

Padiham Group 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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Padiham Group Practice on 13 September 2016. Overall the practice is rated as good.

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

- The practice used innovative and proactive methods to improve patient outcomes, this included developing a community interest company project which ran from 2011 to 2015 called the Green Dreams Project which provided local, community-based solutions in East Lancashire to unemployment, isolation and reduced quality of life.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Many risks to patients were assessed and managed. However we found systems and processes to fully support risk management were not consistently in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There were gaps in training records which did not consistently ensure all staff had knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- Despite ongoing building work, 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 in the development of a local community interest company:

The practice, in particular the lead GP, had led and developed the community interest company the Green Dreams Project to improve support for patient wellbeing. This recognised that some health issues are affected by social situations and set in place support to help people identify their strengths and overcome problems including social isolation, employment and community engagement. Between 2011 and 2015, this service received funding from East Lancashire Primary Care Trust, later East Lancashire Clinical Commissioning Group (CCG) and the University of Central Lancashire undertook an evaluation of the impact of the project. The success led to the service being rolled out throughout East Lancashire to 20 GP surgeries in seven towns. The service received 1,000 referrals annually for wellbeing support.

Although the funding for the Green Dreams Project ended in December 2015 when a new well-being service was commissioned by Lancashire County Council, the practice remained committed to developing a social prescribing model for the local area and also working with partners to develop new local services for patients.

The Green Dreams Project also developed the local community nursing team which provided advanced practitioner nursing for 17 practices in the Burnley locality and took the lead in the development of the local integrated neighbourhood team which brought together health and social care professionals to ensure the most complex patients were given appropriate health and social care support. This advanced practitioner nursing team continued to provide services with funding from the CCG.

The areas where the provider must make improvement are:

- The practice must ensure that all potential risks to patients and staff are adequately assessed and appropriate systems put in place to manage risks.
- The practice must ensure that vaccine storage fridge temperatures are checked and recorded on a daily basis and that staff checking fridges are adequately trained and aware of the regulations for vaccine storage.
- The practice must complete actions to ensure safeguarding is prioritised to include standardising coding for safeguarding concerns, maintaining accurate safeguarding registers, regular liaison with health visitors and appropriate safeguarding training for all staff.
- Improve the recording and monitoring of staff training to demonstrate that all staff are in date with mandatory training and specialist skills training.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared between clinical staff to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However evidence was not available to demonstrate all staff had received appropriate safeguarding training and the could not provide a safeguarding register during the inspection.
- Whilst many risks to patients were assessed and well managed, some checks had not been undertaken such as legionella risk assessment and monitoring of cleaning.
- Although patient group directions were available electronically, they had not been signed by an authorising manager or the staff administering vaccines
- The last recorded gas safety check was 2013, the practice had a check carried out the day following the inspection.
- Blank prescriptions were stored safely and recorded when issued, but there was no record of incoming prescription pads. The practice implemented a system during the inspection.
- Training records did not show staff had completed mandatory training modules such as infection prevention and control; information governance; health and safety and safeguarding in line with requirements.
- The practice did not hold personnel records for employed GPs.
- Standard level disclosure and barring service checks (DBS check, required by law for certain professions working with vulnerable people) had been obtained for practice nurses despite a local risk assessment which said enhanced DBS checks would be sought for nurses. The practice applied for enhanced checks for nurses immediately following the inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- The practice was a reflective learning practice with a focus on consistently improving patient outcomes.
- 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.
- Clinical audits demonstrated quality improvement.
- Although there was evidence of appraisals and personal development plans for non-clinical staff and nurses, in-house training and appraisal systems had not been extended to employed GPs.
- 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.

- Patients we spoke with praised the practice for the care they had provided following the flooding of the practice building in 2015, telling us appointments had continued to be available despite the ground floor being out of use.
- Data from the national GP patient survey showed patients rated the practice higher than others for several 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.
- The practice had identified 186 patients who were carers, which equated to 1.5% of the practice population.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice identified local needs and worked collaboratively with other organisations and with the local community to introduce new services and plan improvements to patient care.
- The registered manager was aware of the impact social prescribing could make on patient outcomes and had set up the Green Dreams Project community interest group in 2011. This was extended to 20 GP surgeries in East Lancashire and received 1,000 referral a year until December 2015.

