

Kiddrow Medical 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

Outstanding 

Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Outstanding 

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 Kiddrow Medical Practice on 23 February 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice had introduced a patient information leaflet regarding medications they should stop taking if they became unwell. This had been shared with other local practices.
- The practice implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients and the virtual patient participation group. The practice used emails and text messaging to communicate with over 2000 patients, and received 100 responses with positive feedback for the inspection.
- A variety of partner organisations contacted CQC with positive feedback prior to the inspection.
- 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
- The practice had a clear vision on working in partnership for better health and wellbeing which underpinned commitment to good patient care and safety. Patient feedback and survey data, secondary care data and information from partner organisations evidenced the effectiveness of this approach.

Summary of findings

- Feedback from patients about their care was consistently positive. Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They also 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.
- Reflective learning was embedded within the practice at all levels.
- Performance data such as the Quality and Outcomes Framework (QOF) and NHS England, along with National GP patient survey results all demonstrated the practice was making a difference to patient outcomes.

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



- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation.
- Information about safety was highly valued and used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were informed 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Local and national data and our observations corroborated that these guidelines were positively influencing and improving practice and outcomes for patients. For example, 87% of patients on the diabetes register had a recent cholesterol test within a normal range compared to a national average of 80% and 94% had a foot examination within the preceding 12 months compared with a national average of 88%.
- Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group (CCG). For example the practice achieved 100% for the Quality and Outcome Framework in 2014-15, above the national average of 94%.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, glucose levels were checked for all patients who had an NHS health check

Summary of findings

or review of long term conditions (except diabetes). Further investigations took place if glucose levels were elevated. Patients who were identified as in the pre-diabetic range were given lifestyle advice and monitored annually.

- Data from Midlands and Lancashire Commissioning Support Unit also showed the practice was performing well in reducing attendance at accident and emergency and hospital admissions compared to other practices in East Lancashire.
- A range of quality 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 and the practice had a culture of continuous shared learning.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had worked actively to raise awareness of support for carers. Over the last 12 months, the numbers of patients on the carers register had increased from 84 in January 2015, to 106 in January 2016, and 141 in February 2016.
- The practice had piloted the introduction of carers clinics, working with Carers Link. They also actively identified patients who were carers and offered health checks and personal support to carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, the practice worked with the local scheme for patients aged over 75 years old to reduce urinary tract infections and improve end of life care for older patients.
- There were innovative approaches to providing integrated person-centred care. For example, the practice encouraged over 60 year old patients to attend fitness tests within the practice facilitated by the local healthy lifestyles team. Patients were encouraged to make lifestyle changes appropriate to their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, following complaints regarding the telephone system, the practice sent a survey to 602 patients electronically and analysed the 53 responses. Changes were made and monitored to assess their impact.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- Compliments were also shared widely with staff, contributing to a positive culture of reflecting on good patient care.
- The practice utilised an appointment demand and availability assessment which contributed to ongoing improvements in access for patients. People could access appointments and services in a way and at a time that suited them. For example, the practice made 55% of its appointments "book on the day", and patients explained they were always seen or called promptly when they requested an appointment.

Are services well-led?

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

- It had a clear vision, "working together for better health and wellbeing" which had patient care and team work as the highest priority.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

Outstanding



Summary of findings

- The practice actively sought feedback from partner staff, patients and its own staff, and feedback was used to improve services and personalised care.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff felt highly engaged in performance and continuous improvement. For example, a survey for staff views had been conducted as part of the partners' consideration as to whether to apply to become a training practice and staff views were taken into consideration for planning this development.
- The practice gathered feedback from patients using new technology and had an active virtual patient participation group which influenced practice development. For example, over 600 patients were invited to complete a survey on telephone access to the practice, and patients we spoke to on the day told us the system had been improved as a result of their feedback.
- There was a strong focus on continuous learning and improvement at all levels, a practice development plan in place and the practice achieved RCGP practice accreditation in 2014.

