

# Rosehill Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rosehill Surgery on 19 July 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The practice staff had a very good understanding of the needs of their practice population and was flexible in their service delivery to meet patient demands; such as providing additional GP appointments when required.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive. There was evidence of an all-inclusive team approach to providing services and care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- Patients said they found it easy to make an appointment, there was continuity of care and if urgent care was needed they were seen on the same day as requested.
- The practice promoted a culture of openness and honesty. There was a nominated lead for dealing with significant events. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- Risks to patients were assessed and well managed.
- There were safeguarding lead in place and robust systems to protect patients and staff from abuse.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and engagement with patients and their local community.

# Summary of findings

- The practice complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)

We saw areas of outstanding practice:

- The practice provided GP led acupuncture service as an optional service for patients with chronic pain.

There was one area where the provider should make improvements:

- Ensure key information for example the practice leaflet and health information for patients is available in different languages

**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



- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events and near misses. There was a nominated lead that ensured all incidents were recorded on the electronic reporting system. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details available for staff.
- There were processes in place for safe medicines management. Prescribing medicines were reviewed weekly by the practice pharmacist.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control (IPC). They undertook IPC audits and regular checks of the building.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with local and national pathway and NICE guidance.
- We saw evidence of appraisals and up to date training for staff.
- There was evidence of working with other health and social care professionals, such as the health visitors, school nurses and the mental health team, to meet the range and complexity of patients' needs.
- Clinical audits could demonstrate quality improvement.
- End of life care was delivered in a coordinated way.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were either comparable or higher than the local and national averages.

# Summary of findings

- Staff were supported to enhance their skills for example, the pharmacist and the practice nurse was undertaking additional training to be able to become prescribers.
- GPs had participated in regular local media work to provide support and give health advice to everyone in the local community.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice comparable to other practices for the majority of questions regarding the provision of care. Comments we received from patients on the day of inspection were positive about their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations.
- Appropriately trained staff were available to act as chaperones for patients as required.
- The practice had developed patient specific care plans and health action plans. These were used to support the provision of care and enable patients to be appropriately involved in their own care.
- It was apparent when talking with both clinical and administrative staff during the inspection there was a genuine warm, caring and supportive ethos within the practice.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with East Lancashire Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided GP led acupuncture service as an optional service for patients with chronic pain.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed.
- The practice offered pre-bookable, same day and online appointments up to a month in advance. They provide access to extended hours services and telephone consultations and text message reminders.

# Summary of findings

- All patients requiring urgent care were seen on the same day as requested.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients, learning disability or mental health patients where required.
- The practice staff had a very good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing additional GP appointments when required.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had recognised patient access to the practice as an issue and had worked with the CCG to identify and implement improvements that included changes to appointment system.

## Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The practice promoted a culture of openness and honesty. Staff and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.

The practice proactively sought feedback from patients through engagement with patients, the Patient Participation Group (PPG) and their local community.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Proactive, responsive care was provided to meet the needs of the older people in its population.
- Medication reviews were undertaken every six months.
- Registers of patients who were aged 75 and above and also the frail elderly were in place to ensure timely care and support were provided. Health checks were offered for all these patients.
- The practice worked closely with other health and social care professionals, via the Burnley integrated neighbourhood team, involving continued liaison with multi-disciplinary care teams. This was to help housebound patients received the care and support they need and manage reduce hospital admissions.
- Telephone access for prescriptions for over 65s and housebound patients, with prioritised GP call back systems in place for these groups and their carers.

### People with long term conditions

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

Good



- The practice nurses had lead roles in the management of long term conditions, supported by the GPs. Six monthly or annual reviews were undertaken to check patients' health care and treatment needs were being met.
- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- The practice had a same day access policy for those patients who experienced deterioration in their condition. Longer appointments were also available as needed.
- 24 hour ambulatory blood pressure monitoring and in house phlebotomy services were provided.
- In house acupuncture provided at the practice for chronic pain management.
- 76% of patients diagnosed with asthma had received a review in the last 12 months compared to 76% locally and 75% nationally.
- 92% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 90% both locally and nationally.

# Summary of findings

## Families, children and young people

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

Good



- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- 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 and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day access was available for all children under the age of five.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 85% of eligible patients had received cervical screening, compared to 82% both locally and nationally.