Good



Summary of findings

- A range of the local projects such as a bingo group, knitter natter and allotments continued after the funding for this project ceased.
- The practice reviewed available data and consistently used audit and data analysis to inform improvement projects for patients. For example, a diabetes team had been set up and had agreed to implement a joint doctor and nurse diabetes clinic to support patients with complex diabetes care needs.
- 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.
- 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.
- The practice had reviewed the appointment system in 2015, and introduced a split between routine pre-bookable appointments and urgent on the day access. This was reviewed regularly to ensure patients were able to access care when the required it.
- The practice had set up a virtual and face to face patient participation group (PPG) in 2015. The initial meetings made a range of suggestions to improve patient care which had been carried out promptly by the practice.
- The practice had led in the development of a new consortium with two local practices and the local hospital trust. There was a focus on improving outcomes for local patients through more collaborative working, shared learning and sharing services such as training, minor surgery and community social work.
- The practice worked closely with the local GP community matrons and the advanced nurse practitioners provided by the Green Dreams nursing team which supported 17 practices in Burnley. This team visited nursing and care homes in the local area.
- The Green Dreams Project also coordinated the Integrated Neighbourhood Team (INT). This provided a partnership approach with all local health and social care providers for the most vulnerable and socially isolated patients

Are services well-led?

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

Good



Summary of findings

- 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.
- The practice had led in the development of a local consortium with two local practices and a local hospital trust to develop better outcomes for patients through a partnership approach.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged 75 and over were offered same day appointments.
- The practice provided care for 155 patients living in nursing homes locally and the registered manager oversaw the Burnley locality specialist nurse practitioner service for patients aged 75 years and over.

People with long term conditions

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

Good



- GPs worked closely with nursing staff who had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 81% of patients with diabetes had a recent blood sugar test which was within a normal range, which was in line with the local Clinical Commissioning Group (CCG) average of 79% and above the national average of 78%.
- 82% of patients with diabetes had an influenza vaccination during the previous “flu” season which was below the CCG average of 96% and the national average of 95%.
- The practice was working to improve diabetes care management and had developed a diabetes management group to monitor and improve the care for patients with diabetes. A plan was in place to offer a joint GP and nurse diabetes clinic for complex diabetes care.
- Practice nurses were trained to initiate insulin for newly diagnoses patients, which offered this service closer to home.
- 90% of patients with chronic obstructive pulmonary disease (COPD, a lung condition) had a full review in the previous year, in line with the CCG and national averages of 90%.
- 80% of patients with asthma had a review undertaken which was above the CCG and national averages of 75%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- Immunisation rates were higher than comparators 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.
- 81% of eligible women had attended cervical screening which was in line with the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Parents who requested an appointment for children were offered appointments the same day.
- The practice offered a weekly one stop baby clinic where the GP and practice nurse were both present.
- The practice offered contraception advice and emergency contraception as well as fitting long lasting reversible contraception.
- We saw positive examples of joint working with midwives, health visitors and school nurses, though the practice advised us further work was required to develop regular meetings with health visitors.
- The practice did not have a clear register of children and families identified as at risk during the inspection and a practice review noted that further work was required to ensure that safeguarding records were appropriately coded.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The 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.

