

Reedyford Health Care

Quality Report

Yarnspinners Primary Health Care Centre
Nelson
Lancashire
BB9 7SR
Tel: 01282 657575
Website: www.reedyfordhealthcare.co.uk

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Reedyford Health Care on 14 April 2016. Overall the practice is rated as good.

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

- The practice sought out innovative methods to share health information and health promotion campaigns through Facebook and Twitter.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients were able to get urgent appointments but said they sometimes found it difficult to make an appointment with a named GP. The practice was actively trying to address patient access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice offered drop in sexual health clinics and childhood vaccinations outside the core working day.
- The practice identified that not all external test results were being recorded on patient medical notes during the inspection, for two out of 151 patients who were prescribed warfarin. The practice began addressing this whilst we were on site.

We saw one area of outstanding practice:

Summary of findings

The practice had begun using social media to communicate with patients and reached a wide audience through Facebook and Twitter. For example, The practice had 1,800 followers on Twitter and its Facebook page showed over 2,000 views in one week. A variety of health promotion campaigns were being shared with a large group of patients in this way. A cardiac rehabilitation video which explained the signs and symptoms of cardiac arrest had been shared, this had reached over 10,000 people through Facebook groups.

The areas where the provider should make improvement are:

- Review procedures to update patient medical records consistently with information from other providers, including clinical information and test results.
- Review access to emergency drugs to ensure these are easily accessible in an emergency and review the signage around the emergency oxygen in the reception area.
- Review access to complaints leaflets so patients can access these without requesting them from reception staff.
- Conduct annual significant event reviews to ensure all learning has been implemented.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events, though there was no annual review of these to ensure all learning had been implemented.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed.
- During the inspection a GP partner identified gaps in updating all relevant clinical information into patient medical records. This related to two patients of 151 who were prescribed warfarin. The practice recognised this issue and began to review and rectify this during the inspection.
- Emergency drugs were stored securely, though we noted they might be difficult to access swiftly in an emergency.
- The new storage area for emergency oxygen was not clearly identified with warning signs.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- A range of clinical audits demonstrated the practice reviewed clinical effectiveness consistently.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. For example, 86% of patients with hypertension had a blood pressure reading which was within a normal range in the preceding 12 months, compared to the national average of 84%.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice was signed up to the Pharmacy First scheme locally which gave vulnerable direct access to pharmacies for treatment for minor illness and ailments.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had a staff photo board by the main reception desk so that patients could see the names and faces of all clinical and non-clinical staff.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for some aspects of care, for example 97% said that the nurse they was or spoke with was good at giving them enough time compared with a CCG average of 93% and a national average of 92% .
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had given additional support to receptionists and introduced telephone monitoring to ensure that patients were cared for appropriately following concerns raised by GPs.
- Information for patients about the services available was easy to understand and accessible.
- The practice actively identified carers and provided a range of helpful carer information in the waiting areas, including information for young carers on the waiting room information screen.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice shared a number of individual case studies where patients were given individualised care.
- The practice actively publicised Carers Link services and support services available in the local area and offered additional support to carers.
- The practice referred patients to counselling which was facilitated within the practice building.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group to secure improvements to services where these were identified. An example included discussions regarding access and resources required for seven day access to primary care.

- Urgent appointments were always available, although patients explained that it was sometimes difficult make an appointment with a named GP. The practice was aware of this and working hard to improve patient access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Complaint leaflets had to be requested from receptionists at the time of our visit, though the practice assured us they would be made widely available.
- The practice offered sexual health drop in clinics on Monday evenings, and childhood immunisations were offered at the monthly Saturday mornings clinic at the Barrowford branch site.
- The practice engaged with a wide range of patients using social media and was regularly reaching over 2,000 patients to share health improvement information and campaigns.
- The practice introduced 15 minute routine appointments following analysis of national GP survey results as part of their review of the appointment system.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.

Good



Summary of findings

- The practice was a reflective learning organisation. It was a training practice, three GPs were GP trainers and two GPs were GP appraisers. GPs shared update information from meetings and actively supported staff to undertake professional development.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 74% of patients over 65 years old had received a seasonal flu vaccination compared with the national average of 73% in 2013-14.
- The practice worked closely with a tele-hub service at Airedale Hospital which provided immediate telephone support to care homes for older patients.