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 outstanding for older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice endeavoured to offer same day care for over 75's whenever possible and worked closely with the specialist nurse practitioners for over 75 year old patients
- Data provided by the practice demonstrated lower rates of hospital attendance and admission.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 87% of patients aged 65 and older received a seasonal flu vaccination compared to national figures of 73% (2013-14 data). Practice figures for 2015-16 also showed high numbers of older patients had been vaccinated, although these figures had not been validated.
- The practice worked with local teams to promote fitness for the patients aged over 60 and invited patients to fitness testing within the practice and supported patients with individual plans.
- Patients and staff gave us examples of home visits being conducted in a sensitive manner, and we saw evidence of end of life care plans demonstrating respect for personal preferences.
- The practice was involved in a local trial to reduce multiple medicines prescribing. The effects of medicines interacting can lead to complications in older patients.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice gave individual responsibilities to all staff for managing long-term conditions. National QOF and data from Midlands and Lancashire Commissioning Support Unit corroborated that this was impacting positively on patient care and outcomes.

Outstanding



Summary of findings

- QOF indicators for patients with asthma, Chronic Obstructive Pulmonary Disease (COPD, a lung condition), diabetes, heart failure and epilepsy achieved 100% in 2014-15 were all higher than CCG and National averages with low exception reporting.
- 100% of patients with diabetes had a seasonal flu vaccination in the preceding flu season compared to national figures of 94% (2014-15 data).
- For all patients identified as at risk from influenza, 77% received a vaccination compared to 57% nationally (2013-14 data). Current practice figures showed high flu immunisation rates for patients with COPD, coronary heart disease, diabetes and those on the stroke/ transient ischaemic attack (TIA, a mild stroke) registers, although these figures were not validated at the time of our visit.
- 91% of patients with COPD had had a review undertaken including an assessment of breathlessness in the preceding 12 months, national average 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice focussed on helping patients understand their conditions, and signposted patients to relevant services including a self management programme for patients newly diagnosed with diabetes, exercise on prescription, smoking cessation and healthy lifestyle clinics.
- The practice also promoted the walking group which was run from the practice weekly.
- Data from Midlands and Lancashire Commissioning Support Unit on hospital admissions linked to long-term conditions corroborated that the work the practice did was having a significant impact on reducing hospital attendance and admission compared to the wider CCG area.

Families, children and young people

This population group is rated as good, with outstanding in well-led for this population group.

- 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.

Good



Summary of findings

- Immunisation rates were high for all standard childhood immunisations, 100% for six of the ten vaccinations for five year old children.
- The practice had procedures to ensure that children who required urgent care were given priority.
- One of the GPs had a special interest in paediatrics.
- 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.
- Notes for 87% of women aged between 25 and 65 recorded that a cervical screening test had been performed in the preceding 5 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 good examples of joint working with midwives, health visitors and school nurses.
- On-line appointment booking and prescription ordering were available and the practice had recently introduced an online messaging system.

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, and outstanding in well-led for this population group.

- The practice offered extended hours appointments for patients who could not attend during the working day.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available for patients who could not attend and the practice was proactive in using information technology to improve access to health care such as secure online and text messaging.

Good



People whose circumstances may make them vulnerable

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

Outstanding



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were offered longer appointments for annual reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 had actively identified patients who were carers and was the pilot site for introducing Carers Link clinics into the practice, which was later rolled out throughout East Lancashire.

People experiencing poor mental health (including people with dementia)

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

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, higher than the national figures of 84%. Clinical exception reporting was 11% for this indicator.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record in the preceding 12 months compared with national figures of 88%. There were no clinical exceptions for this indicator.
- The practice was proactive in trying to identify patients who were at risk of dementia having noted a lower diagnosis rate than expected.
- Patients with mental health needs were offered annual reviews in longer appointments.
- Staff had completed dementia awareness training.
- 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.

Outstanding



Summary of findings

- The practice had informed patients experiencing poor mental health how to access various support groups and voluntary organisations and the local mental health service offered appointments within the practice.
- There was 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was performing better than local and national averages. There were 112 responses and a response rate of 36%. This represented 2.8% of the practice population.

- 94% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 90% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 94% with a preferred GP usually saw or spoke to that GP compared with a CCG average of 59% and a national average of 60%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 98% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 94% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 84% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 83% felt they didn't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

These high patient survey results aligned with patient feedback during the inspection.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, all of which were highly positive about the standard of care received.

The practice informed over 600 patients with e-mail addresses and over 2,000 patients with mobile phones of the forthcoming inspection. Five patients gave feedback following the e-mail from the practice and 95 responded to the text request for feedback. All feedback was highly positive about the practice, with several patients naming individual staff and GPs for special praise. Patients described the staff positively, using words such as excellent and first class in their responses.