Good



Summary of findings

- The practice had an ethos of considering social prescribing to support people with remaining in and moving into employment and purposeful activity.
- 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.
- The practice monitored the uptake of online appointment bookings.
- There was a virtual patient participation group which shared information with around 40 patients by e-mail.
- The practice offered appointments until 8.30pm two evening per week for people who could not attend during normal opening hours.
- Travel vaccinations were available from the practice nurses.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances.
- The practice offered health checks and additional support 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. Although training records did not assure us that all staff had completed safeguarding training, those staff we spoke with were aware of their responsibilities regarding information sharing, documenting safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Immediately following the inspection the practice reviewed its safeguarding procedures and patient clinical records and undertook actions to standardise recording and coding of safeguarding concerns, as well as providing evidence of safeguarding training which had been completed by GPs.
- The practice had set up the community interest company Green Dream Project in 2011, which developed a range of support for vulnerable patients.
- A range of projects facilitated by the Green dreams Project were supported by the practice to address issues and support social prescribing, which was used holistically to reduce dependency on prescribed medication for a range of ill-health including anxiety related conditions.

Good



Summary of findings

- The practice worked closely with the local substance misuse service and offered joint clinics to support patients who were prescribed substitute medication.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 80% of patients with complex mental health conditions had a full care review in the previous 12 months which was in below the local and national average of 88%. Practice data for 2015/16 showed that this had been increased to 97%, although this data had not been nationally validated at the time of our visit.
- 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 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 and results showed the practice was performing in line with local and national averages. Of the 274 survey forms distributed 117 were returned, 43%. This represented 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
- 82% 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 83% and the national average of 75%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 79% 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 76% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were very positive about the standard of care received. Patients described the practice as fabulous and medical staff as wonderful and very accommodating.

We spoke with five patients during the inspection, two of whom were members of the patient participation group. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice shared recent friends and family test results with patients in the waiting area and in August 2016 71 patients completed an FFT return. Of these 63 said that they would be extremely likely to likely to recommend the practice to friends and family, 89%.

Areas for improvement

Action the service MUST take to improve

- The practice must ensure that all potential risks to patients and staff are adequately assessed and appropriate systems put in place to manage risks.
- The practice must ensure that vaccine storage fridge temperatures are checked and recorded on a daily basis and that staff checking fridges are adequately trained and aware of the regulations for vaccine storage.
- The practice must standardise all clinical coding for safeguarding concerns and introduce quality assurance systems to support the improvement of safeguarding procedures.
- Improve the recording and monitoring of staff training to demonstrate that all staff are in date with mandatory training and specialist skills training.

Outstanding practice

We saw one area of outstanding practice in the development of a local community interest company:

The practice, in particular the lead GP, had led and developed the community interest company the Green Dreams Project to improve support for patient wellbeing.

This recognised that some health issues are affected by social situations and set in place support to help people identify their strengths and overcome problems including social isolation, employment and community engagement. Between 2011 and 2015, this service received funding from East Lancashire Primary Care

Summary of findings

Trust, later East Lancashire Clinical Commissioning Group (CCG) and the University of Central Lancashire undertook an evaluation of the impact of the project. The success led to the service being rolled out throughout East Lancashire to 20 GP surgeries in seven towns. The service received 1,000 referrals annually for wellbeing support.

Although the funding for the Green Dreams Project ended in December 2015 when a new well-being service was commissioned by Lancashire County Council, the practice remained committed to developing a social prescribing model for the local area and also working with partners to develop new local services for patients.

The Green Dreams Project also developed the local community nursing team which provided advanced practitioner nursing for 17 practices in the Burnley locality and took the lead in the development of the local integrated neighbourhood team which brought together health and social care professionals to ensure the most complex patients were given appropriate health and social care support. This advanced practitioner nursing team continued to provide services with funding from the CCG.

Padiham Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Padiham Group Practice

Padiham Group Practice provides primary health care services to 12,708 patients from 36 Burnley Road, Padiham, BB12 8BP in East Lancashire under a general medical services contract with NHS England. The practice is part of East Lancashire Clinical Commissioning Group (CCG) and works actively in the Burnley locality.

