

# The Royle

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Royle on 14 July 2016. The overall rating for the practice was requires improvement. Risks to patients and staff were not fully assessed. There was limited evidence that audit was driving improvement in performance to improve patient outcomes. Records kept for staff training and induction were poor.

The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for The Royle on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This announced comprehensive follow up inspection was undertaken on 6 July 2017. Overall the practice is now rated as Good.

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 assessed and generally well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with both routine and 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.

# Summary of findings

The areas where the provider should consider making improvements are:-

- Maintain an overview of significant events and complaints to enhance monitoring and identification of themes.
- Consider arranging more frequent staff and clinical meetings to share information and learning.

- Update the training of staff responsible for infection control audits to ensure the maintenance of the cold chain.
- The patient participation group (PPG) should be further developed to represent the voice of patients.

**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?

In July 2016 the practice was rated as requires improvement for providing safe services. Risks to patients and staff were not fully assessed and appropriate action was not taken to mitigate the risks, including fire evacuation drills and following an infection audit.

Significant improvements had been undertaken and the practice is now rated as good for providing safe services.

- Appropriate recruitment checks had been undertaken prior to employment.
- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguard patients from abuse.

Appropriate emergency medicines and emergency equipment was available in the practice.

Good



### Are services effective?

In July 2016 the practice was rated as requires improvement for providing effective services, as there were areas where improvements should be made. There was limited evidence that audit was driving improvement in performance to improve patient outcomes. Records kept for staff training and induction were poor.

These arrangements had improved when we undertook a follow up inspection on 7 July 2017. The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were, overall, comparable with local and national averages. For example, 93% of patients with schizophrenia and the England average of 89%.
- Numbers of patients screened for cervical, breast and bowel cancer were comparable with the national average. The practice was continuing to take steps to encourage attendance.

Good



# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Two cycle clinical audits had been undertaken and identified areas that required improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of training, appraisals and personal development plans for all staff which was stored in well organised records.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

In July 2016 the practice was rated as good for providing caring services. The practice is still rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice favourably in comparison with other practices. For example, 90% of respondents rated their overall experience as good which was above the CCG average of 71% and the England average of 73%. 98% of respondents had confidence and trust in the last GP they saw in comparison with the CCG average of 95% and the England average of 95%.
- 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 was readily accessible.
- Translation was readily available for patients who did not speak English as a first language and one member of the practice staff was fluent in languages spoken by the local community.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

In July 2016 the practice was rated as good for providing responsive services. The practice is still 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 to secure improvements to services where these were identified. For example, patient access to

Good



# Summary of findings

appointments was regularly reviewed. As a result there was same day access to both routine and urgent appointments and pre-bookable appointments were available three days each week.

- Patients said they found it easy to make an appointment with a named GP.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

In July 2016 the practice was rated as good for providing well led services. The practice is still rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Staff did suggest that staff meetings might be held more frequently.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had been recently relaunched to further develop representation of the voice of patients.

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

Good



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

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included a GP community matron hosted at the practice who supported the needs of patients over 75 in their own homes including those in sheltered housing.
- The practice population included 2.2% of patients over the age of 85 years. They invited these patients for annual health checks and all had a named GP.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- Multidisciplinary meetings were held every six to eight weeks and included discussions about patients who were at high risk of safeguarding, had complex needs or were at the end of life. These were attended by the GPs, district nurses and palliative care team.
- GPs provided weekly rounds at local nursing homes which included end of life care planning involving the patient, their family and the care team. Two local nursing homes had chosen to register all of their patients at this practice and community care home nurses worked jointly with them to provide consistent and timely care.
- A Christmas Presents for the Elderly scheme had been running since 2015 which was led by the GP community matron.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. This included patients with diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Performance for diabetes related indicators was lower than the national average. For example in 2015/16 the percentage of patients on the diabetes register in whom the last blood

# Summary of findings

pressure reading was 150/90 mmHg or less in the period April 2015 to March 2016 was 78%. (CCG average 88%, national average 88%). However unvalidated figures provided by the practice indicated that in 2016/17 the practice achieved 85%.

- Practice nurses specialised in diabetes and respiratory conditions and offered personalised management plans and dedicated follow up.
- 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.
- A counselling service funded by the CCG was run in the health centre for people living with long-term illness.