## 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



- The needs of these patients 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 provided telephone consultations, online booking of appointments and ordering of prescriptions.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- Health checks were offered to patients aged between 40 and 74 who did not have a pre-existing condition.
- Travel health advice and vaccinations were available.

## People whose circumstances may make them vulnerable

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

Good



- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them



# Summary of findings

vulnerable. They 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.

- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including travelling people and those with a learning disability.
- Easy read practice leaflet was available for patients with a learning disability.
- Annual reviews for patients with a learning disability were provided where the patient preferred at their home or at the practice.
- The practice supported patients with alcohol and drug dependencies and worked in close liaison with a local integrated substance misuse service.
- Systems were in place to support patients who were at risk of over using medication with weekly prescriptions being issued.

## 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).
- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 100%
- 87% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was comparable to the local average of 86% and national average of 90%.
- Patients who were at risk of developing dementia were screened and support provided as necessary. Referrals were made to the memory clinic based at the practice.
- Staff had a good understanding of how to support patients with mental health needs or dementia.
- The practice had developed comprehensive care plans for patients with dementia.

Good



## Summary of findings

- Same day appointments / phone triage were made for patients experiencing poor mental health.

# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 7 January 2016 and related to data collected from January – March 2015 and July – September 2015. The national GP patient survey distributed 266 survey forms of which 96 were returned. This was a response rate of 36% which represented approximately 1.6% of the practice patient list. The results published in January 2016 showed the practice was performing in line with local CCG and national averages, for the majority of questions. For example:

- 95% of respondents described their overall experience of the practice as fairly or very good (local CCG 85%, nationally 85%)
- 84% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local CCG 77%, nationally 80%)
- 70% of respondents described their experience of making an appointment as good (local CCG 71%, nationally 73%)

- 90% of respondents said they found the receptionists at the practice helpful (local CCG 84%, nationally 87%)
- 96% of respondents said they had confidence and trust in the last GP they saw or spoke to (local CCG 94%, nationally 95%)
- 100% of respondents said they had confidence and trust in the last nurse they saw or spoke to (local CCG 97%, nationally 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 30 comment cards. They stated they felt listened to and also cited staff as being caring and helpful. We also saw that the Family and Friends comments for May 2016 were positive with 92% would recommend the practice.

We also spoke with four patients on the day; all of whom were very positive about the staff and the practice. They gave us examples where they had felt cared for and treated well and also how family members were cared for by the practice. One of the patients informed us that the reception staff always prioritised children and made sure they were seen the same day.

# Rosehill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, a GP specialist advisor and practice manager specialist advisor.

## Background to Rosehill Surgery

Rosehill Surgery is a member of the East Lancashire Clinical Commissioning Group (CCG). Personal Medical Services (GMS) are provided under a contract with NHS England.

Rosehill surgery occupies a location on the second floor of purpose built health and leisure facility. The building is well designed and spacious with good facilities for those with limited mobility. The practice offers a comprehensive range of services including acupuncture and minor surgery.

The practice is located in an area of high deprivation within Burnley city centre. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice currently has a patient list size of 6,157. The average life expectancy of the practice population is slightly below both CCG and national averages for males at 75 years compared to 77 years and 79 years respectively. Life expectancy for females is also slightly below the CCG and national averages at 80 years (CCG 81 years and national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

There are four GPs (two female and two male, three of whom are partners), who work at the practice. Nursing staff consist of two practice nurses and a health care assistant; all of whom are female. There is a practice manager, and a team of reception and administrative staff who oversee the day to day running of the practice.

The practice is open Monday to Friday 8am to 6.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. When the practice is closed out of hours services are provided by East Lancashire Medical Services and can be contacted by telephoning NHS 111.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and East Lancashire CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results

# Detailed findings

(January 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 19 July 2016. During our visit we:

- Spoke with a range of staff, which included both GPs, the practice nurse, the practice manager and reception staff.
- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.
- Observed in the reception area how patients, carers and family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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, recording and investigating significant events and near misses.