The practice premises are a two-storey purpose built practice building owned by the GP partners. In December 2015, the practice premises were flooded by the River Calder which runs through Padiham about 50 m from the building. The river rose 4 metres and the whole ground floor of the practice building was waist deep under water. Practice staff and local community volunteers worked throughout the bank holiday period to remove all flood damaged furniture, equipment and flooring and the practice opened as normal after the Christmas period to offer services from the first floor facilities. Work has been ongoing throughout 2016 to dry out the premises and begin the work to recommission the ground floor. At the time of our visit, there were six consultation rooms and utility areas still closed off whilst work was completed. The reception area and four downstairs treatment / consulting

rooms were in use and the practice continued to run a complex room allocation system with clinicians moving between rooms and surgeries arranged to maximise the appointments available to patients

The practice clinical team consists of five GP partners (three male, two female), three salaried GPs (one male, two female) and a locum GP (male), two female nurse practitioners and three female nurses and two female health care assistants. A practice manager, assistant practice manager and team of 15 administrative, secretarial and reception staff support the clinicians. The practice is also a training practice and supports medical students and trainee GPs.

The practice is open Mondays, Thursdays and Fridays 8am until 6.30pm and Tuesdays and Wednesday 8am until 8.30pm to offer extended hours appointments to patients. The practice boundary covers surrounding villages as well as the town of Padiham.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). East Lancashire has a higher prevalence of COPD, smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

The practice has a predominantly white British population, with a higher than average proportion of patients who are over 55 years old and fewer 10 – 44 year olds. Male life expectancy is 77 years, which is in line with the CCG average but below the national average of 79 years and female life expectancy is 80 years which is below the CCG average of 81 years and the national average of 83 years. The practice has a high percentage (10%) of unemployed patients, compared with the CCG average of 6% and national average of 5%.

Detailed findings

Out of hours cover is provided by East Lancashire Medical Services Ltd.

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 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 13 September 2016.

During our visit we spoke with a range of staff including five GPs, one nurse practitioner, the practice manager, deputy practice manager, reception manager and reception and administrative staff as well as five patients, two of whom were members of the patient participation group (PPG).

We also observed how staff were interacting with patients and the arrangements which had been made to care for patients who were unable to access first floor rooms. We reviewed an anonymised sample of the patient treatment records and reviewed 18 patient 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. More recent practice data for 2015/16 has been referred to where appropriate, although it should be noted this had not been nationally validated at the time of our inspection.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not support the recording of notifiable incidents under the duty of candour but the practice was aware of this and had previously reported an incident to CQC in accordance with this duty. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out thorough analysis of the significant events.
- Significant events were discussed with all clinicians to share learning though they were not routinely discussed with all staff which could contribute to greater knowledge and understanding of the process throughout the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice undertook an audit of all newly registered patients with repeat prescribing following a significant event to ensure that medication was correctly added to new patient records.

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 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. The GPs were unable to attend safeguarding meetings though always provided reports where necessary for other agencies. The practice could not provide evidence that all staff had received the required level of safeguarding training at the time of our visit. The safeguarding lead had attended level 3 safeguarding training in March 2013. The practice could not provide evidence that GPs had completed level 3 safeguarding training during the inspection.

However, evidence was provided to demonstrate that two GPs had completed level 3 child safeguarding training in January 2016, and four completed it immediately following the inspection visit. All staff had also been registered for an on-line training package which would incorporate the required update safeguarding training.

Although the practice informed us that a health visitor had attended a clinical meeting in the previous few months, no routine arrangements for discussion of children and families who might be vulnerable or at risk were in place. The practice conducted a safeguarding review meeting following the inspection visit, and identified a number of areas where they recognised improvements in the management of safeguarding for vulnerable patients were required. This included standardising coding in patient medical records and developing improved communication process with the health visitors and local safeguarding team.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a cleaning schedule within the contract for the cleaning contractors, though we did not see evidence of checks being made that cleaning was carried out in line with the schedule. The practice designed a check list immediately following the inspection. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the Clinical Commissioning Group (CCG) IPC teams to keep up to date

Are services safe?

