for medical students and GP trainees and set up and supervises the advanced nurse practitioner (ANP) team which provides care at 27 local care homes on behalf of the CCG.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3pm to 6pm daily. Extended hours are offered on Monday and Tuesday evenings.

The practice has a predominantly white British population, with slightly above average 0 to 9 year olds and 50 to69 year olds than the average for England. There are less people aged 25 to 39 than the England average. There has been an increase in Eastern European patients in recent years.

Practice data shows significantly more patients than average with a long-standing health condition (63%), compared to the national average of 54%. Male and female life expectancy is below the CCG and national averages, at 75 for males and 80 for females, (CCG male 77, female 82; national average male 79, female 83). Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). East Lancashire has a higher prevalence of COPD, smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

When the practice is closed, out of hours care is provided by East Lancashire Medical Services Ltd through a contract with East Lancashire CCG.

## Why we carried out this inspection

We inspected this service as part of our new 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, nurse practitioners, health care assistants, managers and reception and administrative staff
- Spoke with patients who used the service and PPG representatives.
- Observed how staff interacted with patients and talked with carers and/or family members.
- Reviewed a sample of anonymised 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 are provided for specific groups of people and what good care looks 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 (QOF) data, this relates to the most recent information available to the CQC at that time, namely 1 April 2014 – 31 March 2015.

Good

# 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 strategic manager or the duty GP of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out analysis of the significant events at regular meetings which were documented and reviewed at full staff meetings quarterly.

We reviewed safety records, incident reports, nationally cascaded safety alerts and minutes of meetings where these were discussed. Lessons were shared to ensure action was taken to improve patient safety. For example, having identified a missed vaccination for a pregnant woman, the practice reviewed its vaccination schedule for pregnant women with the midwives and ensured all staff were aware of which vaccines were required when, and who could administer them.

When there were unintended or unexpected safety incidents, patients and their carers received reasonable support, truthful information, an appropriate apology and were told about any actions to improve processes to prevent the same thing happening again.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

Arrangements to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and policies which were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurse practitioners had completed training to safeguarding level three and nurses had completed safeguarding level 2. There were two staff members, one administrative and one health care assistant that had not completed safeguarding training. The practice had a plan to ensure all staff completed mandatory training.

A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and a disclosure and barring check (DBS check) was completed. (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 team leader was the infection prevention control (IPC) lead who conducted three monthly IPC self-assessments. We saw evidence that action was taken to address any improvements identified. For example, out of date hand gels had been replaced and posters in patient areas had been laminated. There was an IPC protocol in place and most staff had received up to date training. We observed that the IPC lead had not received additional role specific training for this role, although they had completed standard IPC training.

The practice ensured that arrangements for managing medicines, including emergency drugs and vaccinations kept patients safe (including obtaining, prescribing, recording, handling, storing and security). A CCG funded medicines manager pharmacist regularly reviewed medication to ensure prescribing was in line with best practice guidelines for safe prescribing.

The practice had introduced additional systems relating to controlled drugs and drugs such as lithium and warfarin (which could cause serious side effects if not adequately monitored), to ensure these were reviewed by a GP before prescribing. Blank printer prescriptions and pads were securely stored and only signed out by the relevant clinician to prevent potential misuse. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were signed by relevant staff. The practice had a system for production of Patient Specific Directions (PSDs) to enable HCAs to administer vaccinations.

We reviewed the recruitment policy and seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, files of recently recruited staff showed proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good

# Are services safe?

**Monitoring risks to patients**

Risks to patients were assessed and well managed.

The practice had implemented proactive procedures for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and had a clear evacuation procedure in place. Two fire wardens had been identified. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. The building landlord was responsible for building safety, for example, we saw e-mails confirming that a legionella test regime was in place, but did not see the risk assessment.

There was appropriate handling of sharps. Sharps bins were adequately labelled and appropriately located and waste was stored safely. Staff used personal protective equipment (PPE) such as gloves and aprons. Privacy curtains were disposable and replaced appropriately.

The practice had bought in external support to conduct an analysis of appointment demand, which helped balance out pre-bookable routine appointments and urgent on the day appointments. An appointment management system had been introduced which planned for annual leave or expected absences, and re-balanced the mix of appointments to ensure urgent need was always met. Staff were involved in rota planning and were confident that there were adequate staff numbers.