- There was a culture of openness, transparency and honesty.
- The practice was aware of their wider duty to report incidents to external bodies such as East Lancashire CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- A GP was the nominated lead for ensure all significant events and near misses were recorded on the electronic reporting system. We saw there was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- All significant events relating to medicines were monitored by the pharmacist and local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.
- There was a system in place to ensure all safety alerts were cascaded to staff and actioned as appropriate.

### 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. We saw evidence of:

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. The GP acted in the capacity of safeguarding lead for adults and children and had been trained to the appropriate

level three. Although it was not possible for the GPs to attend external multi-agency safeguarding meetings, reports were always provided where necessary. The GPs met regularly with the health visitor who also regularly attended the practice and any child safeguarding issues or concerns were communicated to them.

- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. 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.) It was recorded in the patient's record when a chaperone had been in attendance or refused.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All staff had received up to date training in IPC. A practice nurse was the nominated lead for infection prevention and control (IPC) who could evidence an organised and knowledgeable approach. They undertook regular checks of the building and we saw evidence that an IPC audit had taken place and action had been taken to address any improvements identified as a result. There were spillage kits available in the practice, which could be used to deal with the spillage of bodily fluids, such as blood.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the in house pharmacist and local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines, in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

## Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

### Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A health and safety policy and up to date fire risk assessment.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and as a paper copies.

# 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). We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 97% of the total number of points available, with 5% exception reporting. This was in line with the national average of 9%. (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). Data showed:

- Performance for some diabetes related indicators was in line with CCG and national averages. For example, 90% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months compared with the CCG average of 89% and England averages of 88%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan in place in the preceding 12 months; CCG average 89%, England average 88%.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We saw several clinical audits for example minor surgery and joint injections. The audits had been undertaken in 2015 and repeated again within 12 months. The audits could demonstrate where improvements had been identified and subsequently maintained.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. All staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence. We were informed staff kept up to date of any changes by accessing online resources or guidance updates.
- The GPs were up to date with their revalidation and appraisal.
- The practice nurses were up to date with their nursing registration.

### Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. With



# Are services effective?

## (for example, treatment is effective)

the patient's consent, information was shared between services, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

### Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as the Fraser guidelines. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

We saw evidence that when a patient gave consent it was recorded in their notes. Where written consent was obtained, this was scanned and filed onto the patient's electronic record.

### Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support
- who were socially isolated
- with alcohol and drug dependency

These patients were then signposted or assisted to the services relevant to them.

The practice also liaised with a range of services that regularly visited and operated from the building the practice was based in, these included occupational therapy, mental health counselling, midwives, health visitors, a pharmacist, cancer support nurses and hospice liaison.

The practice's uptake for the cervical screening programme was 80%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Breast screening take up within the last 36 months was 71% which was comparable with local rates at 68% and 72%. The practice demonstrated how they encouraged uptake of the screening programme by regularly updating information displayed in the practice waiting area and undertaking opportunistic checks when patients visited the practice for other reasons.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

All of the 30 comment cards we received, with the exception of one, were positive and used the words excellent to describe the service and care they had received. They stated they felt listened to and also cited staff as being caring and helpful.

Data from the national GP patient survey showed respondents rated the practice comparable to CCG and national averages for many questions regarding how they were cared for. For example:

- 86% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 87%, nationally 89%)
- 93% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 92%, nationally 91%)
- 95% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 87%, nationally 87%).
- 99% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 93%, nationally 92%)

- 87% of respondents said the last GP they spoke to was good at treating them with care and concern (local CCG 87%, nationally 85%).
- 83% of respondents said the last nurse they spoke to was good at treating them with care and concern (local CCG 92%, nationally 91%).
- Patients we spoke with on the day were also very positive about the staff and the practice. They gave us examples where they had felt cared for and treated well and also how family members were cared for by the practice.

### Care planning and involvement in decisions about care and treatment

The practice provided facilities to help patients be involved in decisions about their care:

- The choose and book service was used with all patients as appropriate.
- Interpretation and translation services were available for patients who did not have English as a first language. The GPs could speak other languages to enable patients understand their decision making.
- The practice leaflet was available in an 'easy read' version for patients with a learning disability, however we did note that the practice leaflet and important health information was not available in any other language. It had been identified that there were a large number of Urdu speaking patients who may have benefited from translated information. We discussed this with the practice manager who told us that they would take steps to rectify this.
- Due to the culture of the majority of the patients, and when appropriate, other family members were involved in care planning; particularly for elderly patients.