with best practice. There was an IPC protocol in place though no evidence that staff had received up to date training. We were informed training was scheduled for clinical staff in October 2016 during the inspection. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- Most arrangements for managing medicines, including emergency medicines and vaccines where improvements ensured patients were consistently kept safe (including obtaining, prescribing, recording, handling, storing, security and disposal). For example, 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. However, blank prescription forms and pads were securely stored, though incoming supplies were not recorded and there was no recording of blank prescription pads issued to GPs, this was rectified immediately following the inspection. Both nurse practitioners had qualified as a non-medical Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, though these had not been authorised locally or signed by practice nurses at the time of the inspection. The practice ensured these were completed immediately following the inspection. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- During the floods in December 2015, the fridges had been damaged and new fridges purchased to replace these. These fridges were located upstairs away from clinical rooms during the building works. Temperatures were checked and recorded, but records were not consistent and there were gaps in the temperature charts. The practice informed CQC following the inspection the fridges were checked by a non-clinical member of staff, and there was no evidence that this member of staff had been trained in the requirements of vaccine storage in line with regulations.

- We reviewed seven personnel files and found most recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and some checks through the Disclosure and Barring Service (DBS). However the practice had not routinely made checks with the appropriate professional body for GPs prior to employment. These were followed following the inspection and GMC registration evidence provided to CQC. Practice policies and risk assessments stated that nurses would have an enhanced DBS although only standard checks had been carried out. The practice applied for enhanced DBS checks for practice nurses following the inspection.

Monitoring risks to patients

Most risks to patients were assessed and well managed, though there remained further work required to address all potential risks.

- There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out 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, however gas safety checks had last been carried out in 2013. The practice provided evidence that a gas safety check was undertaken the day following the inspection. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice provided a copy of a legionella policy, however, no legionella risk assessment had been carried out and there was no legionella control regime in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice arranged with the contractor undertaking flood renovation work to complete water chlorination work also. Due to the flood damage and ongoing building work there was no cleaning cupboard or supplies on site, and contracted cleaning staff bought cleaning materials in each day.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. The practice had recruited GPs and nurses and managed a complex rota system and room management system to ensure that care was given to patients despite ongoing building works.

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 and in date. These were stored securely, though the stock check process did not assure us they were checked routinely.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been updated following the flooding in 2015 and included emergency contact numbers for staff. The GP partners each held a copy of this plan off-site.
- Renovation work following the flood damage was well under way, and extensive flood protection measures were being installed to protect the premises in future.

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 risk assessments, audits and random sample checks of patient records.
- The practice had created a range of templates in the patient medical record system which had been shared with other practices throughout the Clinical Commissioning Group (CCG) to ensure that care met up to date local and national guidance.

Management, monitoring and improving outcomes for people

The practice used 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 for 2014/15 were 93% of the total number of points available, with 14% clinical exception reporting (exception reporting takes place when a patient is not considered suitable for a certain treatment or test due to other factors such as medication or frailty). The practice provided 2015/16 data which showed 508 points having been achieved out of 545. This also equated to 93% of the total points available although these figures had not been validated at the time of our visit.

This practice was an outlier for two QOF clinical indicators relating to atrial fibrillation and diabetes in 2014/15. Data from 2014/15 showed:

- Performance for some diabetes related indicators was below the national average.
- 77% of patients with diabetes had a recent blood pressure reading which was within a normal range which was in line with the local average of 80% and national average of 78%.

- 82% of patients with diabetes had received an influenza vaccination during the previous "flu" season which was below the local average of 95% and national average of 94%.
- The practice was aware that there were aspects of diabetes care management which required improvement, had introduced a diabetes clinical group and planned to introduce joint GP and nurse clinics for patients with complex diabetes.
- Performance for mental health related indicators was below local and national averages.
- In 2014/15 80% of patients with complex mental health conditions had a full care plan documented in their record, which was below the CCG and national average of 89%. Practice data showed an improvement for 2015/16 to 97% although this was not nationally validated at the time of our visit.
- 90% of patients who were diagnosed with atrial fibrillation (AF, a heart condition) whose risk of stroke was high were treated with appropriate anti platelet or anticoagulation medication. This was below the CCG and national averages of 98%. Although this indicator was no longer in place for 2015/16, local data showed that the practice had achieved above the target for a similar AF target to reduce stroke risk through appropriate medication prescribing. This data had not been nationally validated at the time of our inspection.

