

# Dr Murthy Motupalli

## Quality Report

257 Blackburn Road  
Accrington  
Lancashire  
BB5 0AL

Tel: 01254 233048

Website: [www.brmpaccrington.co.uk](http://www.brmpaccrington.co.uk)

Date of inspection visit: 11 March 2016

Date of publication: 22/04/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Dr Murthy Motupalli	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Murthy Motupalli, also known as Blackburn Road Medical Practice on 11 March 2016. Overall the practice is rated as good, although the safe domain requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always well identified and managed. Areas such as recruitment checks, emergency equipment, medicines and emergency medical equipment did not ensure patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was good continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and most staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

Improve measures to address risks to patients including:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

# Summary of findings

- Ensure all emergency medications are in date and stored securely.
- Review procedures for acute prescribing of controlled drugs to ensure it is done safely.
- Ensure oxygen is provided to meet National Resuscitation Council guidelines.
- Conduct a legionella risk assessment and introduce relevant control measures.
- Update the infection control policy.
- Ensure privacy screens are cleaned or replaced in line with NHS guidance.

- Improve scrutiny and oversight of safeguarding including safeguarding as agenda item on practice and multi-disciplinary meetings.

The areas where the provider should make improvements are:

- Implement a coordinated programme of clinical audit and re-audit to demonstrate improved patient outcomes.
- Ensure complaints are acknowledged and responded to in line with NHS timescales, and adequate records of verbal and written correspondence are maintained.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The inspection noted that:
  - Recruitment checks were not always carried out in line with the recruitment policy.
  - There were some out of date medicines and stocks in the practice.
  - Privacy screens were not cleaned in line with infection control requirements.
  - There was no oxygen in the practice for use in a medical emergency.
  - A legionella risk assessment had not been carried out.
- Staff had completed safeguarding training, and would discuss concerns for any patient identified on the register with the GP safeguarding lead.
- There was no record of safeguarding meetings or discussions.
- We noted the GP safeguarding lead completed level 3 training in November 2012, and level 2 refresher prior to our visit.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example, 100% of patients with atrial fibrillation (a heart condition) were currently prescribed anticoagulation medication in line with best practice compared with a national average of 98%.

# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out, although it was not clearly demonstrated how patient outcomes were improved based on the findings of these audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similarly to others for several aspects of care. For example, 81% said the last GP they saw or spoke with was good at treating them with care and concern compared with a national average of 86% and 91% said the last nurse they saw or spoke to was good at treating them with care and concern compared with a national average of 92%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw and received feedback that the continuity of care was personalised.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had provided additional information for carers, and young carers in the waiting area.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had employed a nurse to work specifically with patients who were over 75 years old who carried out home visits to housebound patients and ensured those who required additional support were referred appropriately.

Good



# Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. For example, the practice offered extended hours access until 8pm each weekday and Saturday mornings from 9am – 12pm under a local incentive scheme, as well as telephone appointments where appropriate.
- The practice had recognised national GP patient survey feedback and reviewed appointment processes and telephone answering to improve the patient experience.
- There was one female sessional GP who worked occasionally at the practice. If a patient felt they needed to see a female GP, they would be offered an appointment with the nurse, who helped identify their needs and liaised with the GP where appropriate.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available from the reception staff and easy to understand. The practice responded quickly when issues were raised, although did not always meet NHS complaints handling guidance. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- There was a clear leadership structure and most staff felt supported by management.
- The practice manager had implemented a variety of new systems to improve governance within the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients. The patient participation group was active.
- Refurbishment work had been completed in the nursing and treatment room area, and the practice had submitted a bid to NHS England for funding to complete refurbishment to other parts of the building.
- The practice had been unable to recruit a second partner for a number of years and although the single Principal GP worked hard to meet all business and care demands, at times some priorities lacked the attention required.
- There was a focus on continuous learning and improvement at all levels. Staff had appraisals annually.

