Dr Karen Massey

Quality Report

Slaidburn Health Centre
Shay Lane
Slaidburn
Clitheroe
Lancashire.
BB7 3EP
Tel: 01200413640
Website: www.slaidburnhealthcentre.nhs.uk

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

Ratings

Overall rating for this 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Karen Massey Slaidburn Health Centre at 23/09/2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.

We saw some outstanding practice including:

Summary of findings

- The practices proactive approach to safeguarding vulnerable patients and the provision they made to ensure all their vulnerable patients received the support and care they required.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should;

- Ensure all induction training is fully documented when completed.
- Ensure meetings with health visitors are formally recorded.

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 to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

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. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. 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. 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. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over 75 had a named GP.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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). 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

Summary of findings

care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice did not have late clinics for working patients as these had been trialled but found not to utilised fully, the GP informed us they would always stay late of needed to see patients.

People whose circumstances may make them vulnerable

Outstanding ☆

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice identified recent areas where they had proactively assisted vulnerable patients to ensure they received the care required to support their needs. For example the practice staff had assisted a pregnant patient who did not speak very good English to access the care required. Another example was a vulnerable elderly patient discharged from the local NHS hospital with no support at home that it was found had no food in her house. Arrangements were made by the GP practice to have food taken into them until someone could do their shopping. Frequent home visits by the staff be it delivering medication or GP visits allowed the staff to observe the home living conditions of the patient and to offer or report the need for support as required.

Patients told us they felt supported and could also identify where they were aware of incidents where the practice had supported vulnerable individuals. Comments cards told us how collecting medication from the remote locations had assisted patients who were vulnerable and less mobile to ensure they received their medication in a timely manner.

When the practice carried out annual flu clinics they used the village hall and invited other services to attend to offer support and guidance to all patients but also to ensure vulnerable patients have

Summary of findings

access to the correct support to meet their needs. This included the fire brigade offering fire assessments and alarms for the home, age concern offering support services and signposting to other areas. As the village local transport provision was limited staff and other patients often collected patients for their appointments or clinics to ensure their health needs were met fully.

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. All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

All staff were trained as dementia friends.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 102 responses and a response rate of 45.1%.

- 100% find it easy to get through to this surgery by phone compared with a CCG average of 71.1% and a national average of 74.4%.
- 91.8% find the receptionists at this surgery helpful compared with a CCG average of 84.6% and a national average of 86.9%.
- 99.3% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.2% and a national average of 85.4%.
- 100% say the last appointment they got was convenient compared with a CCG average of 91.3% and a national average of 91.9%.
- 98.5% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73.8%.
- 85% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64.7% and a national average of 65.2%.
- 90.5% feel they don't normally have to wait too long to be seen compared with a CCG average of 58.8% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41comment cards which were all positive about the standard of care received. Comments included treated like a person not a number, all staff are superb, doctors respond with care and discretion, they always have time for you and nothing is too much trouble

Areas for improvement

Action the service SHOULD take to improve

- Ensure all induction training is fully documented when completed.
- Ensure meetings with health visitors are formally recorded.

Outstanding practice

- The practices proactive approach to safeguarding vulnerable patients and the provision they made to ensure all their vulnerable patients received the support and care they required.

Dr Karen Massey

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP and a practice manager specialist advisor.

Background to Dr Karen Massey

Dr Karen Massey has a practice based in Slaidburn in East Lancashire in an NHS managed building which was purpose built but has, with changes in demand been extended to better meet the needs of the population of the village. The practice is within a rural community and is a dispensing practice as patients registered with the practice have to travel more than one mile to have their prescriptions fulfilled. It is part of the NHS East Lancashire Clinical Commissioning Group (CCG.) Services are provided under a general medical service (GMS) contract with NHS England. The practice is situated on a residential road at the end of the village with limited on street parking. The practice is the largest geographically within the CCG at 120 square miles but is the smallest numerically with 1040 registered patients.

The practice was originally set up under the government's inducement scheme for rural areas but recently entered into a partnership agreement with East Lancashire Medical Services (ELMS) as the practice due to changes in funding could no longer sustain their viability. They now have support with all their services and can continue to provide a service to the population of the village

Information published by Public Health England, rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Deprivation affecting children with in the practice is rated at 4% compared with CCG averages of 22.9%. Deprivation affecting older people is rated at 8% compared with CCG averages of 22.3%. These results are well below the national averages of 21.8% for children and above for older people at 18.1% nationally. However the practice population live mainly in rented accommodation as the family of the squire of the village owns the majority of the properties, some of which were stated to be in a state of poor repair.

