

Dr Gladstone Bello

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Gladstone Bello's Surgery on 14 June 2016. Overall the practice is 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 a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was 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.

The areas where the provider should make improvement are:

- Review the threshold of events which are reported as significant events to ensure that all opportunities for shared learning are maximised
- Introduce a system to update patient medical records with relevant information following multi-disciplinary review meetings.
- Conduct a risk assessment on provision of emergency drugs.

Summary of findings

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 good for providing safe services.

Good



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, although we noted there were limited emergency drugs available on the premises and no risk assessment had been conducted.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed most patient outcomes were at or above average for the locality and compared to the national average.
- For example, 90% of patients with hypertension had a recent blood pressure test which was within a normal range, higher than the national average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 89% said that the last GP they saw was good at treating them with care and concern, higher than the national average of 85%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 4% of patients on the register who were carers and offered them health checks and influenza immunisation.
- The practice had no bereavement policy in place, although the practice gave examples of additional care being given to bereaved patients to the inspection team.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. This included introducing a community matron for over 75 year old patients.
- The practice nurse worked as community matron for patients aged over 75 years old for the practice and two other practices. This was a CCG funded initiative to improve health care for older patients in East Lancashire.
- Patients 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.
- Patients could access appointments and services in a way and at a time that suited them. The practice was open until 8pm on Tuesdays and Thursdays and also on Saturday mornings.
- 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.

Good



Summary of findings

Are services well-led?

Good



- 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 and held regular governance meetings.
- 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 was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified that 15% of the patient population was over 66 years old and the community matron provided additional care for patients aged 75 and over, coordinating care and making referrals to partners including local and national charitable organisations and social services where appropriate.
- The practice discussed anecdotal evidence that this role was having a positive impact on the care for this patient group, although data was not yet available to demonstrate the impact of this role.
- Housebound patients were offered regular reviews in their own home.
- Figures from the Quality and Outcomes Framework for 2015-2016 shared by the practice with the inspection team showed that 76% of patients aged over 65 had received a flu immunisation and 81% a pneumonia vaccination, although these figures had not been validated nationally at the time of our visit.

People with long term conditions

Good



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

- The practice nurse lead in chronic disease management and worked closely with the GP. Patients at risk of hospital admission were identified as a priority.
- The practice achieved higher than average outcomes for all five diabetes indicators. For example, 87% of patients with diabetes had a recent blood sugar test result which was within a normal range, compared with the national average of 77%.
- 94% of patients with chronic obstructive pulmonary disease (COPD, a lung condition) had a full review undertaken in the previous 12 months, higher than the national average of 90%.

Summary of findings

- Longer appointments and home visits were available when needed.
- All patients had a named GP and those with long term conditions were offered 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 and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. We noted that some childhood immunisations for under 24 months olds were very low, compared to the clinical commission group (CCG) averages. The practice was aware of this and explained there had been an error in CCG wide data. The practice manager provided recent data showing that over 95% of two year old children were currently fully immunised and the CCG was working to resolve a data quality issue. Immunisation rates for five year olds were in line with CCG averages.
- 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.
- 86% of eligible women had a cervical screening test recorded in their notes in the preceding 3 years, above 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.

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.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Since the introduction of electronic prescription services (EPS) in the local area, the practice had processed one or more prescriptions for 2,100 patients through EPS. This equated to 82% of the practice population.
- The practice currently offered evening appointments on Tuesdays and Thursdays as well as additional Saturday morning surgeries.
- The practice provided emergency contraception where requested and referred patients to local family planning services where appropriate.

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 those with a learning disability and a range of patients living in temporary rented accommodation close to the practice.
- The practice offered longer appointments for patients with a learning disability and worked closely with the local learning disability nursing team.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people, for example the integrated neighbourhood team (INT) for patients with complex medical and social needs.
- Patients could attend a local counselling service which was held in the practice premises three days per week.
- 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.
- The practice referred patients with drug and alcohol problems to the local substance misuse support service.
- The practice offered good continuity of care, with one principal GP, one practice nurse and a working agreement with two local GPs who provided all locum GP cover within the practice.

Summary of findings

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).

- 100% 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 national average of 84%.
- 91% of patients with schizophrenia, bipolar effective disorder or other psychoses had a review in the previous 12 months, also higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice informed 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.
- Several staff had attended dementia friend training and all staff had a good understanding of how to support patients with mental health needs and dementia.
- The principal GP had prior training in psychiatry and offered early care and intervention to patients experiencing mild mental health problems.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. Of the 402 survey forms distributed 112 were returned, 28%. This represented 4.6% of the practice's patient list.

