Yorkshire Street Medical Centre

Quality Report

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Date of inspection visit: 9 February 2016
Date of publication: 13/04/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Yorkshire Street Medical Practice on 9 February 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
  - Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There were systems in place to assess and monitor risks to patients, though we noted there was no paediatric mask in place for emergency oxygen, some supplies were out of date and blind pulls had not been assessed to remove potential ligature points.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice had encouraged patients to attend exercise on prescription over many years.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, hand rails had been put up after a patient comment and a new ramp had been installed following feedback from the PPG.
- The practice had a clear vision with patient care as the top priority.

Summary of findings

- The practice actively engaged with patient groups who may historically have been difficult to reach, for example parents of new born babies and 16 year olds.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Access to appointments was well managed. Patients said they found it easy to make an appointment and there was good continuity of care, with urgent appointments available the same day and routine pre bookable appointments always available within 48 hours.
- 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 areas where the provider should make improvement are:

- Complete actions to mitigate the risks identified including supplies and emergency equipment, blind pulls, alarm calls and prescription pads.
- Develop infection prevention and control procedures to incorporate relevant blood spill guidance and sample handling.

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice, we saw evidence of new templates and procedures being introduced following reflection and learning from incidents.
- We saw examples of unintended or unexpected safety incidents, where 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, systems and processes did not cover all potential risks to patients.
- For example, there were unsecured blind pulls in patient accessible areas which could act as ligature points, there was no emergency alarm in the disabled toilet and there was no paediatric mask available for the oxygen.
- There were also some medical supplies which were out of date, the practice removed these and ordered replacements immediately.
- The practice had systems in place for secure storage of blank printer prescriptions and prescriptions for controlled drugs. Blank prescription pads however, were stored in reception with no audit trail. The practice implemented a system whilst we were on-site.
- The practice responded proactively to all areas of concern during the inspection which mitigated a number of potential risks to patients.
- Staffing levels were good and ensured prompt access for patients to care at all times.

Are services effective?

Good

The practice is rated as good for providing effective services.

Summary of findings

- 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.
- We saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients, including notifying NHS England where national directives needed updating.
- Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group (CCG). For example, 99% of patients with Chronic Obstructive Pulmonary Disease (COPD, a condition of the lungs) had a full review in the previous 12 months, higher than the national average of 90%.
- A variety of comprehensive clinical audits demonstrated quality improvement, involvement of all staff and a reflective culture.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- There was a long history of referring patients to exercise on prescription. Many patients we spoke to told us they attended the gym and other exercise groups because of the practice's direction and encouragement.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care. For example, 93% found the receptionists helpful, higher than the CCG average of 85% and national average of 87%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- The culture of the practice was patient focussed throughout.
- Staff listened to their patients and gave a very personalised service to them. Staff were motivated and inspired to offer kind and compassionate care.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice provided high quality information for patients, and comprehensive written information prior to minor surgery. This included a written consent form.

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- Views of external stakeholders were very positive and aligned with our findings.
- The practice sent sympathy cards to the next of kin when patients died which included information on support services. GPs contacted families to offer personal support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example a variety of local enhanced services were provided to offer access closer to home, such as 24 hour electro cardiograms (ECG); d-dimer (a test which checks for blood-clotting problems) and wrist splints (for patients who had undergone operations on their hands and wrists).
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the PPG. A new ramp had been installed at the front entrance to improve access for less physically able people following a PPG suggestion.
- People could access appointments and services in a way and at a time that suited them, for example appointments could be easily booked on line, on the day appointments were always available and routine appointments were made within 2 working days.
- Information about how to complain was available and easy to understand. However, leaflets had to be requested from staff at the time of our visit. Evidence showed that the practice responded quickly to issues raised. The practice acted immediately to place complaints leaflets in the waiting room whilst we were conducting our inspection.
- The practice actively engaged with patients through a face-to-face and virtual PPG, there were over 90 virtual PPG members who received regular information. The PPG met

Summary of findings

quarterly and worked actively to support the practice, and had also developed the Burnley Patients Network which worked with the CCG and actively promoted health awareness and patient issues locally.
- The practice used innovative ways to engage with different patient groups. For example sending congratulations cards to parents with new babies and birthday cards to 16 year olds which included information on relevant health care and services.