The practice offered a range of support and individually tailored care for patients with mental health conditions, and had an action plan for further work to improve the care for these patients.

There was evidence of quality improvement including clinical audit.

- There had been a range clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored. This included:
 - A review of patients prescribed benzodiazepines / hypnotic medications (hypnotics are medicines which help people sleep, they can be addictive and have undesired side effects). Data demonstrated a significant reduction in prescribing between 2014 and 2015, and current data showed that this reduction had been maintained during 2016.

Are services effective?

(for example, treatment is effective)

- A review of patients with urinary tract infections and treatment to ensure clinicians followed best practice guidelines.
- Other audits included patients recently registered with the practice requesting repeat medication, insertion of and removal of long lasting contraceptive implants and coils.
- Audit findings were used by the practice to improve patient care and outcomes.
- The practice also participated in national benchmarking, accreditation and had recently become involved in a research study about diagnosis of atrial fibrillation (AF).

Practice nurses were highly trained in the management of long-term conditions such as asthma and diabetes and were able to initiate insulin for newly diagnosed diabetics where appropriate which reduced the need for these patients to travel to secondary care services. Practice figures for 2015/16 showed that 1,676 patients aged 65 or over and 1,044 patients in the “at risk” groups had received a seasonal influenza vaccination (these are patients with underlying medical conditions which can mean a patient may be at great risk from influenza than other patients).

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. Evidence did not demonstrate that mandatory training such as safeguarding, infection prevention and control, fire safety, health and safety had been done by three new members of staff although confidentiality, practice systems and chaperoning had been covered.
- The practice could not consistently demonstrate how they ensured role-specific training and updating for relevant staff, although we were assured that nurses reviewing patients with long-term conditions had completed relevant training and several GPs had recently completed a diabetes diploma.
- 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 nursing staff and non-clinical had received an appraisal within the last 12 months. All GPs undertook external appraisal although the practice did not conduct appraisals for employed GPs.
- The training matrix did not contain evidence to demonstrate all mandatory training had been completed by all employees. All staff had completed basic life support, although there was no evidence of infection prevention and control (IPC) training or information governance having been undertaken. We were informed that IPC training for clinicians was scheduled. There was no evidence for five members of staff that safeguarding training had been completed in the last three years and records for other staff did not identify which level of training had been completed. The practice enrolled all staff on an on-line training system immediately following the inspection to address this concern.

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.

The lead GP had led in the development of a community interest company project in 2011 which built up a range of partnership relationships to improve partnership working and address non clinical needs including focusing on social prescribing and holistic support.

Are services effective?

(for example, treatment is effective)

Staff continued to work together 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Personalised help was put into place for patients who had complex health and social care needs including patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with issues affecting employment and integration issues. Smoking cessation advice was available from a local support group

and the practice worked closely with the local substance misuse service, including offering joint clinics with the substance misuse nurse for patients prescribed substitute medication.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, 72% of eligible women had attended breast cancer screening in the last three years which was above the CCG average of 68% and in line with the national average of 72%.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% compared with national averages of 71% to 86%, and five year olds from 84% to 99% compared with national averages of 68% to 97%.

The practice offered a weekly baby clinic which was facilitated by a GP and practice nurse, and the midwives used a room in the practice to support pregnant women.

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

Are services caring?

Our findings

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, where a separate examination room was not available 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. This had been introduced following a suggestion from the patient participation group (PPG).

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Many patients commented on how the practice had continued to provide good service despite the damage as a result of flooding in December 2015. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients, two of whom were members of the patient participation group (PPG). Patients told us that the appointment system was good, with some recent improvements, and continuity of care was good. Patients were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG 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 and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice was aware of patient survey feedback areas which they might improve in and had facilitated additional training for reception staff to support them. They had also involved all staff in a meeting to discuss what the practice values were which they hoped had impacted on patient care.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. However, patient feedback during the inspection suggested that not all patients who had care plans had been given a copy of their care plan.