- 96% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 96% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 75%).

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

We received 29 comment cards, 28 of which were highly positive about the practice. Many cards described the reception staff as caring, friendly or polite and a number identified the GP himself for praise. One comment card said that at times they felt they were not being given adequate time or listened to but acknowledged that they were treated fairly.

We spoke with two patients and two members of the patient participation group (PPG) during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. There were 19 responses to the most recent friends and family test (FFT), all of which said they would recommend the practice. Over the last six months there had been 155 responses to the FFT, of which 152, 98% said they would definitely or probably recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the threshold of events which are reported as significant events to ensure that all opportunities for shared learning are maximised
- Introduce a system to update patient medical records with relevant information following multi-disciplinary review meetings.
- Conduct a risk assessment on provision of emergency drugs.

Dr Gladstone Bello

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Gladstone Bello

Dr Gladstone Bello, also known as Dr Bello's Surgery, is a small single handed GP surgery providing primary care services to around 2,250 patients in Accrington within East Lancashire under a general medical services (GMS) contract with NHS England. The local Clinical Commissioning Group (CCG) is East Lancashire.

The practice moved into shared premises in 2012 which is located in a residential area in Church, Accrington. The building is a former public house, which was sympathetically modernised and several original features have been incorporated into the refurbished design as a local GP surgery.

The practice team consists of a single-handed principal GP and a practice nurse who also works as the community matron, providing care for patients aged over 75 years old for the practice and two local practices. One of the senior receptionists has been supported by the practice to complete training to become a health care assistant. The clinical staff are supported by a practice manager (who has recently been appointed to manage the second practice) as well as a team of five reception and support staff.

The practice is open from 8am until 6.30pm on Mondays, Wednesday from 8am until 1pm, Tuesdays and Thursdays 8

am until 8pm as well as offering Saturday morning appointments. Dr Bello is providing additional extended hours temporarily whilst the CCG completes work to introduce a new extended hours contact locally.

On Wednesday afternoons when the practice is closed, the GP is available by mobile phone. Out of hours services are provided by East Lancashire Medical Services Ltd. The practice works closely with two other principal GPs, who cover each other for holidays and provide locum cover for each other.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). The life expectancy rate is below national and CCG averages (75 for men, 80 for women) and there are fewer under 45 year old patients than the national average, with comparatively more over 65 year olds. 15% of the practice population are 66 years old or over. East Lancashire has a higher prevalence of chronic obstructive pulmonary disease (COPD, a lung condition), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

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 14 June 2016.

During our visit we:

- Spoke with the principal GP, the practice nurse, the practice manager and reception and support staff.
- Spoke with patients who used the service and two members of the patient participation group (PPG).
- 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.

- 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 practice carried out a thorough analysis of the significant events.
- We noted that the practice had experienced an event which was not recorded as a significant event, although a formal review of this had taken place and staff had been involved in agreeing what emergency equipment was required and where it could be located to improve the response in an emergency.

The inspection noted other examples of incidents which had not been recorded as significant events and suggested the practice might wish to review the threshold for what was considered and reported as a significant event.

We reviewed safety records, incident reports national patient safety alerts and evidence of actions taken on these. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had recently introduced an annual review of complaints and significant events to ensure that all actions they identified were completed.

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

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the safeguarding lead and attended safeguarding meetings when possible and

always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP and practice nurse were trained to Safeguarding level 3. The practice manager had liaised with the health visitors who attended the practice weekly but had not been to recent practice meetings to ensure that effective communication with health visitors was maintained.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead and attended the local practice nursing forum to keep up to date. There was an IPC protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical

Are services safe?

screening programme and the practice followed up women who were referred as a result of abnormal results. The practice nurse had completed an audit on these in 2015 and implemented improvements to reduce the inadequate sample rate with the GP and practice manager.

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. There was a health and safety policy available and the practice manager was the health and safety representative. 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 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. The practice had arranged cover for sickness and maternity leave appropriately.
- We noted that the practice systems for prescribing high risk drugs ensured that the GP always checked recent test results prior to issuing prescriptions. The principal GP was the locality lead for medicines management and

we saw evidence which demonstrated that performance in prescribing medication which can lead to complications was better than local and national averages.