The practice has a permanent female GP, a long standing associate female GP, a practice nurse, a practice manager, a pharmacy technician / treatment room nurse and an administration team to support the running of the practice. These staff are supported by staff at ELMS in times of emergency.

The practice population includes a comparable proportion (33.1%) of people under 18 years of age, and a higher proportion (35.2%) of people over the age of 65 years, in comparison with the national average of 31.7% and 26.8% respectively. The practice also has a higher percentage of patients who have caring responsibilities (23.3%) than both the national England average (18.4%) and the CCG average (20.7%). The practice has a lower rate of patients with health-related problems in daily life (43.7%) compared with CCG and National averages of 53% and 48.7%.The practice has three patients registered with them who reside in care home facilities in a neighbouring town but have requested to remain patients with the practice.

The practice telephone lines open from 8.00 am to 6.30pm with appointments from 8.30am until 12 and then 2pm until 5.40pm on Monday to Friday. The practice closed on Wednesday afternoon for scheduled clinics but patients can still be seen. Staff training and meetings are carried out

during the afternoon Wednesday. Appointments are available during the opening times with the GPs and appointments with the nurse are available over three days of the week. They hold seasonal Flu vaccination clinics at certain times of the year. These clinics are held in the local village hall and the practice invite Age Concern and the Fire Brigade along to speak to patients and offer support to keep them safe including offering fire alarms to eligible patients. Patients requiring a GP outside of normal working hours are advised to contact 111 who will refer them into an external out of hours at East Lancashire Medical Services. When closed the practice answering machine informs patients of this number.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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)

Before visiting the practice, we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice manager provided before the inspection. We carried out an announced inspection on 23rd September 2015.

We spoke with a range of staff including GP, and associate GP, a practice nurses, one patient participation group member, the practice manager, reception staff and some of their patients. We sought views from patients looked at 41 patient comment cards, and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports 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, extra checks had been implemented in to the process for checking medication dispensed through the onsite pharmacy. These checks included a check by the GP alongside the pharmacy staff. This followed a dispensing error where the wrong medication had been dispensed, the patient had ordered the repeat prescription by phone and the reception staff had misheard the patient and ordered a different statin to the one requested. (Simvastatin rather than Atorvastin both of which are used to lower cholesterol in patients' blood.)

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse 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. The GP was the lead member of staff for safeguarding and had completed Level 5 safeguarding qualification. The GP was also the lead for safeguarding for the Clinical Commissioning Group (CCG) and regularly investigated safeguarding issues for other practices within the CCG. 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 GP discussed with us their involvement in investigating safeguarding cases at other surgeries within the CCG.
- The practice shared with us a recent safeguarding incident where they had to involve other professional groups to ensure the care of the patient was safe and met their health needs. They found the patient was not receiving their appointments for maternity services.The GP and a member of staff visited the patient to discuss and explained the importance of these appointments.
- The practice worked closely with a local residential home for teenagers, appointments were often cancelled at short notice as the teenager refused to attend. The practice worked with the home to rebook and treat the patients often at short notice or after practice opening times.
- A notice was displayed in the waiting room, advising 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). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and fire drills were carried out. 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 and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was

an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice was a dispensing practice due to its rural location, dispensing medicines to patients who lived more than one mile from a local pharmacy. The practice also had systems in place to transport medication to remote areas where patients could collect their medication which was nearer their homes. This system followed a standard operating protocol (SOP) whereby the patient had to request this service, consent to their medication being transported, stored and available at the remote location, identify if they consented to the medication being collected by a family member/ friend and also that they would collect or arrange collection of their medication in a timely manner. The transportation of the medication was carried out by registered carriers with insurance for transporting medication and the appropriate security equipment installed within their vehicles. The couriers signed for all medication at the practice and the remote location signed to receive the medication. On reviewing the SOP we found the practice to be following this but highlighted there appeared to be no formal risk assessment of the process. The completed risk assessment including action plan for changes to be made was forwarded to us within 48 hours of the inspection. The GP and pharmacy staff also discussed with us their plans to ensure that all collected prescriptions would be signed for and a record kept for audit purposes. They also discussed the medication that could not be collected in this way for instance medication requiring refrigeration as they could not guarantee the fridges within the remote locations were subject to checks such as those required in the practice.
- Recruitment checks were carried out and the eight files we reviewed showed that appropriate recruitment checks had 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.
- 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. Staff were multi skilled within the practice and new reception staff had started to complete registered courses to allow them to assist as required in the pharmacy.