## Families, children and young people

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 lower than average for all standard childhood immunisations with the practice achieving 64% uptake for one year olds and 8.6 out of 10 for two year olds against an average of 9.1 out of 10 nationally in 2015/16.
- 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.
- 72% of women aged between 25 and 64 years had received a cervical screening test. This was lower than the CCG average of 82% and a national average of 81%. The practice were targeting females aged 24yrs 6 months with a view to achieving good attendance at aged 25yrs.
- 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 and health visitors such as antenatal sessions provided by the midwife for delivering prenatal care and advice and regular meetings between GPs and health visitors.
- A Well Baby Clinic was held in the Health Centre by the health visitor and community nursery nurse every Wednesday morning, and was an open walk-in clinic.

Good





# Summary of findings

## **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 care.
- The practice was proactive in offering online services such as appointment booking and ordering of prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were provided between 8am and 6.30pm Monday to Friday so that patients who were working could attend outside working hours. Telephone consultations were available daily and patients could pre-book appointments on three days each week.
- Since January 2017 patients were able to access a Community Phlebotomy Service for blood tests which operated every evening. Appointments were booked via the practice.

## **People whose circumstances may make them vulnerable**

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.

## **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).

# Summary of findings

- All reception and administrative staff had recently attended “Dementia Friend” training.  
93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was higher than the national average of 89%.
- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, which was the same as the national average.
- The practice staff regularly referred to the Community Mental Health Team and patients were signposted to various support groups and voluntary organisations.
- The practice served several nursing homes including providing care for patients living with dementia. Care home nurses employed by the CCG and GPs from the practice visited the care homes and provided designated ward rounds each week to see patients in their own home and support staff in their care.
- There were daily emergency appointments available for people in distress.
- Reception staff rang patients with evident memory problems ahead of appointments to remind them to attend.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing higher than national averages. A total of 293 survey forms were distributed and 104 were returned. This represented 2.7% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 71%.
- 96% of patients stated that the last time they saw or spoke to a GP the GP was good at treating them with care and concern. This was higher than the national average of 86%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients said that the practice staff were helpful, caring and listened to them. Some commented that it was difficult to make bookings in advance of that day. People said they could quickly access appointments with their chosen GP.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. 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. The Friends and Family Test results for the last 12 months indicated that 87% of respondents were highly likely or likely to recommend the practice.

## Areas for improvement

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

- Maintain an overview of significant events and complaints to enhance monitoring and identification of themes.
- Consider arranging more frequent staff and clinical meetings to share information and learning.
- Update the training of staff responsible for infection control audits to ensure the maintenance of the cold chain.
- The patient participation group (PPG) should be further developed to represent the voice of patients.

# The Royle

## Detailed findings

### Our inspection team

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

a CQC Lead inspector. The team included a GP specialist adviser.

### Background to The Royle

The Royle provides primary health care services to around 3870 patients in the small town of Great Harwood in East Lancashire under a general medical services contract with NHS England. The practice is part of the East Lancashire Clinical Commissioning Group (CCG).

The practice is based within Great Harwood Health Centre, Water Street, Blackburn, Lancashire, BB6 7QR. The building is owned and maintained by NHS Property Services Ltd.

The practice clinical team comprises two female GP partners, a practice nurse, a GP community nurse for patients aged 75 years and over and a sessional nurse for childhood immunisations. The clinical team are supported by a practice manager and team of seven administrative and reception staff.

The practice population varies from the national average with fewer patients aged between 10 years and 44 years than average, and considerably proportionally more female patients aged between 50 and 54 years old. The practice life expectancy is one year above CCG averages and one year below national averages for males and females, at 78 years for males and 82 years for females. NHS England data shows the practice deprivation level as four 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 Chronic Obstructive Pulmonary Disease (COPD, a disease of the lungs), smoking and smoking-related ill-health, cancer, mental health and dementia than national averages.

The practice is open 8am until 6:30pm Monday to Friday. Out of hours treatment is provided by East Lancashire Medical Services Ltd.

### Why we carried out this inspection

We undertook a comprehensive inspection of The Royle on 14 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and effective services. We also issued two requirement notices to the provider in respect of safe care and treatment and good governance. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for The Royle on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up inspection on 6 July 2017 to check that action had been taken to comply with legal requirements.

### 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 6 July 2017. During our visit we:

## Detailed findings

- Spoke with a range of staff (GPs, GP registrars, practice nurses, practice manager, receptionists and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 14 July 2016, we rated the practice as requires improvement for providing safe services, as the arrangements for risk assessment and management were not implemented well enough to ensure patients and staff were kept safe. For example, there was no evidence of regular fire drills and although an infection control audit had taken place there was no evidence of action taken.