Are services well-led?

Good

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 comprehensive policies and procedures to govern activity and held regular governance meetings.
- Individual staff had allocated tasks which they were enthusiastic about and made a difference to patients. For example, patient information displays were eye catching and informative. Other areas of responsibility included childhood immunisation screening; cervical screening and health checks for patients with learning disabilities. Data for all these areas showed higher performance than comparator practices. Staff understood their performance in these areas and proactively worked to consistently improve patient care.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. For example, CCTV was introduced following a staff suggestion.
- There was an active PPG which met quarterly as well as a virtual PPG which had over 90 members. The practice regularly circulated information via email to this group.

Summary of findings

- The practice gathered feedback from patients using information technology and social media, and the patient participation group influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction with very low staff turnover. Staff were positive about the team ethos and support they received.
- The practice currently helped train medical students and was planning to become a GP training practice.
- The practice had comprehensive development plans which linked to practice priorities.

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

Good

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

- The practice offered same day appointments for older patients.
- All patients who were over 75 had a named GP and were offered an annual health check.
- The practice had a carers register with 3% of the population recorded as carers. Patients were signposted to the local carers contact and invited to annual health checks.
- A carers display board in the practice gave details of support available to carers.
- The practice offered proactive, personalised care through a care plan and worked with other professionals to deliver good care to this age group.
- Home visits were carried out by the GPs and practice nurses to housebound patients and joint working with community staff ensured these patients were supported in their own homes.
- The practice had access to a CCG funded community geriatrician who advised in management of patients with complex conditions and contributed to care planning.
- 83% of patients aged 65 and over had received a seasonal flu vaccination the previous flu season, higher than the national average of 73% (2013-14 data).
- The practice worked closely with two specialist nurse practitioners who conducted ward rounds in all local care homes and liaised daily with GPs where there were concerns.
- The GPs supported patients in intermediate care beds locally for patients who could not manage on their own but did not require full hospital care.
- The practice sent bouquets to patients who were 100 years old (all centenarians had been female to date).

People with long term conditions

Good

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

- Practice nurses managed patients with chronic diseases under the guidance of GPs.
- 100% of patients with atrial fibrillation (a heart condition) whose stroke risk was assessed as high were treated with appropriate medication to reduce the risk of stroke compared with the national average of 98%.

Summary of findings

- Patients with diabetes were referred to the expert patients programme and diabetic retinopathy screening.
- 97% of patients with diabetes on the register had an influenza immunisation in the preceding flu season (national average 93%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice philosophy was to help educate and inform patients about long-term conditions to empower them to manage their own conditions where possible.
- Patients who had experienced breast cancer were invited for reviews with the practice nurses. The practice also worked closely with Lancashire cancer care network and signposted patients with cancer to various local support services.
- All patients with mobility difficulties were highlighted on the computer system and GPs and nurses saw them on the ground floor.

Families, children and young people

Outstanding ☆

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

- The practice provided ante natal clinics with the community midwife.
- The practice had identified the need to improve childhood immunisation rates and some years back began sending congratulations cards to parents of new born babies with advice for parents and immunisations schedules.
- A member of staff was responsible for coordinating childhood immunisations and took pride in achieving high immunisation rates for standard childhood immunisations. For example, rates for under 12 month olds were 90% and 95% compared to CCG figures of 72% and 84%. 24 month olds rates varied from 82% to 97% (CCG rates 75% to 86%).
- The practice reviewed access to baby clinics following an incident and now ran pre-booked appointments. Practice staff told us parents were much happier with the new arrangements.
- The practice invited mothers of new born babies to 40-minute post-natal checks with a GP.
- Unwell babies and children were seen the same day.