Good



# Summary of findings

- Many staff were “home grown” including the practice manager who joined as an apprentice 10 years ago. Nursing staff were supported to study for university courses in respiratory and diabetes care.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people, the safe domain requires improvement for all population groups.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a specialist nurse to provide additional care for patients who were over 75 years old.
- The practice carried out a survey of older patients and gave out contact cards with a mobile number for the specialist nurse.
- 67% of patients aged 65 or older received a seasonal flu vaccination in 2013–14, lower than the national average of 73%. Practice figures for 2014–2015 showed this had increased to 74%.
- The community matron for over 75 year old patients had begun a small Christmas gift scheme for older isolated patients in Hyndburn in November 2015. This scheme grew suddenly to reach over 2,500 housebound patients with support from the practice, other local practices and a range of community partners, including schools and the local council. This increased identification of vulnerable elderly patients for the practice and wider community matron caseload in Hyndburn.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions the safe domain requires improvement for all population groups.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nurses were well trained and supported in these areas.
- The practice worked closely with the Community Diabetic Service and supported one of the nurses to undertake a degree course in diabetes.
- 80% of patients with diabetes had a blood pressure reading within a normal range in the previous 12 months, compared to the national average of 78%.
- 97% of patients with diabetes on the register had a seasonal flu vaccination in the preceding year, compared to a national average of 94%.



# Summary of findings

- 86% of patients with asthma had received a review which included an assessment of asthma control using the three Royal College of Physician questions compared with 75% nationally.
- 92% of patients with chronic obstructive pulmonary disease (COPD, a disease of the lungs) had a full review in the preceding 12 months, compared with a national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as good for the care of families, children and young people the safe domain requires improvement for all population groups.

- Records were coded to identify children living in disadvantaged circumstances and who were at risk.
- Childhood vaccination rates within the practice were similar to or above local CCG averages, with vaccinations for 12 and 24 month olds ranging from 65% to 92% and 5 year olds from 56% to 97%.
- 80% of women between 25 and 64 years old had attended cervical screening which was similar to the CCG average of 82%.
- 86% of patients with asthma had received a full review compared with 75% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Patients were informed that staff could make a consulting room available for baby changing if requested.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students) the safe domain requires improvement for all population groups.

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice worked with four other practices locally to provide access to primary care until 8pm each weekday and 9am until 12pm on Saturday mornings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included appointment booking and prescription ordering and the electronic prescription service (EPS).
- Telephone appointments were available for patients who required advice but were unable to attend the practice.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable the safe domain requires improvement for all population groups.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice provided services for a largely settled traveller community.
- The practice had alerts to identify patients who preferred to come in at quieter times.
- The practice offered longer appointments for patients with a learning disability and staff had attended specialist training to work with patients with autism and learning disabilities.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia) the safe domain requires improvement for all population groups.

Good



# Summary of findings

- 91% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, higher than the national average of 84%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in the previous 12 months, above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Two reception staff were supported to attend Dementia Champions Training and will be facilitating Dementia Friend training to their colleagues, patient participation group (PPG) members and the wider patient population in future.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below local and national averages in some areas. 365 survey forms were distributed and 108 (30%) were returned. This represented 3.3% of the practice's patient list.

- 58% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 62% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 62% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 24 comment cards, 21 of which were positive about the standard of care received. Staff were called "lovely", with one nurse in particular singled out for her caring, open approach. Three comment cards highlighted patient concerns, two related to staff attitude.

We spoke with four patients, three of whom were also members of the patient participation group (PPG) during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients explained that the practice had recently made improvements to appointment access.

In January 2016, the Friends and Family Test (FFT) feedback was that 100% would recommend the practice to family and friends. The practice informed us that most responses were from the text message service. Over the previous 12 months, the average was 90% would recommend the practice, 6% would not.

## Areas for improvement

### Action the service **MUST** take to improve

Improve measures to address risks to patients including:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure all emergency medications are in date and stored securely.
- Review procedures for acute prescribing of controlled drugs to ensure it is done safely.
- Ensure oxygen is provided to meet National Resuscitation Council guidelines.
- Conduct a legionella risk assessment and introduce relevant control measures.
- Update the infection control policy.

- Ensure privacy screens are cleaned or replaced in line with NHS guidance.
- Improve scrutiny and oversight of safeguarding including ensuring safeguarding is an agenda item on practice and multi-disciplinary meetings.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Implement a coordinated programme of clinical audit and re-audit to demonstrate improved patient outcomes.
- Ensure complaints are acknowledged and responded to in line with NHS timescales, and adequate records of verbal and written correspondence are maintained.

# Dr Murthy Motupalli

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector working with a GP specialist adviser. A second CQC inspector spoke with some patients by telephone.

## Background to Dr Murthy Motupalli

Dr Murthy Motupalli (also known as Blackburn Road Medical Practice) provides Primary Medical Services for 3865 patients under a general medical services contract with NHS England in Accrington, East Lancashire.

The practice has one male GP Principal and a part time salaried male GP who are supported by two occasional sessional GPs, one male, one female. There are two female nurses and a female health care assistant. The practice also employs a community nurse for patients aged over 75 year old, who covers four local practices. Clinical staff are supported by a practice manager, an assistant practice manager and a team of five administration and reception staff.