These arrangements had improved when we undertook a follow up inspection on 6 July 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events of which there had been six in the last ten months. We saw that staff prepared written statements of their involvement in events which were initially compiled and analysed by the practice manager and then discussed with the GP partners. Staff told us they were satisfied with their response to the recent cyber-attack when a minimum of data was lost due to swift action and clinics continued with minimum stoppage unlike many similar organisations. Staff felt this was due to good teamwork and excellent knowledge of individual patients. Lessons learnt were discussed at staff meetings which according to the minutes seen were held every four to five months.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were

discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an alert received about a patient requesting supplies of an illegal drug, staff had noted the identification details and told us they would refer any such requests to the practice manager.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection and adult safeguarding level 3.
- 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead who liaised with the community nurse lead to provide advice and staff training. There was an infection control protocol in place however this required review to make it applicable to the practice. This was amended within two working days of our inspection. Staff had received up to date training however the practice manager had not attended any training in managing the cold chain for over three years. Regular

## Are services safe?

infection control audits were undertaken and we saw evidence that following the most recent audit in November 2016 action was taken to address any improvements identified.

- The arrangements for managing medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Staff told us the list of emergency medicines kept in the practice were checked monthly and we saw that all items were in place and staff were aware of their location.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Health and safety within the building was managed by NHS Property Services. There was a health and safety policy available with a poster in the reception office 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 and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty. The practice was piloting the addition of two extra GP sessions per week from a clinician currently working at a local hospital. Patients had expressed positive feedback for this individual who would be offering additional cover whilst one of the partners took maternity leave.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult masks. Children's masks were ordered and available following the inspection. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored safely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 14 July 2016, we rated the practice as requires improvement for providing effective services. Continuous improvement activity was required to review and improve patient outcomes including full cycle clinical audit and work to improve performance measured by the Quality Outcomes Framework (QOF).

These arrangements had improved when we undertook a follow up inspection on 6 July 2017. The practice is now rated as good for providing effective services.

### 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 85% of the total number of points available which was lower than the national average of 95%. Clinical exception reporting of 7% was below the clinical commissioning group (CCG) average (10%) and the national average (10%). 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.

Practice staff shared unvalidated QOF results for 2016/17 which showed that 94% of the total number of points available had been achieved.

- The percentage of patients with diabetes in 2015/16 in whom the last blood pressure reading was 150/90 mmHg or less was 78%, compared to the CCG average of 88% and national average of 88%. Unvalidated figures for 2016/17 showed the practice achieved 85%.
- Performance for mental health related indicators were better than average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 93% compared with the CCG average of 88% and the national average of 89%. This had risen to 96% in 2016/17 (unvalidated figures).

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years. These were two-cycle audits which had identified areas that needed improvement and action had been taken in response.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example an audit of patients receiving diabetic foot checks had been undertaken. Staff at the practice attended specialist foot check training to carry out the checks in-house. QOF results in 2015/16 of 81% had improved to 91% in 2016/17.

### 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. This 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. The practice nurses attended regular updates on respiratory disease and diabetes. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Staff received online training that included: safeguarding, fire safety awareness, moving and handling, health and safety, equality and diversity, basic life support and confidentiality. Staff had access to and made use of e-learning training modules and in-house training. All staff had undertaken training on dementia and reception staff were trained as chaperones.

### 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.

- 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 professionals 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. Meetings took place with other health care professionals on a six-weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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 assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service. Patients were also referred to Exercise on Prescription for help with their exercise regime.

The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 82% and the national average of 81%. In response to this the practice had initiated a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were concerns about young people failing to attend cervical screening appointments so practice staff were targeting 24 year old females with postcards and texts in preparation for their screening appointments at 25 years. There were 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.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening. A total of 49% of patients aged between 60 and 69 years had attended screening for bowel cancer in the last 30 months compared with the CCG average of 54% and national average of 56%. A total of 69% of females aged 50-70 years had attended breast screening in the last 36 months compared with the CCG average of 71% and the national average of 72%. The practice was aware of the need to encourage attendance for screening and we saw promotional material in the waiting room to encourage this. Practice staff told us they encouraged attendance when they saw patients at consultations for other conditions.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were below average comparable to CCG and national averages. For example, there was 64% uptake for one year olds and 86% for two year olds against a national average of 91% in 2015/16.

.Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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

At our previous inspection on 14 July 2016, we rated the practice as good for providing caring services. The service is still rated good for providing caring services.

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The 44 Care Quality Commission comment cards we received from patients were all 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. They 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.