Summary of findings

- The safeguarding lead met with health visitors to discuss children "of concern". The practice had adopted a low threshold to identifying children and families who may require additional support. There were excellent 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 or missed immunisations were discussed and referrals to social services were made where appropriate.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with health visitors and school nurses.
- The healthcare assistant had conducted a survey of young people as part of her training. As a result of this work, the practice had begun sending birthday cards to patients who turned 16, including age appropriate information about access to health services and advice.
- Patients were encouraged to use social networking to engage with the practice and text messaging was used for appointment reminders, health promotion information and feedback.
- A member of staff was responsible for coordinating cervical screening for women. Data showed 83% of eligible women had attended screening in the previous 3 years compared to 73% nationally.
- There was relevant information and signposting to domestic violence support within the practice.
- A newly appointed nurse completed training in family planning as part of appraisal and continuous professional development planning.
- One of the nurses identified that the nationally issued patient group directive on influenza vaccination missed out pregnant women, so contacted NHS England who revised it to include expectant mothers.
- The practice offered family planning and sexual health screening for the wider local population.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice sent details to the local university for local students to promote access to health care for this population group.
- 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.
- Extended hours appointments were available on Monday evenings for patients who had difficulty attending during normal hours.
- The practice offered a full range of sexual health screening and family planning services to their own patients as well as those of other local practices.
- The practice was proactive at using social media to engage with patients and encouraged feedback through a variety of mediums.

People whose circumstances may make them vulnerable

Good

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

- The practice held registers of patients living in vulnerable circumstances and met bi-monthly with the integrated neighbourhood team to ensure health and social care needs were met.
- The practice conducted thorough annual health checks for people with a learning disability and had proactively identified some patients with health concerns who were treated to avoid further significant illnesses.
- The GP responsible for conducting annual health checks for patients with learning disabilities had built up a good relationship with many patients who had previously not engaged with health services, and ensured they regularly attended the practice and other health services as required.
- The practice worked with a local substance misuse service to support patients with drug and alcohol problems.
- Ex veterans were identified, offered an annual health check and signposted to local support groups.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff clearly recognised signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

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  92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to 89% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Counselling and wellbeing support services were offered from the practice by partner organisations.
- The practice had comprehensive system in place to follow up patients who had attended hospital where they may have been experiencing poor mental health.
- All staff had completed Dementia Friends training and wore Dementia Friend badges.

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 above local and national averages. There were 117 responses and a response rate of 32%. This represented 2% of the practice list.

- 98% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 79% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 59% and a national average of 60%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 100% said their last appointment was convenient (CCG, 93% national average 92%).
- 90% described their experience of making an appointment as good (CCG 71%, national average 73%).
- 61% felt they didn't normally wait too long to be seen (CCG and national average 58%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards of which 27 which were highly positive about the standard of care received. Words such as "excellent" and "friendly and helpful" were used in comment cards. One comment was not positive, we contacted this patient for more information during the inspection, when we were told the concern was isolated and that care was usually good.

We spoke with nine patients during the inspection and three members of the Patient Participation Group. All patients we spoke to described the care they received as excellent generally, and described staff as welcoming, smiling, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Complete actions to mitigate the risks identified including supplies and emergency equipment, blind pulls, alarm calls and prescription pads.
- Develop infection prevention and control procedures to incorporate relevant blood spill guidance and sample handling.

Yorkshire Street Medical Centre

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 a second CQC inspector.

Background to Yorkshire Street Medical Centre

Yorkshire Street Medical Centre provides services to 5,881 patients in the Burnley area of East Lancashire from a three storey grade two listed Edwardian Building in the centre of Burnley. The practice provides services under a General Medical Services (GMS) contract with NHS England.

The practice has five GP partners, three male and two female, a nursing team comprising of two nurses and an assistant practitioner (a non-clinical member of staff trained to undertake various clinical tasks in line with clear protocols under supervision). They are supported by a practice manager and team of nine administrative staff. The practice supports second and fifth year medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3pm to 6pm each afternoon. Extended hours surgeries are offered from 6.30pm until 8.15pm on Mondays.

Information from Public Health England suggests the practice has a predominantly white population, with slightly above average 45 – 49 year old female patients and more 60 – 79 year old patients than national practice averages.

Practice data shows more patients than average have a long-standing health condition, 71% compared to an average of 54%. Male and female life expectancy is just below East Lancashire Clinical Commissioning Group (CCG) and national averages (male: practice 76, England 79; female: practice 80, England 83).

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

Practice data showed a variation in the reported prevalence of coronary heart disease against expected prevalence which was discussed during the inspection.