Arrangements to deal with 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 the treatment room. The practice had a

Defibrillator available on the premises and oxygen with adult and children's masks. The practice had paediatric life support equipment available on sight including colour coded sizing mats to judge the size of patients to assist with medication doses and were fully trained in the resuscitation of children. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use including the medicines carried in the doctor's visit bag.

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. This plan had recently been implemented when the practice lost their phone system due to power failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Patients with minor injuries could be treated at the practice by the GPs to avoid long journeys to the local NHS A&E department. The practice had become the first point of call for any injury within the community; the patient was then treated or referred on as appropriate to their situation.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 793.3 out of 879 of the total number of points available. Data from Public Health England (2013/14) showed;

- Performance for diabetes related indicators was similar in most areas where data was collected to the CCG and national average. They were significantly lower in some areas including exception rate reporting for hypotensive indicators and diabetes indicators in their population groups.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages at 78.3% against CCG and national averages of 78.9% and 79.2% respectively
- Performance for mental health related indicators was similar to the CCG and national average 4.9%% of practice patients reporting a long term mental health problem against a CCG and national average of 4.7% and 4.6% respectively. All patients with a mental health related condition had a blood pressure check and recorded within the last 12 months.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last two years, one of these was a completed audits where the improvements made were implemented and monitored. We saw the audit plan for the next 12 months included the second cycle of the audit already completed. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring all GPs and locums were aware via the results of audit that there had been changes in the dosing guidelines for children being prescribed the antibiotic Amoxicillin. At the first audit within the practice following the changes they found 33% of all prescriptions within a three month period were substandard and not following the guidance. Recent re-audit of a similar period of time demonstrated 100% compliance with the new regime.

A recent audit of patient records completed by staff had highlighted where a patient had not received appropriate timely onward referral for their condition. As a result of this further audit of the staff member had highlighted other issues. The staff member had been removed from the practice and had been investigated and reported to the relevant registered body for further investigation. The patient had now completed their treatment and had been kept fully informed of the investigation process and the outcome.

Information about patient's outcomes was used to make improvements in care and treatment. One example shared with us related to a serious event that had occurred when a patient had been dispensed the wrong medication, there was now a four point checking process on all medication dispensed which included a check and signature from the GP.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and

Good

Are services effective?

(for example, treatment is effective)

safety and confidentiality. However there was no written record when staff were deemed competent to carry out the tasks unsupervised. The practice manager assured us this process was carried out and would ensure there was an accurate record of this.

- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff who had been employed more than 12 months had an appraisal within the last 12 months. New staff had appraisal dates scheduled.
- Staff received training that included: safeguarding, fire procedures, and 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis with Macmillan nurses or as required if they had no patients on shared care with these professionals. Care plans were routinely reviewed and updated. Meetings with health visitors took place on a two-monthly basis but there were no formal minutes of these meetings to assist staff to monitor patients discussed in a timely manner. We were assured this would be addressed from the next meeting.

The practice worked collaboratively with the neighbouring GP practices and had pooled their funding for over 75's to provide a locality specialist nurse to assist in the care of this population group of patients.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.6%, which was higher than the CCG average of 77.1% and the national average of 76.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 100% and five year olds from 75% to 100%. Flu vaccination rates for the over 65s were 79.1%, and at risk groups 62.4%. These were also comparable to CCG and higher than national averages.

Good

Are services effective?

(for example, treatment is effective)

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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. 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 of the 41 patient CQC 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 also spoke with one member of the patient participation group (PPG) on the day of our inspection. 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.

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

- 93.1% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 93.7% said the GP gave them enough time compared to the CCG average of 86.9% and national average of 86.9%.
- 94.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.5% and national average of 95.3%
- 92.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.7% and national average of 85.1%.
- 99.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.2% and national average of 90.4%.
- 91.8% patients said they found the receptionists at the practice helpful compared to the CCG average of 84.6% and national average of 86.9%.