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. This had been reviewed following a significant event to ensure the right staff were alerted.
- All staff received annual basic life support training and there were minimal emergency medicines available in the treatment room. We discussed with the GP the need to conduct a risk assessment to support his decision not to keep a wider range of emergency drugs.
- 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 accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However there was no risk assessment on the provision of emergency drugs, which were minimal.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- 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 100% of the total number of points available, 10% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for all five diabetes related indicators was better than the national averages. For example, 87% of patients had a recent blood sugar test which was within a normal range, compared to the national average of 78%.
- 97% of patients with diabetes had an influenza immunisation during the preceding flu season, which was above the national average of 94%.
- The percentage of patients with hypertension who had a recent blood test which was within a normal range was 90%, above the national average of 84%.
- Performance for mental health related indicators was also better than national averages. 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan in the last 12 months, compared with the national average of 88%.

- 100% of patients with dementia had their care plan reviewed in the last 12 months, which was also higher than the national average of 84%.

The practice informed the inspection team that QOF results for 2015-2016 were also high, although these had not yet been validated at the time of our inspection.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, three of these were three-cycle audits, first undertaken in 2013 where the improvements made were implemented and monitored.
- The audits included: treatment of patients with acne; patients prescribed anti-platelet medication; patients with urinary tract infections; the treatment of patients with hypertension and cervical screening. Improvements made included improving treatment and prescribing for patients with hypertension and those on anti-platelet medication.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. This included local peer reviews of prescribing and working with the CCG medicines management team to consistently improve local prescribing.
- The practice had also hosted a pilot of a new software programme which identified potential risks relating to prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, and facilitation and support for revalidation. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was supportive of staff undertaking additional development, for example a member of the reception team had trained as a phlebotomist and been supported to complete a course as a health care assistant. The practice had also supported an apprentice who had become a receptionist upon completion of the apprenticeship.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The GP and community matron worked closely with the integrated neighbourhood team (INT) to support vulnerable patients and reviewed patients when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every other month and that care plans were routinely reviewed and updated. We did note that details from meetings were not routinely recorded in patient notes, although the review itself was coded.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients aged over 75 years of age. Patients were then signposted to the relevant services. These included the local substance misuse support service, counselling services, smoking cessation services, the local health and wellbeing support team and a local charitable organisation.
- The practice's uptake for the cervical screening programme was 86%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There was a low prevalence of cancer cases, 1.1% compared with the CCG average of 2.2% and national average of 2.1%. National data showed that there was a low take-up of breast cancer screening amongst eligible women, 53% compared with the CCG average of 68% and national average of 72%.

Historical data on childhood immunisation rates for the vaccinations given was variable compared to CCG and national averages. However, the practice informed us that there had been a data quality issues which the CCG had

Are services effective? (for example, treatment is effective)

acted to resolve. Immunisation rates for the vaccinations given to five year olds were consistently higher than CCG average, ranging from 65% to 97%. The practice shared local figures for two year olds which showed that of the 26 eligible two year olds, 25 (96%) had been fully immunised and one patient (4%) still required two immunisations.

Practice data for 2015-2016 showed that 76% of over 65 year olds had received an influenza vaccination. As figures had not yet been validated no comparators were available.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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.

- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The approach of all staff was to try where possible to resolve patient queries and problems on the same day to avoid the need for patients to make a return visit to the practice.

28 of the 29 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. One comment card explained the patient did not always feel they were given adequate time and taken seriously, although they were treated fairly.

We spoke with two patients and one members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards clearly explained that staff responded compassionately when they needed help and provided support when required. Many cards used terms such as excellent, fantastic and lovely to describe the staff.

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

- 93% said the GP was good at listening to them compared to the CCG and national averages of 87%.
- 93% said the GP gave them enough time (CCG and national average 87%).

- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

The practice team kept details of occasions when they had given extra care to individual patients and shared details of these with the inspection team.

The practice had recently issued a local survey with help from members of the patient participation group (PPG) and was collating responses at the time of the inspection.

Care planning and involvement in decisions about care and treatment

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

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

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (national average 81%).

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. One member of staff was trained as a compassion champion and shared learning from this with colleagues.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers. Of these, 50% had received an influenza immunisation the preceding winter season and 47% had been offered a carers' health check. 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, the principal GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The GP was particularly aware of patients who did not have family or friends and practice staff shared cards and letters from patients who had lost loved ones, to show how they appreciated the support they had been given.

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. This included introducing the community matron who was based at Dr Bello's surgery and also acted as community matron for two other local GP practices.