Patients have access to minor injuries units in Accrington and Rawtenstall as well as a local urgent care centre. Out of hours treatment is provided by East Lancashire Medical Services Ltd on behalf of East Lancashire CCG.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

- Spoke with a range of GPs, nurses, an assistant practitioner, reception and administrative staff and the practice manager and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and family members
- Reviewed anonymised personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events was understood by all staff.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events which were discussed at clinical and wider staff meetings.

There were five significant events recorded in 2015 which we reviewed during the inspection. We discussed with the practice widening the threshold for when an incident or near miss was identified as a significant event to ensure themes could be identified and analysed. We reviewed safety records, incident reports and checked systems for acting upon nationally issued safety guidance. Critical incidents were used as an opportunity to learn and improve safety throughout the practice. For example, immunisation storage procedures were reviewed following an incident when adult vaccines had been given to children by mistake. We did note however, that locum staff did not have access to learning from significant events.

We saw that patients and their families received appropriate support if they were affected by an incident, were given truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safeguarded from abuse. We did identify some risks to patients which were had not been adequately managed. The practice responded immediately to concerns noted by the inspection to mitigate these potential risks however.

There were appropriate arrangements to safeguard children and vulnerable adults which reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance regarding concerns about patients. The safeguarding lead was a GP, with the practice manager acting as the deputy. There was a comprehensive log of all safeguarding cases identified and discussed, alerts were placed on patient records for these patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three.

Patients were routinely offered chaperones. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean, tidy and well looked after given its age and listed status. One practice nurse had recently taken over as the infection prevention and control clinical (IPC) lead and had had level one and two IPC training, though not the higher level training for IPC leads. There was an IPC protocol in place and staff received up to date training. Annual infection control audits were undertaken and improvements identified were added to the building development plan. For example, carpets in consulting rooms were to be replaced when funds became available.

The treatment room was used for minor surgery, this met the required standard for infection prevention and control. We did note that guidance on cleaning bodily fluid spills was not kept with the spill kits and some specimen samples were handed to reception staff who were not trained in specimen handling.

The arrangements for managing medicines, including emergency drugs and vaccinations kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines manager, to ensure prescribing was in line with best practice guidelines for safe prescribing. Printer prescriptions were securely stored and there were systems in place to monitor their use, though we noted that prescription pads were stored in the reception area and there was no audit trail for these. The practice implemented a recording system whilst we were on site. Patient group directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. One of the nurses had recently informed NHS England that the influenza PGD did not include

pregnant women, which led to a national revision of this directive. The practice had a system for production of patient specific directions to enable the assistant practitioner to administer vaccinations.

We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and barring service.

We did note that there was no lone worker risk assessment for nurses who were visiting patients at home and discussed staff safety with the practice.

Monitoring risks to patients

Risks to patients were generally assessed and well managed but we did note a few areas where the practice had not identified risks adequately. The practice addressed these promptly.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. The practice had up to date fire risk assessments and carried out regular fire drills. Fire wardens were appointed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. The showerhead was not included on the legionella daily schedule at the time of our visit. The practice amended the schedule whilst we were there to include this.

There was appropriate handling of sharps. Sharps bins were adequately labelled, appropriately located and waste was stored safely. Staff used personal protective equipment (PPE) such as gloves and aprons. Privacy curtains were disposable and replaced appropriately, although some rooms had screens, which were wiped down regularly. The building development plan included replacing screens with curtains in the future.

The disabled toilet was located by the back door, and kept locked, a key was available from reception. There was no emergency alarm in this toilet, and there was a window blind cord which could be used as a ligature. Blind cords had not been risk assessed to reduce potential risk to patients.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had seen a turnover of GPs in the previous year but had now recruited and was actively recruiting a nurse as well as consulting with reception staff to decide on succession arrangements for staff who would retire in the near future.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents, concerns which were identified on the inspection visit were being rectified whilst we were present.

There was an instant messaging system on the computers in all consultation and treatment rooms which alerted staff to any emergency. We asked the practice how staff who were not logged in or used a different room would raise an alert. The practice began reviewing procedures to address this concern immediately.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, though we noted that documents embedded in the plan had not been updated when changes took place.