We spoke with seven patients who were waiting for appointments during the inspection. All patients said that they were very happy with the care they and family members they cared for received. They described staff as approachable, committed and caring, absolutely brilliant. They gave us numerous examples of staff and GPs going the extra mile.

We also met with seven members of the virtual patient participation group (PPG), who came in to meet the inspection team and praise the practice. All patients felt that they or those they cared for had experienced a level of personalised health care which made a significant difference to their lives.

Areas for improvement

Action the service **SHOULD** take to improve

However there were areas of practice where the provider should make improvements:

- Complete actions to increase prescription pad security.
- Ensure patient group directions are appropriately authorised.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice was utilising information technology to communicate with over 50% of its patients, including

Summary of findings

e-mails and text messages. Over 2,000 patients regularly received text message information, including health promotion, local health campaigns and information about services available.

- The practice actively identified patients at risk of diabetes and was extending the scope of the pre-diabetes screening programme to those with a lower risk, in order to help patients change lifestyles before their risk of diabetes increased.
- Ease of access for patients, personalised care and working with patients to improve wellbeing had reduced hospital attendances and admissions. Data from Midlands and Lancashire Commissioning Support Unit (MLCSU) evidenced that Kiddrow

Medical Practice had a consistently lower attendance rate at accident and emergency and significantly lower unplanned admissions to secondary care than other practices within East Lancashire. For example, during the 2015, there were 1,102 attendances against an expected of 1,418. MLCSU inpatient benchmarking data was also “significantly low” with 338 admissions against an expected of 474 (71%).

- Kiddrow Medical Practice ran a pilot of offering Carers Link clinics within the practice, and this had been rolled out throughout practices within East Lancashire.

Kiddrow Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kiddrow Medical Practice

Kiddrow Medical Practice provides services to around 4,041 patients in the Burnley area of East Lancashire under a General Medical Services (GMS) contract. The building is owned by Community Health Partnerships and shared with other services including district nurses and a pharmacy. Building management is provided by NHS Property Services.

The practice has two male GP partners and one female GP partner (who works one session per week), two practice nurses and a health care assistant (HCA). A practice manager, an office manager and team of seven reception staff support the practice.

The practice is open between 8am and 7pm Monday, Wednesday, Thursday and Friday and 8am until 12pm Tuesdays. The practice has a reciprocal agreement with Rosegrove Surgery nearby, which provides cover on Tuesday afternoons when Kiddrow Medical Practice is closed.

The practice has a predominantly white British population, with a higher than average proportion of patients who are over 55 years old. Practice data shows fewer patients with a long-standing health condition than average, 49%, compared to the national average of 54%.

Out of hours cover is provided by East Lancashire Medical Services Ltd, under a contract with East Lancashire CCG.

Information published by Public Health England rates the level of deprivation within the practice population group as three 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 applied for and achieved the Royal College of General Practitioners (RCGP) Practice Accreditation in 2014 during a time of significant challenge to staff, GPs and patients.

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 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. The practice informed patients of our inspection, and 100 patients shared positive feedback which was reviewed as part of the inspection.

We carried out an announced visit on 23 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, health care assistants, practice manager, reception staff, partner staff.
- Spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks 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 an effective system in place for reporting and recording significant events.

- There was an incident diary on reception which all staff completed when they were aware of any incident.
- Staff told us they would inform the practice manager or GP of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events which was shared with all staff at regular practice meetings.

We reviewed safety records, incident reports, nationally issued safety information and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, during an annual review of complaints, the practice identified that 50% of significant events had been related to medication issues. Repeat prescribing procedures were revised and staff were given additional support in managing these to reduce future incidents.

When there were unintended or unexpected safety incidents, people 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 people 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. Care was taken to ensure safeguarding information was carefully protected in patient notes. There was a lead GP for safeguarding who had a background in paediatric care. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 as required.

GPs offered chaperones to patients appropriately. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 throughout. The practice nurse was the infection prevent control (IPC) clinical lead and had basic training in IPC, we were told that further training was planned. There was an infection control 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 kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were given examples of a medicine audit for inhaled corticosteroids which had been undertaken and considerably improved between 2015 and 2016. Antibiotic prescribing was highlighted by the CCG medicines optimisation manager as an area which the practice did so well it did not require re-auditing.