**Arrangements to deal with emergencies and major incidents**

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

The practice had a comprehensive business continuity plan in place for major incidents which had been used several times and revised accordingly. Procedures were displayed in staff areas.

There was an instant messaging system on the computers in all consultation and treatment rooms which alerted staff to any emergency. The practice reviewed the panic alarm protocol recently following an incident and staff were clear as to who was required to respond and had individual roles for dealing in an incident.

The practice had a defibrillator available on the premises and oxygen with adult and child masks. There was also a first aid kit and accident book available. All staff received annual basic life support training and there were suitable emergency medicines available. All staff knew where emergency equipment and medicines were located.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The system for stock control and management of these medicines was robust, with kits sealed (with easy to release seals for quick access in an emergency) and a recorded weekly check. All the medicines we checked were in date and fit for use.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice proactively 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 effective systems in place to keep all clinical staff up to date. NICE guidelines were accessible to staff, regularly reviewed and used to deliver care and treatment to meet patients' needs.
- The practice ensured these guidelines were followed through clinical audits and regular clinical supervision meetings.
- The practice was actively involved in East Lancashire CCG, the Local Medical Committee, East Lancashire Union of GPs and a referrals guidance committee with secondary care providers to ensure that wider community needs were understood and addressed through partnership working.

**Management, monitoring and improving outcomes for people**

The practice proactively used the information collected for the QOF and performance against national screening programmes to monitor and improve 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 99% of the total number of points available, with 12.5% 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 diabetes related indicators was better than the national average, including 98% of patients on the diabetes register who had an influenza immunisation compared to 94% for national data.
- Performance for mental health related indicators was better than the national average, with 97% of patients with dementia having received a face-to-face care review in the preceding 12 months, higher than 84% national average.
- 86% of patients on the hypertension register had a "normal" blood pressure reading in the preceding 12 months compared to the national average of 84%.

During the inspection, the practice staff explained the reasons for high exception reporting which had arisen in the nine diabetes care processes in particular and showed us that current performance was addressing this area.

There had been a wide range of clinical audits completed in the last three years covering areas such as hypertension, vasectomy complications and seretide prescribing in children. Three of these were completed 2-cycle audits where the improvements made were implemented and monitored. Medical students and GP trainees were supported to conduct audits in line with the audit plan, which also helped embed the culture of audits into wider training for GPs and doctors.

Information about patients' outcomes was used to make improvements such as:

- introducing a new protocol for hypertension diagnosis,
- reminding patients who had had a vasectomy to bring a semen analysis in
- reducing prescribing of HARMs prescriptions in over 75 year olds by 22% between 2015 and January 2016**.**

**Effective staffing**

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

There was a comprehensive induction programme for newly appointed members of staff that covered mandatory training and shadowing of colleagues.

The practice could demonstrate how they ensured role specific training and updates for relevant staff, for example practice nurses had training for managing patients with long-term conditions, administering vaccinations and taking cervical screening samples. One healthcare assistant explained that they had recently attended immunisations training and was currently shadowing within the nursing team before undertaking this work alone in accordance with PSDs.

The learning needs of staff were identified through a system of regular appraisals, and personal development plans. Staff had access to appropriate training to meet learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings,

Good

# Are services effective?

## (for example, treatment is effective)

appraisals, coaching and tutorials for nurse practitioners, clinical supervision and facilitation and support for the revalidation of doctors. All staff had an appraisal within the previous 12 months. Two of the GPs were appraisers and they were looking into whether more staff could be trained as appraisers to facilitate peer led appraisal. Staff felt confident they had the knowledge and skills to do their jobs to the best of their ability and were supported with learning new skills to take on new roles appropriately.

Staff training included: safeguarding, fire procedures, basic life support, information governance awareness and IPC. Staff had access to and made use of e-learning training modules and regular in-house training. Staff were working on a skill based training workbook at the time of our visit. Not all staff were fully up to date with their training at the time of our visit, however the practice demonstrated the steps it was taking to address this, and had a comprehensive plan of training scheduled which included basic life support, an additional chaperone workshop and conflict resolution for all staff.

**Coordinating patient care and information sharing**

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice electronic patient record and intranet systems. Care plans viewed on the inspection were of high quality and shared with other staff to ensure continuity of care.

NHS patient information leaflets were available and the practice had provided a wide range of high quality patient information on its website.