Good



People with long term conditions

The practice is rated as good 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.
- Data showed the practice was performing in line with national averages for the indicators relating to patients with diabetes. For example, 98% of patients with diabetes received an influenza immunisation in the previous flu season compared to 94% nationally and 89% had a recent blood pressure test which was within a normal range compared with 78% nationally.
- Longer appointments and home visits were available when needed.
- The practice worked closely with the community diabetes nurse specialist. Two practice nurses and one GP were trained to initiate insulin prescribing and worked closely with the community specialist diabetes nurse in caring for patients with more complex diabetes.
- 93% of patients with chronic obstructive pulmonary disease (COPD, a lung disease) had a full annual review compared with a national average of 90%.

Good



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, with outstanding as responsive 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 86% of women aged 25-64 had a cervical screening test carried out in the previous 5 years compared with 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisations were in line with or slightly above local CCG averages. These were offered once a month on Saturday mornings as well as during the week for parents who found it easier to attend outside the working week.
- The practice offered drop in sexual health clinics at a time suitable for young people to call in on Monday evenings. Emergency and long-term contraceptive advice and fitting was available.
- The practice nurses offered travel advice, vaccinations, and the practice was registered as a yellow fever centre.
- The practice engaged with over 2,000 patients via social media sharing health information and campaigns via Facebook and Twitter.
- Staff had all completed basic life support training for children and new-born babies as well as additional safeguarding training to identify patients at risk of female genital mutilation.

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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified.
- The practice had adjusted opening hours and 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.
- The practice offered extended hours access on Monday evenings and Saturday mornings to patients who could not attend during the working day, as well as telephone appointments where appropriate.
- The practice embraced social media and information technology to engage with over 2,000 patients sharing health information and campaigns.
- Telephone appointments and electronic prescription services were available within the practice.

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 allocated a GP and the practice triage nurse to patients who were terminally ill, in order to ensure good continuity of care during a difficult time for patients and their families.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people, and actively identified vulnerable patients who needed greater health care support.
- The practice informed vulnerable patients about how to access a range support groups and voluntary organisations.
- Staff actively identified and reported potential incidents of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice referred patients to the local well-being service for support with social needs when appropriate. This service was available most days within the practice building.

Good



Summary of findings

- The practice referred patients with additional social and health needs to the integrated neighbourhood team.
- The practice offered joint clinics with the local drug and alcohol service.
- The practice identified individuals who were particularly vulnerable, and kept records of additional care, support and treatment for these patients.

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).

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which higher than the national average of 89%.
- 83% of patients with dementia had a face to face review, similar to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Counselling and local well-being services were available in the practice building.
- The practice carried out advance care planning for patients with dementia.
- The practice aimed for early diagnosis and support for patients with depression and anxiety.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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

The national GP patient survey results published in January 2016 showed the practice was performing under local and national averages in some areas. 313 survey forms were distributed and 120 were returned. This represented 1.1% of the practice's patient list.

- 55% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 65% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 77% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 62% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 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 positive about the standard of care received, although three cards mentioned appointment booking as problematic. We spoke with 10 patients during the inspection, one of whom was a member of the patient participation group (PPG). All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Patients described the care they received as excellent and described doctors and staff as genuinely caring, understanding and reassuring.

The practice regularly used a text message service to ask patients to complete the family and friends test (FFT). Friends and family test results for Reedyford over the preceding six months had 166 responses and showed that 97% of patients would recommend the surgery to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review procedures to update patient medical records consistently with information from other providers, including clinical information and test results.
- Review access to emergency drugs to ensure these are easily accessible in an emergency and review the signage around the emergency oxygen in the reception area.
- Review access to complaints leaflets so patients can access these without requesting them from reception staff.
- Conduct annual significant event reviews to ensure all learning has been implemented.