The practice was taking part in a research study on the Management of Multiple Medicines (MOMMs) to improve outcomes for patients on multiple medications. Blank printer prescriptions and prescription pads were securely stored and there were systems in place to monitor their use. We did note however that some GPs carried a full prescription pad and discussed with the practice implementing a system which allowed hand-written prescriptions to be accounted for more securely. Patient Group Directions were used by the practice nurses to administer medicines in line with legislation, though we were told there was no single log of signed PGDs. The practice assured us this would be rectified immediately. The practice had a system for production of Patient Specific Directions to enable the health care assistants to administer vaccinations.

Are services safe?

We reviewed three personnel files for recently recruited staff and found that 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.

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 with a poster in the staff kitchen. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had reviewed the notes summarising work in response to staff feedback and had allocated additional resources for this task.

We discussed with the practice the lack of an emergency alarm in the disabled toilet during the inspection. The practice reported this to NHS Property Services immediately who said they would look into rectifying this.

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 consultation and treatment rooms which alerted staff to any emergency, as well as alarm buttons under desks in clinical rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. We did note some out of date needles in emergency equipment, however the practice removed these immediately.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and relevant services.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 4.9% exception reporting (2014-15 HSCIC figures). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than the CCG and national averages. For example, 100% of patients on the diabetes register had an influenza immunisation compared to the national average of 94%. Clinical exception reporting for this indicator was 6%, also lower than the CCG average of 14% and national average of 10%.
- 85% of patients with hypertension had a blood pressure reading (measured in the preceding 12 months) within a normal range compared to 84% nationally.
- Performance for mental health related indicators was higher than the national average: 100% of patients with dementia had been involved in a face-to-face care review in the preceding 12 months compared to 84% nationally
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, compared to 88% nationally.

East Lancashire wide data provided by the practice showed that hospital admissions and emergency attendances were low for a number of indicators. For example, the Midlands and Lancashire Commissioning Support Unit (MLCSU) data for Accident and Emergency Benchmarking for the period January to December 2015 showed Kiddrow Medical Practice was "significantly low" with 1,102 attendances against an expected of 1,418. MLCSU inpatient benchmarking data was also "significantly low" with 338 admissions against an expected of 474 (71%).

The practice also provided data from MLCSU for emergency admissions in the 24 months up to September 2015, where the admission was related to COPD, diabetes and asthma. Data for Kiddrow Medical Practice showed that admissions for these long-term conditions was consistently low compared with other East Lancashire practices.

This data aligned with wider QOF data, patient survey responses and the practice approach to working in partnership to improve health and wellbeing and evidenced that the practice was effective in improving patient outcomes.

Clinical audits demonstrated quality improvement.

- There had been a wide range of clinical audits completed in the last two years, Two of these (clopidogrel prescribing and chronic kidney disease management audits, clopidogrel is a medication used to reduce the risk of stroke and heart attack) were completed audits where the improvements made were implemented and monitored and re-audited.
- The practice used complaints and significant events to trigger audits, and was reflective in assessing where care could be improved.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example the practice was taking part in the management of multiple medicines (MOMMS) research at the time of our visit.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit on chronic kidney disease (CKD) included raising awareness of the correct clinical care for patients with CKD, increasing the numbers of patients treated in line with NICE guidance by 20% in a six month period.



Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as reviewing medication in line with national guidance for the treatment of cerebrovascular disease (patients who have experienced a stroke or mini stroke).

The practice was proactive in using the electronic patient record for alerts and diary entries, which ensured effective, proactive care and regular reviews.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice prioritised training and development for the whole team.
- Where staff members attended external training courses, they were encouraged to share learning at the team meetings. For example, the most recently recruited receptionist had attended a "compassion in practice" course in 2015, which was shared with colleagues at a team meeting. The GP also supported a the CCG medicines optimisation manager to complete a non-medical prescribing course.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff 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. All staff recently completed core skills modules and the practice actively supported staff to develop additional skills.

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed. The practice worked with the integrated neighbourhood and intensive home support teams to ensure that patients' health and social care needs were being assessed and met. Representatives from a number of partner organisations contacted CQC prior to the inspection explaining the practice was very effective at working with them to improve outcomes for patients and partner organisation colleagues gave examples of excellent partnership working to the inspection team.

The practice had also identified a significant event when communication with the out of hours service had not been acted upon adequately, and subsequently introduced additional systems to check relevant patient information had been received and acted upon by the out of hours service and North West Ambulance Service.

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.



Are services effective?