- All staff received annual basic life support training and there were emergency medicines stored in a locked cabinet in reception which staff knew how to access.
- All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with an adult mask but no paediatric mask.
- There was also a first aid kit and accident book available.
- We did note some emergency equipment stock was out of date, guided airways, syringes and orange needles. Again, the practice rectified this whilst we were on the premises.

Good

Are services safe?

- There were spill kits in place at reception, though we noted there were no procedures with these kits. There was lack of clarity as to who could clean up a spill and who was trained to do so.

Good

Are services effective?

(for example, treatment is effective)

Our findings

- The practice had a comprehensive induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice training matrix demonstrated regular role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, information governance and moving and handling. Staff had access to and made use of e-learning training modules and in-house training.
- As well as regular team meetings where a proactive approach to supporting staff was adopted, there were regular protected learning afternoons where the whole team came together. The practice also held team building events which staff told us they thoroughly enjoyed and contributed to a great atmosphere in the practice.

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 electronic 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 people to other services. An audit trail was kept of all referrals to secondary and community care and the practice monitored non attendances at external appointments.

An integrated neighbourhood team met bi-monthly with other health and social care services to understand and meet the range and complexity of people's health and social care needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Care plans were routinely reviewed and updated when a patient's circumstances changed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- The practice had a comprehensive consent policy. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Written guidance was given to all patients prior to minor surgery and patients signed a written consent form which was attached to the patient record.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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 and those requiring advice on their diet, smoking and alcohol cessation and bereaved relatives. Patients were signposted to support services.
- The Patient Participation Group had set up a weekly walking group which practice staff supported and referred patients to.

Good

Are services effective?

(for example, treatment is effective)

- Smoking cessation, well-being and counselling services were facilitated within the practice building weekly by local partner organisations.
- Staff were empowered and supported to manage areas of work such as childhood immunisations; cervical screening and learning disabilities. There was a positive impact on patient outcomes from this allocation of responsibilities which data corroborated.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 93%, higher than the national average of 82%. The practice sent additional invites when patients did not respond to regionally generated invite letters. The practice actively encouraged patients to attend national screening programmes for bowel and breast cancer screening with eye-catching displays in the patient waiting room, although National Cancer Information Network data published in March 2015 showed lower numbers of patients screened for breast and bowel cancer than CCG and national averages (breast cancer data: practice, 64%: CCG 68%; national average 72%).

Childhood immunisation rates for the vaccinations given were slightly higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 97%, (national figures 73% to 86%) and five year olds from 71% to 99% (national figures 68% to 97%) (2014-2015 data). Flu vaccination rates for the over 65s were 83%, and at risk groups 67%. These were also higher than national averages (of 73% and 57%) (2013-2014 data).

The practice published a patient newsletter which gave patients up to date information on initiatives such as pharmacy first and self-care as well as details of how to access health care when the practice was closed.

The PPG was proactive in publicising health promotion and encouraging other people to attend health checks and clinics.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had referred patients for exercise on prescription for many years, and a number of patients gave us examples of being referred to the gym and other activities by the practice following health checks.

Good

Are services caring?

Our findings

people dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff recognised when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.
- The waiting areas were located separately to the reception desk, which offered greater privacy for patients speaking to staff at the desk.

27 of the 28 patient CQC comment cards we received were very positive about the service experienced. We spoke with nine patients who said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There was praise for access to appointments and the welcoming way which the reception team spoke to patients. One comment was not positive, although we were informed this related to an isolated case and that care was usually good.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They gave a number of examples of the practice looking after vulnerable patients, treating patients in a caring and respectful manner and respecting individual wishes, such as living wills and requests to remain in the comfort of their own homes. Feedback highlighted that staff responded compassionately when patients 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 in line with or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG and national average of 87%.
- 86% said the GP was good at giving them enough time (CCG and national averages 87%).
- 93% had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 85%, national average 85%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 95% say that last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 91%, national average 88%).

Staff told us that translation services were available for patients who did not have English as a first language. Sign language interpreters were also booked for patients with hearing difficulties.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 3% of the practice list as carers and offered health checks to these patients. The practice told us they actively identified patients who were caring for others. Written information was available to direct carers to the various avenues of support available to them. The practice directed patients to Lancashire well-being service which had recently commenced weekly drop in clinics at the surgery.