Multi-disciplinary meetings took place regularly to facilitate effective and appropriate information sharing with other health and care professionals. This included when people moved between services, including when they were referred to, or after they were discharged from hospital. Care plans were routinely reviewed and updated to reflect changes in circumstances.

**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.
- 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, where appropriate, recorded the outcome of the assessment.

**Health promotion and prevention**

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 as well as vulnerable patients.
- A number of community services were available within the practice including counselling; Carers Link, smoking cessation and support for patients with mental health needs.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. Uptake for the cervical screening programme was 83%, comparable to the national average of 82%. The practice had reviewed its weekly smear clinics following concerns raised by practice nurses that this was not providing adequate access to all eligible patients. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, although National Cancer Intelligence Network Data figures published in March 2015 show slightly lower numbers of patients screened for breast and bowel cancer than CCG averages. 64% of females ages 50 – 70 were screened for breast cancer in the last 6 months, compared to the CCG figure 68%.

Childhood immunisation rates were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 94%.

Flu vaccination rates for the over 65s were 77%, and at risk groups 57%. These were higher than national averages.

Health assessments and checks were conducted by the HCAs. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and

Good

# Are services effective?

## (for example, treatment is effective)

checks were made, where abnormalities or risk factors were identified. For example, referrals to exercise on prescription were made, as were referrals to the local memory clinic and smoking cessation services.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.

An area of caring practice which the team observed was a yellow card scheme in reception. If a patient wished to speak in private, the yellow cards were available on each reception desk. They did not have to say anything, just hand a yellow card to the receptionist who would arrange a confidential room for the patient to speak to staff.

Nineteen of the 20 patient CQC comment cards we received were positive about the service experienced. These included words such as "fantastic", "excellent" and "always helpful" with patients writing that they never had problems getting an appointment. During the inspection, we spoke with 10 patients who said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients advised us they were not told when the GPs and nurses were running late and the lift was often out of order. One patient had been unhappy after contacting the practice, being referred to the midwives for ante natal care whom she could not contact, then called back to be told she could not see a GP.

We saw evidence that the practice had tried to advise patients of delays with the self-check-in system, although not all patients were using this system. The practice was also aware of issues with the lift and was in liaison with the building owners who provided maintenance and ordered replacement parts which sometimes took time to arrive. The practice arranged for accompanied access via the staff lift or GPs saw patients on the ground floor when required.

The three members of the PPG we spoke to were very positive about the care provided by the practice and said their dignity and privacy was respected. They also told us about their involvement in helping improve customer care through acting as "mystery callers" and said they felt that care had improved as a result of this work.

Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. Older and vulnerable patients had alerts on their notes, advising clinicians to collect them from the waiting room instead of using the message board.

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

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 96% said the GP gave them enough time (CCG average 93%, national average 95%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 91 said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

**Care planning and involvement in decisions about care and treatment**

Patients gave positive responses in interviews and on comment cards about involvement in decision making about the care and treatment they received, which was in line with the GP patient survey feedback. 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.

The national GP patient survey responses also showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

Good

# Are services caring?

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not speak English as a first language. We saw notices in the reception areas informing patients this service was available and were informed that interpreters were used, most recently for a cervical screening appointment. However, there was no additional information available in other languages, and the practice website links for multi-lingual information led to an archived government website.

Care plans for all vulnerable patients were of good quality and the practice had effective systems for updating care plans, working with other services to ensure good shared care and signposting patients to additional support services. Examples included referral to the integrated neighbourhood team and regular reviews with the CCG funded community geriatrician.

**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 such as the Alzheimer's Society and Carers Link who offered a weekly clinic within the surgery.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 210 patients as carers. They were all offered additional support and care plans were in place. Written information was available to direct carers to the various avenues of support available to them and the practice provided a carer information leaflet.

The practice had clear protocols to deal with patient deaths and bereavement support. GPs reviewed all deaths and ensured the appropriate support was offered. Information on bereavement support services was sent out to patients who had lost a loved one, along with an offer of additional support from the practice if they required it.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

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

An example of this is a community wide advanced nurse practitioner service covering 27 local care homes which Irwell Medical Practice set up and managed on behalf of the CCG.