Around nine percent of the practice population are of Asian background. Population data shows more 0-14 year olds and fewer 20 – 29 year olds than the national average.

Practice data shows more patients than average have a long-standing health condition; 67%, compared to the national average of 54%. Male and female life expectancy is below the CCG and national averages, at 74 for males and 79 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 one 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.

The practice is currently open from 8am until 8pm Monday to Friday, and from 9am until 12pm Saturday mornings. The practice works with four other local practices to offer access until 8pm each weekday, these evening surgeries are offered at Blackburn Road Medical Practice for patients of all four practices. The practice closes for two hours each Wednesday for staff training and practice meetings. The surgery takes part in an initiative run by the local authority called “pharmacy first”, which gives patients fast access to a pharmacist consultation for minor ailments.

Out of hours care is provided by East Lancashire Medical Services, under contract by East Lancashire Clinical Commissioning Group. The inspection team was advised that the extended hours service would cease on 31 March 2016, and discussions were still taking place regarding access to the alternative out of hours service.

There are walk in centres at Burnley General Hospital, Royal Blackburn Hospital, open 24 hours a day and Accrington Victoria Hospital, open 8am - 8pm.

## 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

# Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 March 2016.

During our visit we:

- Spoke with GPs, nurses, healthcare assistant, reception and administrative staff and practice management.
- Spoke with patients who used the service.
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events, though no auditable review process.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in reception.
- The practice carried out analysis of the significant events, although there was no review of learning from significant events to ensure all learning had been implemented.

We reviewed safety records, incident reports, nationally issued safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice introduced additional training and guidance for receptionists following an incident with repeat prescribing requests.

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

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, though the inspection identified areas where these required further attention. Systems included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies contained information about who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the safeguarding lead. GPs did not attend safeguarding meetings, but reports were provided where necessary for the safeguarding board. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The principal GP completed Safeguarding level 3 training in November 2012, and completed on-line refresher training for level 3 prior to our visit. The

practice manager advised us that safeguarding was included as a standing agenda item at practice meetings, although we did not see evidence of this in minutes of meetings. The practice manager also advised us that the practice had not identified any patients or raised any safeguarding concerns that they could recall in recent years.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. Some rooms had privacy screens. There was insufficient evidence to demonstrate these were being cleaned or replaced in line with national standards. For example one screen had no date label on it, another had a label which showed it had not been changed for 12 months. The cleaning schedule did not cover these screens. 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, though the policy had not been reviewed since 2010. 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, needed improving to ensure patients were kept safe at all times (including obtaining, prescribing, recording, handling, storing and security). For example, most emergency drugs were regularly checked although we found an out of date **glyceryl trinitrate (GTN)** spray (used for treating angina, a heart condition) and aspirin in an unlocked drawer in a GP consulting room. We also discussed with the practice a patient's second request for codeine based medication for back pain as we could not see evidence that this condition had been clinically assessed.
- The practice reviewed medicine audits carried out by local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.



## Are services safe?

The practice was aware that it was an outlier in some areas of prescribing, and had reduced antibiotic prescribing, although it remained high. Prescription pads were securely stored and there were systems in place to monitor their use, although GPs carried full pads on home visits. The community matron had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the health care assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and found that for non-clinical staff appropriate recruitment checks had been undertaken prior to employment. However, the two sessional GP files did not have photographic ID, and only one had evidence of a Disclosure and Barring Service check (DBS) and that performers list information had been checked.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the meeting room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. A legionella risk assessment had not been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At the time of our visit, the practice had already requested a quote for this and informed the inspection it would be completed.

- 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.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, though improvements were required in this area.

- 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.
- The practice had a defibrillator available on the premises. There was no oxygen in place which is recommended by the National Resuscitation Council. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure areas of the practice and all staff knew of their location. We checked anaphylaxis kits which were in date and fit for use. Doctor's emergency medicines in their bags were in date, though we found out of date medication in a consulting room drawer.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Risk assessments, audits and random sample checks of patient records were not routinely carried out to reflect on patient outcomes.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 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 similar to national averages.
- 80% of patients with diabetes had a last blood pressure reading within a normal range compared to 78% national average
- 97% of patients with diabetes had an influenza immunisation in the preceding flu season compared with a national average of 94%.
- Performance for mental health related indicators was better than the national average with 92% of patients with schizophrenia, bipolar affective disorder and other psychoses having a comprehensive, agreed care plan documented in their records in the previous 12 months compared to a national average of 88%.