If a patient died, their usual GP contacted the next of kin and sent them a sympathy card. This included a leaflet with advice on how to find relevant support services and offering additional care for relatives.

Good

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. For example, the practice had piloted the introduction of repeat prescribing in the local area. Experiences were shared with other practices to increase this initiative.

- The practice offered extended hours appointments on Mondays until 8.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- The practice offered travel clinics and vaccinations.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Some consulting rooms were on the first floor. The practice had effective alerts on patients records and the clinician would use a downstairs room if required with a longer appointment slot for these patients.
- The practice was aware of its population and had actively engaged with patients who might not otherwise have been aware of all services available, such as parents of new born babies, 16 year olds and patients with learning disabilities.
- The practice actively used information technology and social networking to communicate with and obtain feedback from patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3pm to 6pm each evening. Extended hours surgeries were available on Monday evenings. 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.

The practice told us that an audit of access to appointments by the CCG had shown that they had the best practice in the local area. This was re-enforced by our observations, staff and patient evidence on the day. Patients who asked to be seen urgently were seen the same day, and patients who requested a routine appointment were given one within 48 hours.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 90% patients described their experience of making an appointment as good (CCG average 71%, national average 73%.
- 66% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person who handled all complaints.
- The practice had a comprehensive leaflet explaining the complaints system, but this was kept at reception and patients had to request one when we visited. Likewise, the practice website did not contain details of how to complain.

We looked at four complaints received in the last 12 months and found that they were all handled in line with best practice guidance and local policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, documenting discussions with patients regarding specific prescribing requests had been improved following a complaint from a patient regarding delays obtaining a prescription.

Are services well-led?

Good

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

Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice placed emphasis on putting patients first, the personal touch and teamwork. Staff all understood and contributed to these aims.
- The practice had comprehensive business and development plans that supported this vision.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place which included:

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

Two-weekly clinical meetings took place, and the monthly practice meetings ensured new information and guidance was shared with GPs and nurses who joined the latter part of meetings. We did note that clinical meetings were not minuted and suggested the practice may wish to record some areas of these meetings.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to staff. There was a strong emphasis on "team" and a no blame culture.

The provider had a comprehensive "Being Open" policy that fully met requirements regarding Duty of Candour. The practice had systems in place for knowing about and reporting relevant 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.
- Monthly practice meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged staff to identify opportunities to improve the service delivered by the practice. Individual staff had allocated responsibilities, which they sought continual improvement in. Examples here included the patient information displays in the waiting areas; recruitment of patients to the virtual PPG; cervical screening and childhood immunisations which were high compared to local and national data.
- Staff told us about a number of team events which had taken place, and we observed a very supportive team who worked well together throughout 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.

- There was a virtual patient participation group (PPG) as well as a face to face group. The virtual group had over 90 members from a range of backgrounds. The main PPG met every three months and was active in the wider

Are services well-led?

Good

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

Burnley PPG and met with the CCG and other health providers to improve local patient services. The group supported the reduction of medicines wastage locally through active involvement and publicity over prescriptions ordering.

- The practice had gathered feedback from patients through the PPG, surveys, the Friends and Family Test and complaints received. The practice made improvements in response to feedback, such as fitting a new ramp at the front door.
- Staff told us they would not hesitate to give feedback or discuss any concerns and gave the inspection team examples where these had been acted upon.
- Areas which had been improved following staff feedback included introducing a log for prescriptions sent to pharmacies to reduce missing prescriptions and prevent patients experiencing delays obtaining their medication; and the introduction of CCTV following concerns over prowlers and possible thefts. 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 supported an active PPG which was engaged with other local health providers to consistently improve patient care in the community.

The practice was awarded a Gold Award by Manchester University for its work with medical students and had a comprehensive development plan which included becoming a training practice for GP trainees in 2016. One of the GPs was the programme director of the local GP training scheme. The practice also had plans in place for a more structured audit programme in future.

The practice recognised that their building provided challenges for delivering health care services, and had a building development plan which allowed improvements to be prioritised and work undertaken when finances allowed. The presentation of the practice showed the great care had been taken to maintain both the character of the building and ensure that healthcare services were safe.