

# Dr A Calow's Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



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?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A Calow's Practice on 16 August 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, this system was not consistently followed.
- Appropriate learning was implemented following any investigation into significant events.
- Some risks to patients were assessed and 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. Evidence showed the practice responded quickly to issues raised.
- Patients mostly said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

# Summary of findings

- The practice had implemented measures to streamline patient access. For example, there was an effective telephone triage system in place and the practice was able to demonstrate to us that 69% of patients accessing the triage system were contacted by telephone by a GP in under 30 minutes, and 91% in under an hour.

The areas where the provider must make improvement are:

- Ensure all staff, including the safeguarding lead, have received training appropriate to their role in relation to safeguarding children and adults.
- Ensure appropriate medical indemnity insurance cover is in place for staff.

In addition, the provider should:

- Newly implemented systems around clinicians' professional registrations should be embedded into practice's recruitment and employment process.

- Implement a consistent approach to documenting significant event analysis.
- Improve documentation to provide a clear audit trail of information flow within the practice, such as meeting minutes and actions taken on receipt of safety alerts.
- Monitor the effectiveness of any improvements made via audit and implement the new audit calendar.
- Continue efforts to establish an active patient participation group.
- Document timescales for completion of action plans produced as a result of infection prevention and control audits.
- Documented risk assessments should demonstrate the risk of legionella has been considered.

**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 a system in place for reporting and recording significant events, although documentation held around significant event analyses was not consistent.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and an appropriate apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- While staff demonstrated they were aware of their responsibilities in relation to safeguarding, not all had received training appropriate for their roles.
- Risks to patients were mostly assessed and well managed, although there was a lack of documentation to demonstrate the risk of legionella had been considered (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- At the time of inspection there was not a thorough system in place for ensuring clinicians maintained the appropriate professional registrations. The professional registration of one of the practice nurses had lapsed, meaning they were unable to carry out clinical duties until it was renewed.
- The practice confirmed to us that appropriate indemnity insurance cover was not in place for one of the two nurses. We were told cover was in place for the other nurse, however, we were not shown documentation to evidence this.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

# Summary of findings

- Clinical audits were not routinely completed to include a second cycle in order to monitor improvements made were effective. However, in recognition of this the practice had implemented an audit diary in order to ensure second cycle audits were completed in the future.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

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 to secure improvements to services where these were identified.
- Patients we spoke to said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- In order to improve access for patients, the practice had implemented a clinician led telephone triage system. There was dedicated GP time each morning for a GP to triage patients for acute appointments.

Good



# Summary of findings

- The practice had a text messaging system whereby patients received a text message reminder for their appointments as well as notifications such as when to contact the practice to be informed of test results.

## Are services well-led?

The practice is rated as requires improvement 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 supported by management.
- The practice had a number of policies and procedures to govern activity. Some of these did not fully reflect practice, for example the infection prevention and control policy.
- There were elements of an overarching governance framework which went some way to support the delivery of the strategy and good quality care, although there were some gaps.
- Effective systems and processes to monitor requirements such as clinician's professional registration and indemnity cover were not fully developed.
- While there were arrangements to monitor and improve quality and identify risk, these arrangements were not comprehensive.
- 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 sought feedback from staff and patients, which it acted on. However, there was not a patient participation group at the time of inspection.
- There was a focus on continuous learning and improvement at all levels.
- We saw that regular meetings were held, although the minutes of these meetings did not always contain sufficient detail to provide an audit trail of what information had been given to whom.

**Requires improvement**



# 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 requires improvement for providing a safe and well led service. The issues identified affect all patients including this population group. There were, however, examples of good practice.

- 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 offered annual health checks to those patients over the age of 75. Out of a total of 497 patients, 420 of these had accessed this health check in the previous 12 months.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing a safe and well led service. The issues identified affect all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was either higher than or in line with the local and national averages.
- Diabetic patients were referred to training courses to encourage them to self-manage their condition.
- 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.
- The practice had supported a member of the reception team to train as a phlebotomist so blood samples could be taken in house.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for providing a safe and well led service. The issues identified affect all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%.
- 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. Monthly meetings were held with health visitors to facilitate joint discussion of patients and information sharing.