(for example, treatment is effective)

- 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, where appropriate, recorded the outcome of the assessment.
- The practice had a comprehensive patient information leaflet that was issued by staff to all patients prior to minor surgery.

Health promotion and prevention

The practice identified patients who may be in need of extra support, and signposted them to relevant services.

- 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 with mental health needs.
- Data provided by the practice showed that the practice was reducing attendance at secondary care for a range of indicators.
- Chiropodist clinics were available on the premises and smoking cessation advice was available from a local support group.
- The practice helped set up a weekly walking group from the practice which was managed by patients and supported by publicity and text message reminders.
- Counselling support was available within the practice building.
- The practice used regular text messaging to publicise local initiatives such as "breathe easy" and "drop a shirt size" challenge run by Burnley Football Club, as well as reminding patients to order medications ahead of bank holidays and attend vaccination and screening clinics.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the

cervical screening programme was 87%, above the national average of 82%. The practice had a high prevalence of cancer compared to national and CCG averages. The practice was aware of this and was proactive in following up patients for screening. National Cancer Intelligence Network data showed good uptake for bowel and breast cancer screening. For example, 80% of female patients aged 50-70 were screened for breast cancer which was higher than the CCG average of 68% and national average of 72%.

The inspection team overheard reception staff contacting patients to follow up where patients had not attended screening which was done in a discreet, professional manner.

Immunisation rates were also higher than CCG/ national averages throughout: For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% (CCG averages 71% to 86%) and five year olds from 83% to 100% (CCG averages 68% to 97%).

Flu vaccination rates for the over 65s were 87%, above the national average of 73%. For patients at risk from influenza, the rate was 77%, again above the national average of 57% (2013-14 data). The practice showed us data for the current year which demonstrated that they continued to maintain high influenza immunisation rates, though this was not validated data. The practice invited other agencies to speak with patients at annual flu clinics including mental health carers support, Age UK and the local Stop Smoking service.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 28 patient CQC 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.

As well as speaking to seven patients awaiting appointments, we spoke with seven members of the virtual patient participation group. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. All feedback highlighted that staff responded compassionately when patients needed help and provided support when required. Patients repeatedly told us the GPs and staff go the extra mile. Staff were really proud of the care they gave patients and were enthusiastic about making a difference to their patients' lives.

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 doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 87%, national average 87%).
- 90% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

One hundred patients also submitted e-mail or text comments to the inspection team prior to the inspection, all of which had high praise for the care and treatment from the practice.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 also 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 higher than local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 96% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 91%, national average 90%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 141 patients (3.5%) of the practice list as carers, and offered health checks to all these patients. Written information was available to direct carers to the various avenues of support available to them and the practice published additional information for carers on its website.

Are services caring?

The practice worked proactively with the local Carers Link to improve awareness of carer issues and signposting of patients who needed support. Kiddrow Medical practice piloted the introduction of carers' clinics, which were subsequently rolled out throughout East Lancashire.

There was a comprehensive bereavement protocol in place. This was introduced following a complaint from a bereaved relative, and the practice also included information on dealing with bereavement in the practice information booklet. Patients we spoke to confirmed that bereavement support was exceptional.

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 working with the scheme for patients aged over 75 years old and with the healthy lifestyles team.

- The practice opened until 7pm four evenings a week, although was closed every Tuesday afternoon. Appointments were available until 7 pm with GPs and 6pm with nurses. On Tuesday afternoons, patients could access nearby Rosegrove Surgery under a reciprocal agreement for urgent care.
- GP appointments were staggered during the morning, which allowed GPs to conduct urgent home visits in the morning where required.
- There were longer appointments available for patients with a learning disability and nursing appointment times had been reviewed recently to improve patient access.
- GPs and nurses carried out home visits to older patients / patients who would benefit from these.
- The practice provided around 55% of appointments on the day and prioritised same day appointments for children and those with urgent medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice was all on one floor with wheelchair access. However, the main doors did not open automatically and we noted there was no emergency alarm in the disabled toilet. The practice informed us that NHS Property Services had an action plan for remedial works for the building and that installing automatic doors would be included in the works.

Access to the service

The practice was open between 8am and 7pm Monday, Wednesday, Thursday and Friday, and 8am until 12pm on Tuesdays. Appointments were from 8am until 12pm or later every morning and 3pm until 7pm Monday, Wednesday, Thursday and Friday. Extended hours surgeries were offered until 7pm four evenings a week.

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. People told us on the day that they were always able to get appointments when they needed them, often seen within an hour of their request.