- 90% of patients diagnosed with dementia had a face-to-face care plan review in the previous 12 months compared to a national average of 84%.

Review of data ahead of the inspection showed a higher than average daily quantity of hypnotics prescribed (these are drugs used to treat insomnia and anxiety). The practice discussed anecdotal evidence that this linked to the complex population group which the practice served.

There had been a number of clinical audits completed in the last two years by external consultants. Although three of these were completed audit cycles, the evidence was insufficient to demonstrate that audit was driving improvement in patient outcomes.

Audits included chronic obstructive pulmonary disease (COPD, a condition of the lungs) and Atrial Fibrillation (a heart condition) in recognition of the local high prevalence, although it was not clear how care for these patients improved following these audits.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by annual refresher training and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and team meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one

# Are services effective?

## (for example, treatment is effective)

meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had invested in the professional development of its staff team over many years. Staff had been supported to complete degree courses in leadership and chronic disease management; AMSPAR (Association of Medical Secretaries, Practice Managers, Administrators and Receptionists); health care assistant courses; Dementia and autism training.
- Several staff had been promoted from within with ongoing support in a variety of roles.

### Coordinating patient care and information sharing

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

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

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

The community matron had developed greater multi-disciplinary working with other health and social care providers locally. She made between 20 and 50 visits to housebound older patients each month and referred these patients to a range of support services which included: occupational therapy, social services, district nurses, carer and cancer support groups as well as to the integrated neighbourhood team.

We saw evidence that multi-disciplinary team meetings had recently been set up. The first meeting took place in February 2016. Care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with a history of cancer. Patients were then signposted to the relevant service.
- Patients could attend the Lancashire well-being clinic offered within the practice.

The practice's uptake for the cervical screening programme was 80%, similar to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice had information for patients in Urdu, Punjabi and Polish on cervical screening, and a female Urdu and Punjabi speaking member of staff acted as champion for this population group. Nurses promoted screening for patients with a learning disability and all sample takers were female.

National Cancer Intelligence Network Data published in March 2015 showed lower levels of patients attending

# Are services effective?

(for example, treatment is effective)

national screening programmes than average for breast cancer screening of 50 – 70 year old female patients (54% compared to CCG average of 68% and national average of 72%).

43% of 60 – 69 year olds were screened for bowel cancer in the last 30 months compared to 55% for CCG and national averages.

Data suggested that the practice appeared to have low 2 week referrals for suspected cancer (data supplied by the practice using Primary Care Web Tool showed 8.33% referrals, lower than the national figures of 47.63%, 2014 data).

The practice was aware of high cancer prevalence and low take up of screening so had recently begun contacting individual patients by phone to follow up on missed 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 ranged from 67% to 71% and five year olds from 57% to 97%.

Flu vaccination rates for the over 65s were 67% (national average 73%), and at risk groups 55% (national average 57%). These were both slightly below national averages (2013-2014 data). More recent data provided by the practice showed that 2014-2015 figures were higher, 74% for over 65s and 59% for at risk groups, 2015-16 data was also available but not validated, which also showed improved performance.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains or privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

21 of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, though two cards commented on dissatisfaction with the way in which they were spoken to by reception staff. The practice had provided conflict resolution training recently to help the reception team understand and deal with patient concerns appropriately.

We spoke with four patients, three of whom were also members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG and national averages of 87%.
- 80% said the GP gave them enough time (CCG and national averages 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).

- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 85% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were generally lower than local and national averages. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 74% said the last GP they saw was good or very good at involving them in decisions about their care (national average 81%)
- 88% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. Two members of staff could speak Punjabi and Urdu and supported patients where required, as well as external interpreters.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to

## Are services caring?

them. The practice resourced additional information for young carers working with Carer's Link and offered the premises for use by Lancashire Well-being service for all patients locally.

We were given examples of additional care and support for patients who had lost loved ones, although the practice did not have clear policies and procedures for families of bereaved patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours appointments until 8pm Monday to Friday and Saturday mornings jointly with four local practices.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these, including regular visits to the patients on the community matron's caseload (37 at the time of our visit). During the previous 12 months she had carried out 345 home visits and seen 37 patients in the surgery as well as speaking to 38 patients or their relatives/ carers on the phone.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice building was in need of refurbishment to fully meet current legislation on access. For example, the entrance included a sharp turn which was not suitable for patients in wheelchairs or mobility scooters. A bid had been submitted to NHS England for funding to complete refurbishment works. Part of the building had already been refurbished, this included a disabled toilet. There was no hearing loop in the practice., Two staff spoke Punjabi and Urdu and translation services were available.
- The practice knew patients individually and care was tailored to individual needs. Patients who found crowds problematic were offered appointments at times when the practice was quieter and the nurses were happy to see patients if no GP appointment was available to offer help and support.

### Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday with extended hours until 8pm Monday to Friday and Saturday mornings 9 am – 12 pm. Extended hours

provision was shared with four other practices, all sessions being run from the practice. Appointments were from 8.30 am until 12pm and 2pm until 6pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was just below local and national averages. This conflicted with the practice opening hours, so we discussed this at length with the practice who explained the extended hours had been a short term scheme commissioned by East Lancashire Clinical Commissioning Group. This scheme was due to be replaced by increasing out of hours service provision on 1 April 2016.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 58% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 60%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them, and that this had been improved when the current "triage" list was introduced whereby a list of all appointment requests was given to the GP who ensured appropriate care was given or appointments made.

### Listening and learning from concerns and complaints

The practice had system in place for handling complaints and concerns.

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England, although not all complaints were responded to in line with this policy.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A poster was displayed in the waiting area and information was available on the practice website.

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

We looked at four complaints received in the last 12 months, two of which had been submitted via NHS England. We noted that patients had to ask reception staff for complaints leaflets, and discussed with the practice making these more easily available.

There was no complaints log. As documents were held either in a filing cabinet, or electronically, not all information was available for the inspection to view. Complaints were not routinely acknowledged within three working days, and timescales to respond to two of the four

were not met. The practice did undertake comprehensive investigations into complaints. Lessons were learnt and shared with all staff and action was taken as a result to improve the quality of care. For example, a breach in patient confidentiality led to a revision of training for new members of staff and support for an existing member of the team. We noted that responses were comprehensive, open and honest, apologies were given and the practice advised complainants of actions which had been taken to prevent recurrence.



# 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 provide personalised care for patients. The practice had quality improvement plan and a premises development plan to improve patient outcomes.

### Governance arrangements

The practice had a governance framework though some areas required greater attention and reflection. Structures and procedures in place included:

- A clear staffing structure with staff who were aware of their own roles and responsibilities.
- Practice specific policies which were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical audit processes were not owned by the practice and evidence was limited to show how these improved patient outcomes.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place, but some risks were not adequately identified and acted upon.

### Leadership and culture

The GP Principal had the experience and capability to run the practice and ensure high quality care. He prioritised personalised and compassionate care, though the inspection identified that capacity of a single GP Principal impacted upon patient safety at times. The GP and practice manager were visible in the practice and most staff told us they were approachable and took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

- Records were not always kept of all verbal and written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Most staff we spoke with said they felt respected, valued and supported, particularly by the practice manager. All staff were involved in discussions about how to run and develop the practice, encouraged to identify opportunities to improve the service delivered by the practice.
- There was not time allocated for high level shared clinical reflection, reviewing data and setting a holistic strategy to meet the needs of a highly complex patient population.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice introduced a triage system and increased out of hours opening to improve access.
- The practice had gathered feedback from staff through regular staff meetings and discussions. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included support for one of the nurses to attend a university course in diabetes, another in respiratory care and two reception



# Are services well-led?

Good 

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

staff to attend a dementia champion course. There was a plan to roll out dementia friend training to patient participation group members and the wider patient group in the future.

The practice had identified a need for sexual health services and was looking at what training options were available for one of the nurses to address this need.

Although the practice had made improvements to patient access through extended hours, triage lists and more staff answering phones at peak times, there was little time for reflective practice or improving clinical care jointly between the GPs.

We saw a number of policies and procedures which had been implemented in the previous 12 months, and had confidence the team was committed to continuous improvement and making a difference for its patients.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Some out of date medicines were found in unlocked drawers; controlled drugs were prescribed for a patients without evidence of an assessment of the condition and no emergency oxygen was in place.</p> <p>Privacy screens were not cleaned or changed in line with NHS guidance on infection prevention and control and no legionella risk assessment had been undertaken.</p> <p>This was in breach of regulation 12(2)(b) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.</b></p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Requirement notices

The practice had a recruitment policy in place. This had not been followed for the recruitment of two salaried/sessional GPs. HR files did not have photographic ID, and only one had Disclosure and Barring Service check (DBS) and performers list information checked.

This was in breach of regulation 19(1)(b) and (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.