All staff at the practice had completed dementia friends training to assist in the care of patients with dementia. Carer's clinics were held at the practice every fourth week of the month with Carers Link to ensure carers got the support they required to carry out their role.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 93.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86.3%.
- 93.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.9% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Some patients registered at the practice lived quite a distance from the practice premises and as such could not collect their medicines. To address this practice had an agreement with three locations in the wider community where they delivered fulfilled prescriptions and the patient or their representative collected them. This process worked well for the community and we received positive feedback from patients using this service. We looked at the standard

operating procedure for this service and found consent from the patients was gained and also the medication was fully tracked and signed for by the transportation team. We highlighted there was no formal risk assessment available for the storage and collection of the medication at the remote locations. We were assured this would be carried out as soon as possible and we received a copy of this risk assessment two days after the inspection with an action plan to address issues highlighted during the assessment.

The GPs regularly visited patients in their homes this they told us served us two purposes one to check on the care requirements of the patient and two to check the environment patients were living in and then alert other services to asset as appropriate to the patient . Some patients especially elderly patients lived in rented accommodation which was managed by the squire of the village, some of the properties were in need of renovation and during the winter months the practice ensured they visited regularly to ensure the patients received the support they required.

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. There was a practice register of all people who were carers and 23.3% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. Signposting to a variety of support services was available in the waiting room on a designated notice board.

The GP told us of a patient who had been discharged from the local NHS hospital without a care package in place and they visited the patient and then they had involved other village residents to ensure the patient had meals taken to their home and support offered until the package of care could be put in place.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example,

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

As the practice was in a rural setting access to urgent care at the local NHS Hospital was quite a distance from the village. The GP and staff offered a minor injuries service to their patients where they could be effectively triaged and treated if appropriate saving them the journey to the hospital A&E

Access to the service

The practice was open between 8.00am and 6pm Monday to Friday; except for Wednesday when the practice closed at 1pm. Appointments were from 8.30 to 12 every morning and 2pm to 5pm daily. In addition to pre-bookable appointments that could be booked up to four 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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 91.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 75.7%.
- 100% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.1% and national average of 74.4%.
- 98.5% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73.8%.
- 85% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64.7% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system e.g. posters displayed, summary leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last six months and found they were dealt with in a timely way, demonstrating openness and transparency when with dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, changes to templates used to record patient's details were changed after one patient received a letter addressed to them by their initial and surname and both male members of the family living at the address had the same initial. Documentation now asked for full names to be used when contacting patients by letter.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice working in partnership with East Lancashire Medical Services had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The GP's in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The GPs encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and 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 partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff were aware of the whistleblowing policy and assured us they would not hesitate to use the policy of needed.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which was newly formed and meetings were scheduled for a monthly basis. The chair of the PPG told us they plan to carry out patient surveys. They had already submitted proposals for improvements to the practice management team. For example, they had raised concerns that patients could overhear conversations at the reception desk especially if reception staff were on the phone; they had raised this with the management and found this recently to be better. The overarching ethos of the PPG we were told was to be the collective voice of patients at the practice and to ensure the rural voice is heard in the wider community.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff meetings were held every Wednesday afternoon and staff had the opportunity to share new ideas and voice their concerns at this time. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

The practice recognised future challenges and areas for improvement. Complaints were investigated, reviews of significant events and other incidents were completed and learning was shared from these with staff to ensure the practice improved outcomes for patients.

The practice was very proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients. It worked alongside ELMS to improve availability of services to its patient population.

The practice assisted patients living a distance from the practice to collect their medication in a timely manner by

Are services well-led?

Good

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

arranging remote locations where they could collect their medication from. These locations were fully checked and monitored by both the practice staff and the ELMS partnership.

As the practice was in a rural setting access to urgent care at the local NHS Hospital was quite a distance from the village. The GP and staff offered a minor injuries service to their patients where they could be effectively triaged and treated if appropriate saving them the journey to the hospital A&E. Patients told us this was valuable as especially in winter the journey could be time consuming.

Due to the rural location of the practice the GP had set up a reciprocal arrangement with a GP who lived locally for when inclement weather prevented the main GP from attending the practice. The arrangement allowed for the GPs to attend each other practices and carry out each others clinics so patients would not need cancelling.