Outstanding practice

We saw one area of outstanding practice:

The practice had begun using social media to communicate with patients and reached a wide audience through Facebook and Twitter. For example, The practice had 1,800 followers on Twitter and its Facebook page showed over 2,000 views in one week. A variety of health

promotion campaigns were being shared with a large group of patients in this way. A cardiac rehabilitation video which explained the signs and symptoms of cardiac arrest had been shared, this had reached over 10,000 people through Facebook groups.

Reedyford Health Care

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience (someone with experience of using GP services who understand CQC methodology).

Background to Reedyford Health Care

Reedyford Health Care has a personal medical services (PMS) contract with NHS England to provide primary care services for 10,615 patients in the town of Nelson in East Lancashire. There is also a branch surgery in the nearby smaller town of Barrowford. The main practice site is located in Yarnspinnners Primary Health Care Centre which is owned by Community Health Partnership (CHP). The site also hosts four other practices and a variety of community services including podiatry, dietician and health visitor clinics. This property is maintained and serviced by NHS Property Services Ltd. The Barrowford branch site is owned and maintained by the partners of Reedyford Health Care.

The practice has six GP partners, two female and four male, as well as one salaried GP and is a training practice. The nursing team comprises of one nurse practitioner, four nurses and two health care assistants. They are supported by a practice manager and team of 14 support staff.

The practice is open Tuesday to Friday 8am until 6.30pm and Mondays from 8am until 8.30pm. Appointments are available throughout the day, from 8.30am until 6.30pm

each afternoon, with extended hours on Monday evenings at Yarnspinnners Health Centre and nurse appointments are available one Saturday morning each month at Barrowford branch surgery.

2011 census data shows a varied practice population with around 10-12% Asian patients and 80% white British. The practice has also seen an increase in eastern European patients in the last few years. Age ranges are broadly in line with national averages though the practice has more 0-9 year olds than average. Male and female life expectancy is in line with East Lancashire Clinical Commissioning Group (CCG) and national averages.

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

The practice was previously inspected in September 2013, and was found to be meeting all required standards.

Why we carried out this inspection

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

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016.

During our visit we:

- Visited the main practice site at Yarnspillers Primary Health Care Centre in Nelson, but not the branch site at Barrowford.
- Spoke with a range of staff GPs, nurse practitioner, health care assistants, reception staff, practice management and spoke with patients who used the service.
- Observed staff interacted with patients and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was 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 practice carried out a thorough analysis of the significant events and lessons were learned. However, an annual review of overall findings and impact of learning did not occur.

We reviewed safety records, incident reports national patient safety alerts 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, the practice had reviewed a number of medical and healthcare products regulation agency alerts (MHRA) as part of a module for the quality practice award to ensure that all clinicians were aware of and following new guidance.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, a child was given an immunisation in error. The practice contacted the patient's carer, apologised, explained the situation and offered support to the patient and parent. The nursing team discussed the incident and ensured that additional checks were made prior to administering childhood immunisations in future.

Overview of safety systems and processes

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

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

Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. The practice had introduced additional systems recently, to improve internal communication and communication with health visitors who were no longer working from the same premises.

- There were notices informing that patients could request a chaperone with them during examinations by couches. There were no clear notices in the waiting areas, however. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. 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, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We did discuss with the practice introducing a record for when vaccinations were moved between the main site and branch site to ensure there was a record of vaccine movement and maintaining the cold chain (a procedure to ensure vaccines are stored at the correct temperature). The practice carried out regular medicines audits, with the support of the local CCG pharmacist advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was performing well with antibiotic prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. The nurse practitioner had also qualified as an independent non-medical prescriber and could therefore prescribe medicines for specific clinical conditions. She had undertaken this training with support from the practice,

Are services safe?

and continued to receive support from GPs where required for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice was also registered as a yellow fever centre. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises, as well as for nurses administering yellow fever vaccinations.

- We reviewed six personnel files and one locum GP file. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that one GP did not have details of hepatitis immunity status which the practice assured us they would rectify immediately.
- 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 latest audit of cervical screening showed that the practice had undertaken over 250 cervical smear tests in the preceding six months, and had a high success rate with sample taking.