Requires improvement



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

The practice is rated as requires improvement for providing a safe and well led service. The issues identified affect all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing a safe and well led service. The issues identified affect all patients including this population group. There were, however, examples of good practice.

Requires improvement





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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)

The practice is rated as requires improvement for providing a safe and well led service. The issues identified affect all patients including this population group. There were, however, examples of good practice.

- 96% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local and national averages.
- Performance for other mental health related indicators was higher than the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One of the GPs carried out 'virtual' ward rounds twice a year to review the needs of patients resident in a local specialist hospital for patients experiencing difficulties with their mental health. All of these patients were registered at the practice.

**Requires improvement**



# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing either above or in line with local and national averages. A total of 268 survey forms were distributed and 109 were returned. This was a response rate of 41% and represented approximately 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and national average of 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 which were all positive about the standard of care received. Many of the cards made reference to specific staff members to praise the caring service offered. However, as well as making positive comments about the service provided, six of the cards raised concerns around issues such as the speed at which patients were able to get an appointment, appointments running late and the manner of some staff.

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. One patient made reference to appointments not running to time, but also commented that this was not a problem as they knew they would be given the time they needed in their own consultation when they were seen.

The practice provided us with the previous ten months' Friends and Family Test feedback which demonstrated that 94.5% of patients who responded said they would be likely or extremely likely to recommend the practice to their friends and family members.

## Areas for improvement

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

The areas where the provider must make improvement are:

- Ensure all staff, including the safeguarding lead, have received training appropriate to their role in relation to safeguarding children and adults.
- Ensure appropriate medical indemnity insurance cover is in place for staff.

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

In addition, the provider should:

- Newly implemented systems around clinicians' professional registrations should be embedded into practice's recruitment and employment process.

- Implement a consistent approach to documenting significant event analysis.
- Improve documentation to provide a clear audit trail of information flow within the practice, such as meeting minutes and actions taken on receipt of safety alerts.
- Monitor the effectiveness of any improvements made via audit and implement the new audit calendar.
- Continue efforts to establish an active patient participation group.
- Document timescales for completion of action plans produced as a result of infection prevention and control audits.

# Summary of findings

- Documented risk assessments should demonstrate the risk of legionella has been considered.

## Outstanding practice

We saw one area of outstanding practice:

- The practice had implemented measures to streamline patient access. For example, there was an effective telephone triage system in place and the practice was

able to demonstrate to us that 69% of patients accessing the triage system were contacted by telephone by a GP in under 30 minutes, and 91% in under an hour.

# Dr A Calow's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Dr A Calow's Practice

Dr A Calow's Practice, also known as Redlam Surgery is situated in the west of Blackburn and occupies two adjoining converted and extended terraced residential properties. There is an entry ramp to facilitate access for those with mobility difficulties and a small number of parking spaces are available, including a designated disabled parking space outside the practice entrance.

The practice delivers primary medical services to a patient population of approximately 5000 patients under a Personal Medical Services (PMS) contract with NHS England. It is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). The average life expectancy of the practice population is in line with the local average and slightly below the national average for males (76 years, as opposed to 79 years nationally). The female life expectancy of 81 years of age is higher than the CCG average (80 years), but lower than the national average of 83 years. The practice's patient population has a higher proportion of older people, for example 20.1% are over the age of 65 (CCG average being 14.1% and national average 17.1%), 9.9% are over the age of 75 (CCG average 6.2%, national average 7.8%) and 2.9% are older than 85 (CCG

average 1.7%, national average 2.3%). The proportion of the practice's patients with a long standing health condition is 47.6%, compared to the local average of 55.6% and national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by three GP partners (one male and two female) and a male locum GP. In addition there are two practice nurses. Clinical staff are supported by a practice manager and a team of administration and reception staff. One of the receptionists has been trained in phlebotomy.

The practice is a teaching and training practice, taking both medical students and trainee GPs.

The practice is open between 8am and 6.30pm Monday to Friday, with appointments available between 9am and 11.30am each morning, and between 3.30pm and 6pm in the afternoons. Extended hours appointments are available on Monday evenings until 7pm.