Comment cards also highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with one member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey 2017 also showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients we spoke with 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the national average of 97%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. One member of the practice staff spoke languages used by the local community, interpreters were booked in advance for consultations and staff used a computer based programme for on the spot translation

## Are services caring?

- Information leaflets were available in an easy read format.
- There were alerts on the records of patients who were vulnerable and had communication difficulties which meant that staff could plan ahead for their consultation and use methods most appropriate to their needs. Sign language interpreters were available for patients with a hearing impairment.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients as carers (3.8% of the practice list). Written information was available in the waiting room to direct carers to the various avenues of support available to them including Carers Link and Age UK. Carers were given packs of material with useful advice and information and were offered health checks and vaccination against influenza.

Staff told us that if families had suffered bereavement, one of the GPs 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 or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 14 July 2016, we rated the practice as good for providing responsive services. The service is still rated good for providing responsive services.

### 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.

- Early morning appointments were available from 8am Monday to Friday. There were also evening appointments up to 6.30pm every day. This benefited working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The GP community matron visited older patients and those with multiple and complex health needs. Where appropriate the emphasis was to allow the patient to remain in their own home. This management of health and social needs was aimed at preventing the need for secondary care services whilst demonstrating safe clinical decision making with expert care. This included assessment of nutritional needs and risk of falls. A Christmas Presents for the Elderly scheme had been running since 2015 which was led by the GP community matron and now included residents of care homes and all older patients who were socially isolated
- Same day appointments were available for most appointments but in particular for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. There were disabled facilities and a hearing loop.
- The practice had produced a leaflet on the use of reliever inhalers which included answers to frequently asked questions.
- Patients could access spirometry and minor surgery at other practices within the health centre.

- Staff told us they wanted to continue to improve access to appointments. The CQC comment cards demonstrated only two patients referred to problems accessing pre-bookable appointments. All patients reported good access to urgent appointments.
- The practice served several nursing homes including looking after patients living with dementia. The GPs provided designated ward rounds each week to see patients in their own home and support staff in their care.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 11.30am and 3pm to 6pm Monday to Friday. In addition there were pre-bookable appointments that could be booked up to four weeks in advance and urgent appointments were 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 better than national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 71%.

The practice were ambitious to continue to make improvements to access and had produced an action plan following this survey. The plan included the promotion of online booking; patients now received text messages to remind them of their appointment and could access the local blood testing service during the evening. The practice recognised the need for later appointments with the practice nurse and, therefore, as from 1st June 2016, nurse clinics were extended for one hour at the end of the day to accommodate people unable to attend for new patient checks, reviews and bloods tests.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- 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 within the patient information leaflet and on posters on display.

We looked at five written and verbal complaints received in the last 16 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints discussed comprehensively at staff meetings.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 14 July 2016, we rated the practice as good for providing well-led services. The service is still rated good for providing well-led services.

### 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 and vision which was displayed in the waiting area.

### Governance arrangements

The practice 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. Staff had lead roles such as GP leads for safeguarding, end of life care, cancer and dementia. There were also practice nurse leads for respiratory disease and diabetes, and the practice manager led on infection prevention, information governance and complaints management.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and discussed at management meetings.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology as appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held team meetings. There was a partners meeting with the practice manager when needed. We saw minutes of the last meeting in May 2017 when QOF (the Quality and Outcomes Framework), Local Improvement Scheme targets, complaints and serious events were reviewed. Staff meetings were held every 4 to 5 months, and staff attended neighbourhood team meetings with health and social services staff every two months. A nursing meeting had been recently introduced. Staff told us that more team meetings would enhance communication and allow significant events to be discussed soon after they had occurred. Nursing staff had requested a regular clinical meeting to discuss events and share good practice.
- 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 and supported in doing so.
- 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.

### 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.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients and through surveys and complaints received. The patient participation group (PPG) had a small number of members and both the group and the practice management team were organising a relaunch via a coffee morning to recruit more members. PPG members were aware that their contribution could be strengthened in terms of wider representation of the community and more regular meetings so that the patient voice could be heard.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in improving how the practice was run.

## Continuous improvement

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

- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as the cancer local improvement scheme (to improve outcomes for patients experiencing cancer).
- The practice was part of a developing federation of GPs in Great Harwood to consider sharing resources and develop more shared services.
- The GPs and practice manager attended CCG meetings and one of the GPs sat on the CCG executive committee.
- Staff engaged with the CCG neighbourhood manager, data quality team and medicines management team to monitor and improve the quality of care and prescribing.