- The practice offered extended hours appointments on Monday and Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and older patients.
- GPs and nurses visited housebound patients at home and double appointments were made for all over 85 year olds automatically.
- Same day appointments were available for children and those with serious physical and mental health conditions and same day telephone appointments were available for all patients.
- There was a hearing loop system in the two reception areas and prescriptions point.
- The practice ran a shared care scheme with the local substance misuse service, including substitute prescribing and regular reviews.

The practice had a proactive approach to understanding the needs of different groups of people and delivering care in a way that met these needs and promoted equality. For example:

- The practice bought in external consultants to help analyze appointment demand and improve access for patients
- The practice had introduced a discreet prescriptions point, where patients could collect prescriptions without queuing at reception.
- The practice had systems in place to flag special requirements such as the need for interpreter, hearing or sight disabilities, or looked after children in the patient notes.
- The practice had introduced a test results line at specific times to give patients information on test results which decreased demand on incoming lines at peak times.
- The long established PPG supported the practice by designing and conducting surveys as well as helping the practice improve patient care through involvement in training and acting as "mystery callers" to monitor and improve customer service.
- The practice displayed some survey responses in a "you said, we did" display which showed patients that their comments were being heard and acted upon.
- The practice nurses offered travel advice and immunisation clinics and had recently increased the length of these appointments to give better travel advice without rushing.
- The practice changed the access to cervical screening clinics following nurses' concerns that a weekly clinic was not easily accessible to all eligible patients.
- The practice worked with the local substance misuse service to offer support to patients with drug and alcohol problems.
- The practice regularly shared details of both compliments and complaints with all staff.

There was a car park opposite the surgery building and lift access to all floors. The lift had become unreliable due to age. The practice liaised closely with the building management for maintenance and arranged alternative access via the staff lift where appropriate, although GPs would also see patients on the first floor if required. Patients told us the practice responded to this well.

**Access to the service**

The practice was open between 8am and 8.30pm Monday and Tuesday and 8am until 6.30pm Wednesday to Friday. Appointments were from 8.30am to 11am every morning and 3pm to 6pm daily. Extended hours appointments were available with GPs from 6.30pm to 7.40pm and nurses from 6.30 to 8.15 on Monday and Tuesday evenings. In addition to pre-bookable appointments that could be booked up to three months in advance for nurses and one month in advance for GPs, urgent appointments were also available for people that needed them. Nurse practitioners provided on the day care, supported by a duty GP who saw patients with more serious physical and mental health issues as well as children.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

The practice had reviewed the appointment demand and adapted the balance of appointments to meet demand. At the time of the inspection, 30% of appointments were book on the day and 70% pre-booked routine appointments. This was monitored and known absences planned for to ensure urgent access remained available.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mostly better than local and national averages. People told us on the day that they were able to get appointments when they needed them. The PPG had conducted a survey of the long-term condition recall system which the practice had used to improve the service for patients with long-term conditions.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone which was higher than the CCG average of 71% and national average of 73%).
- 81% patients described their experience of making an appointment as good (CCG average 71%, national average 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

The practice had increased the numbers of staff answering incoming phones for the first hour of each day following a patient survey which identified this as an issue. This alleviated delays experienced by patients in getting through to the practice at peak times.

**Listening and learning from concerns and complaints**

The practice had effective systems in place for handling compliments, complaints and concerns and shared these with staff for reflection and continual improvement.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, information was on the practice website, a leaflet was available and posters displayed in waiting areas.

The PPG had identified that at times patients did not know and were not advised if clinicians were running late. The practice implemented systems to inform patients of any delays which might affect them and the practice told us they had seen a reduction in complaints since this was introduced. Some of the patients we interviewed did say they were not told when clinicians were running late however.

A recent incident of whistleblowing in a local care home had prompted a reflection meeting for the advanced nurse practitioner team, which was supported by a GP and the strategic manager. This meeting allowed the staff to consider aspects they might have missed previously, and agree actions to be more proactive in identifying potential concerns in future.

We looked at three complaints received in the last 12 months and found they were handled in line with the policy and contractual requirements. The practice had received 26 complaints in the period between January 2015 and January 2016. Lessons were learnt from concerns and complaints, which were discussed regularly with the whole practice team, and action was taken as a result to improve the quality of care. For example, a relative had contacted the practice for a prescription for a vulnerable patient, but was told prescriptions could not be dealt with over the phone. This was discussed and receptionists were asked to check whether a patient was identified as vulnerable or on a care register in future and to be sensitive to vulnerable patients and their relatives.