Outside normal surgery hours, patients are advised to contact the out of hour's service, offered locally by the provider East Lancashire Medical Services.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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 16 August 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice nurses, practice manager as well as reception and administrative staff and 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 a system in place for reporting and recording significant events, although we saw that documentation was not consistently maintained. This made trend analysis and review of the effectiveness of any actions taken difficult.

- Staff told us they would inform either the practice manager or one of the GPs of any incidents and the record and analysis of the event would be written up.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, an appropriate 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were learned and action was taken to improve safety in the practice. For example, following an incident involving anticoagulant medication (medication that helps prevent blood clots), we saw that the practice had taken thorough steps to improve processes around the management of this medicine. This medication was changed to an acute item, meaning that only prescribing clinicians could issue prescriptions for it. A template was devised on the practice's record system to facilitate the gathering of relevant information from patients and ensure that the medicine was being prescribed safely. We saw that relevant patients had been written to in order to notify them of the changes to the practice's procedures when issuing these prescriptions. However, feedback to staff around the outcome of this significant event was informal in nature and there was no documented audit trail of who had been informed in the practice.

We were shown an example of staff meeting minutes demonstrating that learning from other significant events had been shared. However, in this case the significant event had not been formally written up and filed with other significant events documented in the practice. We did see that it was documented in the specific patient record.

### Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, although there were some gaps:

- 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. The lead GP was the safeguarding lead for the practice. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults internally. This training had been delivered by one of the GP partners. We saw evidence that the GP who delivered this training to the staff had been trained to child protection or child safeguarding level 3, as well as having completed appropriate safeguarding adult training. The GP identified as the safeguarding lead for the practice had completed safeguarding children level two training in 2014, but had not completed the required level 3 training in this area. We requested that the practice provide us with evidence of the other GP partner's level of safeguarding training, but this evidence was not available on the day of the visit.
- 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 lead GP was named in the infection control policy as the clinical lead, but the practice nurses shared responsibility for practical activities related to this role. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw that the most recently completed audit in June 2016 had resulted in some actions to be completed, for example it had noted the need for bins to

# Are services safe?

be replaced with pedal bins to reduce risk. At the time of the inspection, the practice manager told us the actions identified had not been addressed, and the action plan did not note a timescale for completion.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 CCG 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 mostly been undertaken prior to employment. For example, proof of identification, qualifications, and the appropriate checks through the Disclosure and Barring Service. References had been sought to verify an applicant's previous employment status. In some cases this reference was verbal. Not all of these verbal references had been documented, and in the cases where they had, it was not always clear when they had been provided or who they had been taken by. Interview notes were not available for the most recently recruited member of staff.
- The practice informed us the week prior to the inspection visit that the professional registration of one of the practice nurses with the Nursing and Midwifery Council (NMC) had lapsed at the end of July. The practice had stopped this nurse from carrying out clinical duties until the registration was reinstated. The practice manager told us that a new system was being put in place with calendar reminders to ensure the practice sought appropriate assurances from staff that necessary professional registrations were in place. We were told during the visit that the practice had made an assumption that the practice nurse's Royal College of Nursing (RCN) membership provided appropriate medical indemnity cover for the work carried out in the practice. After contacting the RCN during our inspection the practice confirmed that this in fact was not the case and that indemnity cover was not in place for one of the

practice nurses. While we were told that appropriate indemnity cover was in place for the other nurse, evidence of this cover was not available during the inspection.

## Monitoring risks to patients

Risks to patients were mostly assessed and well managed, although there were some gaps.

- 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 displayed in the premises 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. Staff at the practice were asked to complete a risk assessment for their work stations each year, and we saw that action was taken to address any issues raised. However, the practice did not hold documentation to demonstrate the risk of legionella had been considered (legionella is a term for a particular bacterium which can contaminate water systems in buildings). While there was an up to date electrical installation safety certificate available to view during the inspection, evidence of a gas safety certificate was not. The practice took immediate action to address this and provided an appropriate gas safety certificate to the inspection team two days after the visit.
- 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.

## 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 and there were emergency medicines available in the treatment room.

## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 and external contractors and suppliers, as well as identifying appropriate alternative accommodation for the practice should the premises become unusable.



# 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 patients' needs.
- The practice monitored that these guidelines were followed through audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with an exception reporting rate of 12.5% for the clinical domains (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 2014/15 showed:

- Performance for diabetes related indicators was either higher than or in line with the local and national averages. For example:
  - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 85% compared to the clinical commissioning group (CCG) and national averages of 78%.
  - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 79%, compared to the CCG average of 81% and national average of 78%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 86% compared to the CCG average of 85% and national average of 81%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 98% compared to the CCG average of 97% and national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 98% compared to the CCG average of 93% and national average of 88%.
- Performance for mental health related indicators was higher than the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100% compared to the CCG average of 92% and national average of 88%.
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to the CCG average of 93% and national average of 90%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 96% compared to the CCG average of 88% and national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 85% compared to the CCG average of 85% and national average of 84%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 89%, compared to the CCG average of 79% and national average of 75%.

# Are services effective?

## (for example, treatment is effective)

There was some evidence of quality improvement including clinical audit, although the GPs acknowledged that full cycle audits were not routinely completed. They told us how they planned to address this by implementing an audit calendar to ensure quality improvement work was re-visited to ensure improvements made were monitored.

- The practice shared two clinical audits undertaken in the last two years with the inspection team, one of these was a completed audit cycle where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the findings of an audit around palliative care had highlighted the need for increased completion of the Gold Standard Framework template in the patient record in order to ensure all relevant information was recorded effectively.

Information about patients' outcomes was used to make improvements such as changing the processes around management of anticoagulant medication in order to ensure it was being prescribed as safely as possible.

### 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 fire safety and other emergency procedures and health and safety.
- 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 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 demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 monthly 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 or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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. Patients were signposted to the relevant service.
- A smoking cessation advice clinic was available on site each week.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were slightly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.5% to 98.3% and five year olds from 84.7% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 as well as health checks for those over the age of 75 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. While many singled out staff to praise the care offered, four of the cards, in addition to positive comments, did highlight concerns around the manner of some staff.

We spoke with four patients during the visit. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Many of the comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was either above or broadly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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. Most patient feedback from the comment cards we received was also positive and aligned with these views, although two cards did refer to not always being clear about healthcare advice received.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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.
- Information leaflets were available in easy read format.

## Are services caring?

### **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 121 patients as carers (2.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they were offered a patient consultation at a flexible time and location to meet the family's needs and they were given advice on how to find a support service if necessary.

# 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 on a Monday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Some consultation and treatment rooms were on the building's first floor, accessible via a steep staircase. Staff told us they would accommodate the needs of patients with mobility difficulties by ensuring their appointments were booked in ground floor rooms.
- The practice offered a range of online services, such as booking appointments and ordering repeat prescriptions.
- In order to improve access for patients, the practice had implemented a clinician led telephone triage system. There was dedicated GP time each morning for a GP to triage patients for acute appointments. The practice showed us data that demonstrated over the previous 12 months, 69% of all patients triaged over the telephone had received a call back from a GP within 30 minutes of making the initial call to the practice, with a further 22% of patients being called back in under an hour.
- The practice had a text messaging system, whereby patients would receive a text message reminder for their appointments as well as notifications such as when to contact the practice to be informed of test results.
- The GPs told us they were aware patients sometimes had to wait beyond their allocated appointment time to

be seen. In order to address this, they told us they planned to move from the current ten minute appointment slots to 15 minute appointments. At the time of the inspection visit a timeframe had not been set as to when this would be done.

- The lead GP was the named doctor for all 30 patients resident in a local hospital caring for patients with mental health issues, and carried out twice yearly 'virtual' ward rounds by meeting with the hospital's psychiatrist, in addition to attending the hospital to visit patients when necessary.
- The practice had supported a member of the reception team to train as a phlebotomist so blood samples could be taken in house.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with appointments available between 9am and 11.30am each morning, and between 3.30pm and 6pm in the afternoons. Extended hours appointments were available on Monday evenings until 7pm.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. On the day of the inspection visit, we saw that the next available pre-bookable routine appointment was in three days' time. Urgent appointments were still available on the day of the inspection.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was either in line with or above local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.
- 85% of patients said the last time they wanted to see or speak to a GP or nurse at the practice they were able to get an appointment, compared to the CCG average of 85% and national average of 85%.
- 66% of patients said they usually saw or spoke to the GP they preferred, compared to the CCG average of 61% and national average of 59%.

