

The Cornerstone Practice

Inspection report

Shadsworth Surgery
Shadsworth Road
Blackburn
Lancashire
BB1 2HR
Tel: 01254 618018
www.cornerstonepractice.com

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December 2018
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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at The Cornerstone Practice on 5 December 2018 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall and good for all population groups.

We found that:

- There were gaps in the practice's governance arrangements resulting in risk management processes not being comprehensive, for example in respect of training oversight.
- Staff found it difficult to locate some key practice policy documents. We found some policies lacked sufficient detail to appropriately describe the process to which they related.
- The practice had systems to identify and investigate safety incidents so that they were less likely to happen again. When incidents did happen, the practice learned from them and improved their processes.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff told us of a strong team ethos at the practice and that they felt supported by the partners and management.
- The practice had implemented a programme of quality improvement work which included clinical audit. We saw examples of audit work resulting in improvements to patient outcomes.
- The practice proactively engaged with other services and stakeholders and worked to improve services available to patients locally.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Formalise methods of gaining assurance that staff working in advanced roles are doing so within their competencies.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, as well as two further CQC inspectors.

Background to The Cornerstone Practice

The Cornerstone Practice is a provider partnership registered with the CQC to undertake the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, family planning and surgical procedures. The service has a Christian foundation.

The main practice location as registered with CQC is Shadsworth Surgery (Shadsworth Road, Blackburn, BB1 2HR). The practice also has two further branch sites:

- Rhyddings Surgery (71 Union Road, Oswaldtwistle, Accrington, BB5 3DD)
- Lambeth Street Surgery (Lambeth Street, Audley, Blackburn, BB1 1LZ)

All sites have off road parking for patients and all are served by good public transport links.


The Cornerstone Practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG) and provides services to 18,447 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The age distribution of the practice's patient demographic indicates a greater proportion of younger patients live in the area when compared with local and national averages. For example, 8% of the practice


population are aged four years or younger, compared to the local average of 7% and national average of 6%, with 28% percent of the practice's population being 18 years or younger compared to 25% locally and 21% nationally. Conversely the practice caters for a lower proportion of older patients. For example the percentage of the practice's population aged over 65 years is 10.5%, compared to the local average of 14% and national average of 17%. The proportion of the practice's patients in full time education or paid work is similar to local averages but below national averages; 57% compared to the CCG average of 57% and national average of 62%. The practice caters for a higher proportion of patients with a long standing health condition (59% compared to the CCG average of 55% and national average of 54%). Life expectancy is below local and national averages for both males and females (for females; 80 years, compared to the local average of 81 and national average of 83. For males; 75 years, compared to the local average of 76 and national average of 79).

Information published by Public Health England rates the level of deprivation within the practice population group as one 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 seven GP partners (four female and three male), six salaried GPs and two long term



locum GPs. The clinical team also includes two advanced nurse practitioners, six practice nurses, three health care assistants and a clinical pharmacist. The practice's non-clinical team comprises a practice manager, quality manager and three site managers along with a team of receptionists, administrators and secretaries.



The practice is a teaching and training practice for medical students and qualified doctors on placement as part of their GP training.

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

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk. For example: There was insufficient managerial oversight of staff training for the provider to be assured all staff had completed appropriate training such as safeguarding. Risk assessments had not been documented to record the rationale for decisions around which emergency medicines to stock or staff groups not requiring DBS checks. Systems to ensure risks were managed and mitigating action completed were not thorough. Protocol and procedure documents were not always readily available for staff for key areas of their work, and some of those we did view did not consistently reflect the activity undertaken by staff. Policy documents did not always contain sufficient detail. Systems to manage documents such as PGDs were not thorough; we identified three PGDs which had expired in 2016. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>