- The practice currently offered extended hours on Tuesday and Thursday evenings as well as Saturday mornings for working patients who could not attend during normal opening hours.
- Some of the extended hours were an additional temporary service to support the CCG whilst they completed arrangements for an East Lancashire wide extended hours service.
- There were longer appointments available for patients with a learning disability and the practice was aware of patients who had not attended for their appointments. The GP visited one patient at home who was experiencing additional health problems and ensured additional support from the learning disability nursing team was put into place, as well as reviewing the patient's condition and treatment.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Staff were aware of patients who required additional help and support to access services, and were trained as dementia friends.

Access to the service

The practice was open between 8am and 6.30pm Monday and Friday, 8am until 1pm on Wednesdays and 8am until 8pm on Tuesdays and Thursdays. It was also currently open on Saturday mornings. The practice was offering additional extended hours whilst the CCG resolved issues around the extended hours contract. Morning

appointments were from 9am to 11am Monday to Friday. Afternoon surgeries took place Monday to Friday except Wednesdays from 4.30pm until 6pm. Extended surgery appointments were available on Tuesday and Thursday evenings from 6.30pm until 8pm and Saturday mornings from 8am until 10.30.

In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them. The Wednesday morning surgery was open access which patients could just turn up for. The practice had reviewed access to appointments with CCG support in 2015 and made increases in telephone appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 94% of patients were satisfied or fairly satisfied with the practice's opening hours compared to the national average of 78%.
- 96% patients said they could get through easily to the surgery by phone (national average 73%).
- 95% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

The patients we spoke with on the day of the inspection that they were able to get appointments when they needed them.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information was displayed in the waiting room and the complaints information leaflet was available on the practice website.
- Details of verbal complaints were recorded and reviewed with all staff, although records of verbal communication to written complaints were not consistently maintained.
- Patient compliments were also recorded and shared with all staff, and this supported a culture of reflective learning about good patient care.

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

We looked at details of complaints received in the last 12 months and found that of five recorded complaints, four had been verbal and one on behalf of a relative, which was not responded to when the practice requested patient consent to share information. Lessons were learnt from

concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice reviewed patient information and ensured that patients were aware they could not collect prescriptions when the practice was closed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice recognised that patients' needs were at the heart of everything they did.

- Staff described and understood the practice values and consistently tried to resolve issues or queries the same day to support patients and prevent the need for return visits to the practice where possible.
- The practice had a strategy and supporting improvement plans which reflected the practice values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

The practice manager had recently taken on the role of practice manager for the other surgery in the same building, and a number of staff worked to support both practices at times. Systems and processes were being

streamlined between the practices where possible, including joint practice meetings and social events. The two sole principal GPs worked positively to support each other clinically.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They did not always keep written records of verbal interactions around complaints but assured the practice they would ensure verbal interactions were recorded in future.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. The practice team went out socially and worked closely with colleagues from the practice they shared the building with.
- 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. The practice nurse described the work she had undertaken on the cytology audit and the introduction of new speculums which she hoped would lead to reductions in inadequate sample rates. Staff also described how they had all been involved in planning a new grab bag with emergency equipment following an incident which took place outside the practice that staff had responded to.

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

Are services well-led?

Good 

(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 sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly as well as a virtual group which was involved via email communication. The PPG supported the practice to carry out patient surveys and submitted proposals for improvements to the practice management team. For example, in 2015, the survey highlighted that less than 50% of patients who responded were aware of the telephone appointment system. The practice and PPG undertook a number of actions to increase the awareness of telephone access. The PPG had distributed a new patient survey prior to the inspection, and was collating the responses at the time of our visit. The practice had also begun a programme to introduce radiator covers following PPG feedback.
- Staff informed the inspection team that they felt involved and engaged to improve how the practice was run and that they would not hesitate to give feedback

and discuss any concerns or issues with colleagues and management. A member of staff described a significant event which they had shared with the team. They felt comfortable with the support they had been given and were now aware of the correct procedures to avoid such a situation in future.

Continuous improvement

In October 2015 the practice achieved the Royal College of General Practitioners Quality Practice Award. The Quality Practice Award is a standards based quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality care to their patients.

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff recognised the needs of their patients and tried to resolve issues or concerns promptly. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, this included offering additional extended hours currently, supporting the development of the community matron and working closely with the local integrated neighbourhood team.

This section is primarily information for the provider

Enforcement actions

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.