# Are services responsive to people's needs?

(for example, to feedback?)

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.

Practice staff were aware of how to access the local acute visiting service should a home visit request be made while the GPs were in surgery. 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 a system in place for handling complaints and concerns.

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

- We saw that information was available to help patients understand the complaints system, such as a complaints leaflet available on reception.

The practice had received five complaints in the previous 12 months. We looked at two of these complaints in detail and found they were satisfactorily handled, dealt with in a timely way, with openness and transparency. In one case, we saw telephone conversations with patients relating to their complaint were well documented, but this was not the case in the other complaint we looked at. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff were reminded to check patients had requested all required medication before passing the prescription request through to the GP for authorisation. There was not always a clear audit trail documenting how staff were given feedback regarding the learning outcomes from complaints. We also noted that while the complaints leaflet available from reception signposted patients to organisations such as the Parliamentary Health Service Ombudsman, where patients could pursue their complaints further should they be unhappy with the outcome, the practice's written responses to complaints did not contain this information.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The staff knew and understood the values of the practice and were able to discuss with us a vision that aligned with that told to us by the partners.
- The practice had a strategy and plans to move forward which reflected the vision and values. The practice were pursuing plans to develop a new premises which once completed would be shared with other local GP practices and give rise to the possibility of closer working relationships.

### Governance arrangements

The practice had elements of an overarching governance framework in place which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, not all of these appropriately reflected the work undertaken in the practice. For example, the infection prevention and control (IPC) policy stated that regular IPC audits would be undertaken every two months. The practice manager confirmed that this was not the case.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was in the process of being implemented. The partners were aware that prior to the inspection clinical audits had not been routinely completed to include a second audit cycle.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were some gaps, for example documentation was not held to demonstrate the risk of legionella had been considered and not all staff had completed safeguarding training to the level required for their role.

- An effective system to monitor the professional registration and indemnity status of clinical staff was not in place, although management staff were able to describe how they had learned from recent events and discussed how they would improve these systems.

### Leadership and culture

The partners 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). The partners encouraged a culture of openness and honesty. We saw that when things went wrong with care and treatment:

- The practice gave affected people support, truthful information and a verbal and written apology.
- The practice did not consistently maintain written records of verbal interactions as well as written correspondence, for example when following up patient complaints.

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

- Staff told us the practice held regular team meetings. We saw minutes of these meetings. However, the minutes did not include details of who attended the meeting, meaning there was not a clear audit trail of what information had been given to whom.
- 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



# Are services well-led?

Requires improvement 

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

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

- The practice had attempted to gather feedback from patients through a patient participation group (PPG) and through surveys and complaints received. The PPG was not currently active. The practice manager told us how a meeting with prospective PPG members had been arranged in July, but that no patients had turned up.
- The practice had carried out patient surveys. We were told that feedback from patients has highlighted dissatisfaction with having to travel to the hospital for treatment room services such as phlebotomy. The practice had responded to this feedback by supporting a member of the reception team to train as a phlebotomist so that this service could be offered in house.
- The practice had gathered feedback from staff through a trial staff survey (given to two staff members) and

generally 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 to improve 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. The GPs informed us they were the first practice in Blackburn to implement a telephone triage system. We saw that the practice received positive feedback from its GP trainees. Staff were supported to attend training and courses to improve their career prospects. A member of the administration team was undertaking training in practice management and one of the reception team had been trained as a phlebotomist.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance
Maternity and midwifery services	
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b>  Systems and processes in place to manage staff training had not been sufficient to ensure all staff had received safeguarding training appropriate for their role.  There were insufficient systems and processes in place to ensure all clinical staff had appropriate medical indemnity cover in place.  This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014