A GP partner ran a search relating to warfarin prescribing during the inspection. Two of the 151 patients prescribed warfarin did not have blood test results recorded on the practice electronic medical record system. These tests were carried out by secondary care, and recorded on an external record system. The inspection team discussed with the practice the need to ensure that test results carried out by secondary care were routinely entered onto the patient medical record. The practice reviewed this whilst we were on-site to ensure potential risks to patients were addressed.

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, although the risk assessment required updating. The practice had begun looking for support in this area at the time of our visit. The building 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. There were a variety of other risk assessments in place held by NHS Property Services to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice also stored liquid nitrogen for minor surgery which involved cryotherapy (a medical gas used to treat warts and skin conditions). This was stored safely, with clear procedures on access to the tank. Handling guidance and training had been provided.
- 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 recently increased the numbers of staff answering telephones on Monday mornings to try to ensure calls at this peak time were answered promptly.

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, as well as alarm calls under desks in consulting room.
- All staff received annual basic life support training and there were emergency medicines available in a storage room, with adrenaline carried by most GPs. We noted that access to the main emergency medicines cabinet required opening three different locks and suggested access to this should be reviewed.
- There was a defibrillator available on the premises at the building reception desk. The practice held oxygen with adult and children's masks, although we noted that additional oxygen was now held at reception but no oxygen warning signs were in place. The practice assured us they would review this immediately. A first aid kit and an accident book were available.

Are services safe?

- All staff knew of the location of emergency equipment, and all the medicines we checked were in date and fit for use.
- Nursing staff informed us they were often the first to respond in the building for emergencies and patients who collapsed, as their practice was on the ground floor close to the entrance.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or influenza pandemics. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available, with 12.8% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. The practice shared QOF results for 2015-2016 which was 100%, although this data had not been validated at the time of our visit.

Data from 2014-15 showed;

- Performance for diabetes related indicators was in line with the CCG and national average. 89% had a recent blood sugar test which was within a normal range which was above the national average of 78%.
- 86% of patients with hypertension had a recent blood pressure test within a normal range which was similar to the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, 95% of patients with serious mental health conditions

had a care plan agreed, which was above the national average of 86%, and 83% of patients with dementia had a care plan review which was similar to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been a range of clinical audits completed in the last two years, four of these were completed audits where the suggested actions were implemented and monitored. These included audits of minor surgery carried out; long term contraceptive implant retention rate; take up of national cancer screening programmes by patients with learning disabilities and a variety of medicines and prescribing audits. Practice outcomes for contraceptive implants fitted since 2006 had been monitored in audits in 2009 and 2016 were consistent and in line with national monitoring.
- The practice had also carried out an audit of continuity of care for patients who were terminally ill in 2014, and reviewed the management of these patients in order to improve continuity of care.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. A practice nurse invited patients to participate in research studies, the latest studies included research into cancer diagnosis decision rules (CANDID).

Information about patients' outcomes was used to make improvements including:

- Improving screening invitation procedures for patients with learning disabilities.
- Working with the pharmacist and all GPs to ensure prescribing was in line with guidance and alerts.
- Reducing the levels of complications and infections from minor surgery.
- Ensuring antibiotic prescribing was reduced in line with national guidance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions, Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. All practice nurses were trained to administer travel vaccinations including yellow fever.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had completed 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.
- As a training practice, the practice encouraged a culture of continuous learning and development for all staff and GPs. Three GPs were GP trainers, two were appraisers; the nursing team was supported to undertake professional development including the nurse practitioner who was supported to complete additional university courses and the independent non-medical prescribers certification; administrative staff were supported to complete Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR) courses and management courses relevant to their roles.
- The practice had supported nursing staff to gain additional training and qualifications help improve service effectiveness. This included telephone triage skills and initiation of insulin for patients with diabetes.

Coordinating patient care and information sharing

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

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

Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place frequently and that care plans were routinely reviewed and updated.

The practice also worked with the tele-medicine hub at a local hospital, which provided 24 hour telephone access to local care homes, 356 days a year. This was a pilot scheme introduced in 2015, and was seen to be making an impact on patient care, although there was no data yet to corroborate the impact of this service at the time of our visit.

Positive feedback from two partner organisations was shared with the inspection team over the way in which Reedyford Health Care worked with partner staff to ensure their patients were given effective care.