The practice also actively shared compliments and positive feedback with staff, which allowed them to celebrate good practice as a team adopting a positive approach to dealing with all feedback. We saw evidence of openness in the complaints we reviewed, with explicit apologies, support and signposting.

# 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 clear vision to deliver high quality care and promote good outcomes for patients. The practice had a motto "we strive to be the very best we can be" which was known throughout the practice and staff worked together to try to achieve this consistently.

There was a robust strategy and business plan which reflected the vision and values. Partners met every six months during protected time to review the strategy and agree future priorities.

There were examples of leadership affecting patients and staff in the wider local area, for example, the practice had recently carried out mock exams for all local GP trainees, for which the GP trainers coached PPG members who role-played patients in the scenarios. Patient representatives were pleased to be able to support the development of future GPs.

**Governance arrangements**

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

- A clear staffing structure with staff aware of their own roles and responsibilities.
- Management time and reflective time was allocated to allow continual service monitoring and improvement.
- A well planned programme of continuous clinical and internal audit was used to monitor quality and to make improvements to patient care, with a coordinator responsible for the programme and procedures to involve medical students in full cycle audits.
- Good arrangements for identifying, recording and managing risks and issues. GPs and the strategic manager would review these daily and at weekly educational meetings, and appropriate actions would be agreed and implemented.
- Practice specific policies and procedures were implemented and were available to all staff. These were reviewed when appropriate, for example the incident response policy had been reviewed recently subsequent to an incident when too many staff attended. Staff knew which staff from which areas were required to respond in future.
- Management had a comprehensive understanding of practice performance and proactively planned for areas of concern. We did note however that despite good performance, performance information did not appear to be displayed in patient areas or on the practice website. For example, we could not see friends and family test (FFT) results displayed in an area designated to the FFT.

**Leadership, openness and transparency**

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

The provider was aware of and complied with the requirements of the Duty of Candour through encouraging a culture of openness and honesty. During the inspection, we saw evidence of incidents where apologies had been given to affected patients and remedial action had taken place immediately. The practice had systems in place for knowing about notifiable safety incidents. We reviewed the practice's whistleblowing policy and found it to be appropriate. All staff we spoke to were aware of this policy and told us they felt comfortable to raise any concerns they had and that they would be supported if they did. The practice 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, telling us about regular meetings that they all participated in and describing easy lines of communication with management.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings, were confident in doing so and supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and the strategic manager. All staff were involved in discussions about how to run and develop the practice and identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good

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

- A staff newsletter was regularly published giving details of new staff and important changes and face-to-face communication was supported by electronic information, e-mails and tasks within the electronic patient record.

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

The practice encouraged and valued feedback from patients, the public and staff.

The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The PPG of around 10 members met bi-monthly and there was a virtual patient group consisting of three current members (this had been greater but the practice checked annually if they wished to remain on the PPG list). The PPG made suggestions for improvements and gave practical support to the practice. Areas where the PPG had helped the practice in 2014 and 2015 included: supporting GP training through mock exams; helping at the autumn flu clinics; attending CCG and Rossendale health meetings as well as organising questionnaires to seek patient views on annual flu clinics and long-term condition appointment management.

The practice had also gathered feedback from staff through regular meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were given an example about a group of staff who had felt isolated so additional support had been put in place. Additionally, following nurses observing that the weekly cervical screening clinic did not offer all eligible patients adequate access, the clinic was replaced with other appointment options as well as opportunistic cervical smear taking by the practice nurses.

Staff told us they felt involved and engaged to improve how the practice was run and often discussed issues or potential problems in their teams immediately to ensure they gave patients the best service possible.

**Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice, from medical students and GP trainees, to managers and staff. Two of the GPs were trained as appraisers, and they were looking at how to support one of the Nurse Practitioners to complete appraiser training so that nursing team appraisals could be peer led. We saw evidence throughout the inspection that the practice was a reflective learning organisation, with learning used as the foundation for change and improvement.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included the introduction of nurse practitioners when the practice merged in 2005, introducing the community wide team of advanced nurse practitioners for 27 care homes and developing the integrated neighbourhood team.

The practice also showed us that they had been early adopters of utilising new technology in pilot schemes to improve or streamline patient care, including implementing new software such as a document management and automated coding system, digital dictation and currently a trial of a mobile phone application to screen patients for atrial fibrillation (a life threatening heart condition).