Data from the national GP patient survey showed respondents rated the practice comparable to CCG and national averages for many questions regarding how they were treated. For example:

- 90% of respondents said the last GP they saw was good at involving them in decisions about their care (local CCG 82%, nationally 82%)
- 83% of respondents said the last nurse they saw was good at involving them in decisions about their care (local CCG 87%, nationally 85%)

## Are services caring?

- 87% of respondents said the last GP they saw was good at explaining tests and treatments (local CCG 86%, nationally 86%).
- 91% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (local CCG 92%, nationally 90%)

### **Patient and carer support to cope emotionally with care and treatment**

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. All carers were offered a health check and influenza vaccination. Additional support was provided either by the practice or signposted to other services as needed.

At the time of our inspection the practice had identified 120 carers, which equated to just less than 2% of the practice population.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were 55 patients on the palliative care register. It was noted the practice also provided a dedicated telephone line to support patients and families during the provision end of life care.

We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with East Lancashire CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need
- Telephone consultations
- Longer appointments as needed
- Travel vaccinations which were available on the NHS
- Disabled facilities
- Interpretation and translation services
- Many of the staff were multilingual which supported effective communication with their patients
- Disabled facilities, a hearing loop and translation services available.
- The practice provided GP led acupuncture service as an optional service for patients with chronic pain.

The practice demonstrated a comprehensive understanding of their practice population and individual patient needs.

### Access to the service

The practice was open Monday to Friday 8am to 6:30pm.

The surgery times were Monday-Friday 8.10 - 10.50am and 3.00 - 5.50pm, with same day surgery available for urgent appointments.

Appointments could be booked up to a month in advance and same day appointments were available for people that needed them. Same day appointments were available for children and those with serious medical conditions and the practice also offered telephone consultations.

Data from the national GP patient survey showed respondents rated the practice comparable to other local and national practices. For example:

- 67% of respondents were fairly or very satisfied with the practice opening hours (local CCG 72%, nationally 78%).
- 67% of respondents said they could get through easily to the surgery by phone (local CCG 71%, nationally 73%).
- 95% of respondents said the last appointment they got was convenient (local CCG 92%, nationally 92%)

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice kept a record of all written and verbal complaints.
- All complaints and concerns were discussed at the practice meeting.
- Information was available to help patients understand the complaints system. For example

information was available and displayed in the waiting area and was also available via the practice website.

There had been four complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of 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 and robust strategy to deliver high quality, safe and effective care in response to the needs of patient within their community.

There was a statement of purpose submitted to the Care Quality Commission which identified the practice values, for example to improve the health and well-being of patients and to treat individuals with respect. All staff knew and understood the practice vision and values.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

### Governance arrangements

There were good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there was:

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, data and recall of patients, and infection prevention and control.
- Practice specific policies were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance, significant events and complaints were discussed.
- A programme of clinical audit, which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording, managing and mitigating risks.
- Business continuity and comprehensive succession planning in place, for example the upskilling of staff.

### Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and supported. The GP partners spoke in very complimentary terms regarding all of their staff.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. We saw evidence of:

- Practice, partner and clinical meetings being held.
- Formal minutes from a range of multidisciplinary meetings held with other health and social care professionals to discuss patient care and complex cases, such as palliative care.
- An all-inclusive team approach to providing services and care for patients.

We were informed there was a culture of openness and honesty. The practice was aware of, and had systems in place to ensure compliance with, the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). When there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through day to day engagement with them.
- Members of the patient participation group (PPG). The PPG met regularly, carried out patients' surveys and felt confident in submitting proposals for improvements to the practice. For instance proposals to improve to patient appointment access.
- The latest Friends and Family Test (May 2016) showed that 92% would be extremely likely or likely to recommend the practice to others.
- Complaints and compliments received.
- Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.

### Continuous improvement

# Are services well-led?

Good 

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

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 and national schemes to improve outcomes for patients in the area. For example:

- They were part of East Lancashire Federation within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- The practice was looking at various options to expand their patient numbers and accommodate additional services for patients.