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 and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 82% 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 the national average of 85%.

Are services caring?

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.
- The practice website included the facility to translate information into other languages as required.

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 186 patients as carers 1.5% of the practice list. During 2015/16 129 carers received an annual "flu" vaccination, which was 70% of those patients identified as carers, and 33 carers were recorded as having been invited to a health check. The practice had an action plan to improve the support for carers in place. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that after a bereavement, internal communication ensured bereaved families were not contacted unnecessarily, but there was no set policy in place for offering support to bereaved individuals or families.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice has been aware of the needs of the local population and at the forefront of integrating primary care with wider social care for many years. The practice championed social prescribing and improving outcomes for patients through the setting up of the Green Dreams well being Project which helped to provide local solutions to unemployment, isolation and reduced quality of life by engaging positively with people in the community. The Green Dreams well being Project was rolled out throughout East Lancashire to improve outcomes for the patients who had complex mental and physical health needs as well as social needs including isolation and limited support networks. Funding for this project ceased at the end of 2015, and a region wide wellbeing service was contracted by Lancashire County Council to replace this service.

As well as the local GP community matrons to care for patients in local care homes, a specialist advanced nurse practitioner nursing scheme (originally set up as a second strand of the Green Dreams Project) provided community nursing care for patients in care and nursing homes and coordinated the integrated neighborhood team for 17 practices within the Burnley locality. The team visited patients in care homes and worked closely with GPs to relieve pressure on GPs and reduce unnecessary hospital admissions. The Green Dreams Project coordinated the integrated neighbourhood team for Burnley locality. The integrated neighbourhood team was a multi-disciplinary partnership arrangement which has been coordinated and developed by Green Dreams.

The practice was now working on developing a Clinical Commissioning Group wide social prescribing policy and had also set up a new consortium with two other practices and the local hospital trust to improve outcomes for patients through better partnership working and improving services closer to home for patients.

- The practice offered extended hours appointments on Tuesday and Wednesday evenings until 8.30pm 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 as well as those only available privately.
- Family planning services and fitting of long lasting reversible contraceptive devices was available at the practice.
- There were disabled facilities and translation services available and interim measures had been put into place during the restoration of the ground floor accommodation to support patients who required parking close to the practice building.
- The practice had recently introduced a minor surgery service to offer this service closer to home for patients and was also able to offer injections for joint pain.

Access to the service

The practice was open between 8am and 6.30pm Mondays, Thursdays and Fridays, and 8am until 8.30pm on Tuesdays and Wednesdays. The surgery times had been adapted since the flooding in December 2015 to ensure consulting rooms were used all day to provide patient care and clinicians were working flexibly to make the best use of available space. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice had a chair lift to the first floor, but access to this had to be restricted during the refurbishment works. The practice had continued to provide health care services immediately after the flooding in December 2015, moving services to the first floor. Several downstairs rooms had been renovated quickly, and the practice was using these flexibly to ensure the best possible use of space available and access for patients with limited mobility.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. This included home visits. The practice recognised they had a high proportion of patients living in care and nursing homes and GPs visited where staff felt a patient required it and the community nursing team was not available. Receptionists ensured all requests for home visits were recorded on the practice system and the practice was currently trialling a triage service on Mondays to assess whether requests for home visits could be dealt with by other means.

The practice had also undertaken a project with the North West Ambulance Service (NWAS) to address high demand for ambulance and emergency admission services. Work was ongoing to support patients and reduce inappropriate demand on emergency services.

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. The manager was supported by a secretary who maintained correspondence.
- We saw that information was available to help patients understand the complaints system, a leaflet was available in the practice and on the practice website.
- A new complaints recording system had been introduced in 2016, we did not view earlier complaints during the inspection. The complaints log did not cover dates of acknowledgement letters or interim replies to patients.