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. The clinical staff providing the drop in sexual health clinics were very aware of capacity and safeguarding issues.
- 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 practice used a written consent form for minor surgery which was scanned onto the patient record.
- The process for seeking consent was monitored through records audits.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients experiencing mental health problems and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to a range of relevant services, including counselling, podiatry, physio therapy and drug and alcohol support services.
- The practice ran weekly sexual health drop-in clinics, specifically directed at the younger population, on Monday afternoons to allow patients to call in after school or work. The practice offered options for long term contraception and emergency contraception.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice actively engaged with patients through social media such as Facebook and Twitter as well as using text messaging to inform patients of health campaigns. The practice had 1,800 followers on Twitter, and around 2,000 patients had visited the Facebook page in one week. The practice monitored the demographic breakdown of these patients and knew that the main age group accessing information this way was 35 – 44 year olds. 207 patients had followed a link to food labelling and exercise advice recently, another link had directed patients to a video on falls advice.

The practice's uptake for the cervical screening programme was 86%, which was above the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

Childhood immunisation rates for the vaccinations given were comparable to or slightly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 93% and five year olds from 84% to 97%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, and was looking specifically at how to improve screening for patients with learning disabilities. National Cancer Information Network Data published in March 2015 showed the practice showed that cancer diagnosis and mortality were in line with CCG and national averages. Screening was generally in line with CCG averages, although we noted that fewer women in the eligible age range had been screened for breast cancer than the CCG average (practice 60%, CCG 68%).

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

A range of sexual health screening was offered by the practice to all patients living in the local area.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three cards mentioned problems in obtaining appointments, the practice was aware of patient difficulties in accessing care and had taken a number of steps to try to improve the patient experience in accessing appointments. Patients did inform us that urgent appointments were always made available. It was routine appointments which they found problematic.

Patients described GPs and staff as understanding and respectful and genuinely caring about them as individuals.

We spoke with ten patients, one of whom was also a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Three patients mentioned that they had difficulties getting through by phone or making routine appointments at times, though they assured us urgent care was always available when they needed it.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 78% said the GP was good at listening to them compared to the CCG average of 84% and national average of 87%.
- 75% said the GP gave them enough time (CCG and national averages 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 96%)
- 79% said the last GP they spoke to was good or very good at treating them with care and concern (national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 97%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

The practice had introduced additional support and monitoring for the reception team to ensure that all interactions with patients were professional and caring. They had also reviewed access to appointments to improve patients' experiences.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey were variable for questions about patient involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Are services caring?

The practice had a GP who spoke Czech Urdu and Bengali and one who spoke Urdu and Punjabi. Staff told us that translation services were available for patients who did not have English as a first language.

The practice ran a triage system, and the main triage nurse was also the coordinator for patients who were terminally ill. This allowed care and support for these patients to be prioritised, and ensured good continuity of care for patients and their families during this difficult time.

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 139 patients (1.3% of the practice list) as carers. Written information was available to direct carers to the various avenues of support available to them and carers were routinely offered health checks.

Staff told us that if families had suffered bereavement, a sympathy card was sent. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was an information pack for patients who had lost loved ones.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice actively promoted the East Lancashire Clinical Commissioning Group (CCG) scheme to involve patients in decision making on health services in the area.

- The practice offered extended hours GP appointments on Monday evenings until 8.30pm and one Saturday morning each month with nurses at the Barrowford branch. Childhood immunisations were offered on Saturdays, which enabled parents to bring children in outside normal working hours and sexual health care was available from 3.30pm until 6.30pm on Mondays.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had increased the numbers of staff answering phones at peak times and added more telephone appointments following publication of the national GP patient survey results in January 2016. The practice also conducted a review of the appointment system, working with the patient participation group (PPG) and staff to assess the best option for improving access.
- The practice continued to monitor access to appointments and utilisation.
- The practice offered family planning and sexual health services, with drop in clinics on Monday afternoons, between 3.30pm and 6.30pm, to allow young people to attend after work or school.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. The practice was registered as a yellow fever centre for the local population.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was located on the first floor of Yarnspinners Health Centre with all areas accessible to

patients in wheelchairs and mobility scooters and we were verbally informed that the branch site at Barrowford was also suitable for patients with restricted mobility.