- 97% of patients were satisfied with the practice's opening hours compared to the CCG average of 76 % and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 94% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 84% patients said they usually waited 15 minutes or less after their appointment time (CCG and national averages 65%).

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, though many verbal concerns and issues were resolved by the reception team before they escalated.
- We saw that information was available to help patients understand the complaints system, a poster was displayed in the waiting area.

We looked at the single complaint received in the last 12 months and found it was handled in accordance with the policy and contractual requirements. The patient was given an apology and the practice reflected on the comments to improve patient care. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, actions stemming from a patient complaint relating to medication included:

- Revising protocols for drug monitoring.
- Introducing a patient information leaflet that the practice gave to patients who were prescribed medication that could lead to complications.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice's mission statement "working in partnership for better health and wellbeing" underpinned high quality care and promoted good outcomes for patients.

- Staff knew and understood the values, and gave us many examples of teamwork to achieve good patient care.
- The practice had business plans and development plans which reflected the vision and 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 outlined the structures and procedures in place and included:

- GPs who were proactive in using all learning to improve clinical care.
- A clear staffing structure with staff aware of their own roles and responsibilities
- Practice specific policies which were available to all staff
- Partners and staff with 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
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Attached staff from partner organisations also told us about ease of access to the GPs and effective partnership working.

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 identifying and notifying reportable 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 kept written records of verbal interactions as well as written correspondence.

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

- The practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team building events were held once or twice a year.
- 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 was responsive in using complaints and significant events to trigger relevant audits, which led to consistent change to increase in patient care and safety.
- There was a reflective, approachable and caring culture. For example, the practice collected for a charity instead of giving Christmas cards. The inspection team noted moving feedback from staff and patients about the way in which the team had worked together during a difficult time.
- Likewise, learning and development to support both internal staff and colleagues was encouraged. The CCG medicines optimisation manager was supported to complete a non-medical prescribing course by the GP, and was happy to share their experience with other practices who were not performing as well in prescribing.

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

Are services well-led?

Outstanding



(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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. All patients with e-mail addresses (over 600) were included in the virtual PPG and encouraged to make suggestions for improvements to the practice. Patients were offered the chance to comment on the telephone and appointment systems via surveys. Patient representatives gave us examples of e-mails and text messages they felt improved their care. These included reminders before Bank Holidays for prescription ordering and a range of health promotion information.

The practice had also gathered feedback from staff through regular surveys and discussions with staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Partner organisations sent submissions to CQC prior to the inspection, and partner staff we spoke with during the inspection gave numerous examples of constructive, supportive partnership working, explaining the GPs had an open door approach to them as well as practice staff.

A recent staff survey had identified concerns over access to practice nurse appointments. The practice introduced a new appointment system for nurses and reviewed the impact of this on patient care. Staff told us they felt involved and engaged to improve how the practice was run.

The practice engaged actively with patients using social media, for example facebook and text messaging. The practice contacted over 2,000 patients by text message prior to the CQC inspection, and 95 responded with positive feedback for the inspection.

Compliments, as well as complaints and significant events were discussed openly in practice meetings, with all staff learning from incidents which helped embed a culture of continual focus on good patient care within the practice.

The practice used complaints and significant events as reflexive learning opportunities, and where appropriate conducted audits and patient reviews as a result of these incidents.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. In 2014, practice applied for the Royal College of General Practitioners (RCGP) Practice Accreditation. Despite challenging circumstances, the team worked together to meet the required standards, and in August 2014, they were informed that they had achieved the accreditation. GPs, staff and patients informed us that the mutual support and care through this time was inspirational.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was taking part in a research study for patients on the management of multiple medicines (MOMM), looking to improve outcomes and reduce unnecessary side effects from multiple medication prescribing. The practice also engaged with the National Institute for Medical Research, with GPs and nurses involved in studies.

The practice had also acted as the pilot site for carers clinics which had now been rolled out throughout East Lancashire's integrated neighbourhood teams.

The practice had raised areas of concern with NHS Property Services who maintained the building, and remedial building works were scheduled to meet these. This included installing self-opening front doors to improve access for patients in wheelchairs and on mobility scooters.

The practice had also completed the requirements to become a training practice and was to take its first GP trainee in April 2016 and medical students later in 2016. The practice had engaged with staff over the decision to become a training practice, and was currently converting a room for trainees and students.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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.