We looked at five complaints received since January 2016 and found that they were acknowledged appropriately and investigations were thorough and prompt. One complaint had been received via a third party and the file did not adequately record details showing when the complaint had been received and acknowledgement sent. Responses were open and honest and included apologies. Where appropriate, patients were invited to meet with the practice and discuss their concerns. Lessons were learnt from individual concerns and complaints and action was taken to improve care. For example, additional training was arranged for staff after one complaint to support a better understanding of customer care.

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 met as a team to discuss what the mission statement should be and staff had contributed their views. A set of values were known and understood by staff which included:

- “Giving the best possible care we can
- Team work and quality
- Care, assistance, reliability, empathy
- Treat as you would treat your own family
- Restoring wellness and health”

The practice had a future development plan which reflected the culture of consistently improving health and care services for local people. The practice had experienced some staffing changes over the last year, as well as removal of funding for the community interest company wellbeing project and flooding in December 2015. Despite this, the practice remained actively involved in developing social prescribing policies for the locality and a consortium with other local providers to deliver better outcomes for patients.

Governance arrangements

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

- A clear staffing structure with staff who were aware of their own roles and responsibilities.
- Practice specific policies had been implemented and were available to all staff.
- The partners and manager had a comprehensive understanding of the performance of the practice and looked to make consistent improvements.
- Continuous clinical audit and review was used to monitor quality and to make improvements.
- The practice had arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although there were some risks where further work was required.
- Daily clinical meetings which offered the opportunity for reflection and support.

Leadership and culture

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

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

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

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

- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. They gave us examples of how they felt the partners showed their appreciation.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had established a new patient participation group in 2015. Regular email updates were sent to around 40 patients on the virtual PPG, and a smaller group of six patients had met with the practice a couple of times.

Are services well-led?

Good 

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

- Initial meetings with the PPG in 2015 had led to the practice purchasing chairs with arms for the waiting rooms, putting radios in the waiting rooms and planning a lower level desk at reception to support patients in waiting areas.
- Staff were encouraged to share suggestions for improvement at staff meetings and during one to one meetings. One suggestion was made to move from a signature log to recording in the patient clinical record for prescription collections and staff had made suggestions to try to improve available office space. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Improvement and innovation to improve patient care and services locally was encouraged and driven by the GP partners, in particular the registered manager.

In 2013 the practice was a finalist in the General Practice of the Year Awards, and the lead GP was named General Practitioner of the year for the work leading the community interest company and developing the Green Dreams Project. This project was based on the understanding that physical and mental health can be affected by social

problems and aimed to help support patients when their health was affected by social situations and help them meet their goals as well as helping build connected communities.

One project which the practice supported with the Green Dreams Project was the development of the old bandstand site in Padiham which had been derelict for over 50 years. People referred to the project were involved in building the outdoor amphitheatre in woodland, making the stage foundation and putting on a production of George's Marvellous Medicine for the town in August 2014'.

The practice was committed to developing future GPs and clinicians and supported medical students and GP trainees. All clinical staff were encouraged to share learning from training they attended with colleagues at clinical meetings.

The practice reflected on performance indicators, and recognised that there were certain long-term conditions where further work was required, for example, the practice set up a dementia team after GPs had completed a diploma in diabetes management. The team reviewed diabetes care and planned to introduce joint GP and nurse clinics to provide additional care for patients who have complex diabetes.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Not all potential risks to patients and staff had been adequately assessed and appropriate systems were not in place to address risks including: a legionella risk assessment and checks that cleaning had been carried out.• A member of non-clinical staff checked vaccine storage fridge temperatures each day, although records were not complete and there was no guidance on meeting regulations for vaccine storage.• During the inspection, evidence showed that a number of staff and GPs did not have up to date training to the required level for safeguarding vulnerable children and adults. The practice was unable to provide a safeguarding register during the inspection.• Training records did not provide assurance that all staff had completed mandatory and role specific training.