Access to the service

The practice was open between 8am and 6.30pm Tuesday to Friday, and 8am until 8.30pm on Mondays. The Barrowford site was open from 8am until 6.30 pm each day, and some Saturday mornings. Appointments were from 8.30 am each morning. The new appointment system included morning appointments, mid-day appointments and afternoon appointments, as well as the extended hours provision.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Patients who requested urgent care were called back by the practice triage nurse, the nurse prescriber or a GP the same day. They were then directed to the appropriate appointment or service by the clinician.

The practice closed on Tuesdays from 12.30pm until 2.30pm for staff training, though phone calls from patients who required urgent medical advice were always dealt with during this time.

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

- 77% of patients were satisfied or very satisfied with the practice's opening hours compared to the national average of 78%.
- 56% patients said they could get through easily to the surgery by phone (national average 73%).
- 26% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

People told us on the day they could get emergency appointments when they needed them, although routine appointments had been more difficult to access at times. The practice had reviewed the appointment system consistently, the latest changes were made after these results were published in January 2016 to improve access and had also bought in additional staff to answer phones at peak times such as Monday mornings. This system also introduced 15 minute routine appointments and a wider

Are services responsive to people's needs?

(for example, to feedback?)

spread of urgent access throughout the day, so patients were no longer told to ring back later for appointments. The practice was continually monitoring the impact these changes had made for patients.

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. They were supported by a senior GP partner.
- We saw that information was available to help patients understand the complaints system. There were notices

in the waiting area and information was published on the practice intranet. However, complaints forms had to be requested from reception at the time of our visit. The practice assured us they would rectify this. We also suggested the practice could utilise the variety of social media information to widen analysis of patient satisfaction and complaints.

We looked at four complaints received in the last 12 months and found that they were handled in line with the policy, although one response had not included contact details for the Parliamentary and Health Services Ombudsman. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, local policies and procedures had been changed following a complaint regarding end of life 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 a clear vision to deliver “high quality evidence-based care and support our patients in managing their health conditions effectively”.

- Staff knew and understood the values and were committed to providing good care to patients.
- There had been a number of GP partner and management changes of the previous years. The practice was aware of the need to offer security and continuity to staff and patients, and we saw evidence that continuity was discussed at partner meetings.
- The partners and practice manager had clear plans for areas to develop within the practice and involved staff and patients in these appropriately.

Governance arrangements

There was an effective overarching governance framework which supported the delivery of the strategy and good quality care. This included:

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

Leadership and culture

The 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 were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff told us there were occasional staff social events.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys worked with the management team to improve communication with patients and patient services locally.
- The practice analysed the national GP survey results which were published in January 2016 and identified areas for improvement which were acted upon. Improvements made included increasing the numbers of staff answering phones in the mornings and introducing more telephone appointments with GPs each day to offer greater continuity of care.
- The PPG was involved in deciding which information should go in seasonal newsletters, helping carry out patient surveys and analysing results.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through the regular staff meetings and individual discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were informed of a situation when GPs planned that the nursing team would run additional Saturday morning clinics, and how staff discussed their work life balance and the impact this would have, so this plan was not taken forward. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had employed nurse prescribers in 2004, and extended the branch surgery in 2004 to become a training practice. The practice had also supported a GP returning to practice in the UK. The practice was due to take one of the early physician associate trainees in August 2016. (Physician Associates support doctors in the diagnosis and management of patients. They are trained to perform a

number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor).

The practice shared positive feedback from medical students and trainee GPs over their experiences and the support they received at Reedyford Health Care. Several of the GP partners had been trainee GPs at Reedyford and returned as salaried GPs before becoming partners.

The practice was actively engaged in supporting medical research with one GP and one practice nurse trained in research techniques who invited appropriate patients to participate in this research.

The practice was proactive in utilising social networking to increase communication with patients, and had 186 patients liking its Facebook site and over 1,800 followers on Twitter. The practice shared a variety of health promotion campaigns with patients, including food labelling and exercise, and preventing falls. The practice also monitored the demographics of the patients who used this media, and was able to target specific health messages to these.