Riverside Family Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverside Family Practice (previously known as Ruskin Family Practice) on 16th August 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- We saw no evidence that infection control audits were being undertaken or improvements planned.
- Staff had not received safeguarding training appropriate to their role
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- The practice was comparable with the average for its satisfaction scores on consultations with GPs and nurses
- The health and wellbeing of patients in relation to their caring responsibilities was reviewed when they attended for a consultation or health check. They were directed to the various avenues of support available to them.
- Information about the services provided and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was insufficient quality monitoring to ensure care and treatment was effective

Summary of findings

- 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.

There were areas where the provider must make improvements:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate training, and appraisal necessary to enable them to carry out the duties.

There were areas where the provider should make improvements:

- The practice safeguarding policy for vulnerable adults should be individualised to reflect the needs of the practice locality.
- Practice staff should complete a Disclosure Barring Service check prior to undertaking chaperone duties.
- Care and treatment of patients should only provided with the consent of the relevant person .
- The practice should consider supporting staff to undertake management training.
- Continue to identify and support patients who are also carers

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events. The systems in place to monitor actions and learning outcomes required formalising.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the safeguarding policy required an update to reflect the needs of patients registered at the practice and one clinical member of staff had not completed all relevant training.
- Some risks to patients were assessed and managed. However the practice risk assessment had not been updated since November 2015. We saw no evidence that infection control audits were being undertaken or improvements planned. There was an infection control protocol in place which was not practice specific and staff did not appear to understand their roles and responsibilities in relation to this.
- The practice had effective systems in place for the management of repeat prescriptions.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national acheivement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were incomplete. Analysis of significant events demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff. However some of the documentation was inconsistent.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was no system in place to monitor that parental consent for child immunisations was given.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (published in July 2017) showed patients rated the practice higher than others for several aspects of care. 91% of respondents stated that the GP was good at listening to them compared to a clinical commissioning group (CCG) average of 88 % and a national average of 89%.
- Carers were identified and staff ensured that their needs were assessed and monitored at consultations and health checks. The number of carers identified was 33 (0.7% of patients registered).
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was accessible including a translation service suitable for patients who did not speak English as a first language and a wide selection of leaflets in different languages.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good improvement for providing responsive services.

- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the practice engaged with the medicines optimisation team to reduce the rate of prescribing.
- Patients told us they found it easy to make an appointment either by telephone or in person. Data from the GP Patient Survey indicated 76% of patients who responded stated that the last time they wanted to see or speak to a GP or nurse from the surgery they were able to get an appointment. There was continuity of care, with appointments available the same day if required.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient information file and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The GP stated they had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, some of these were in need of updating. Regular governance meetings were held. All senior staff had clearly defined key areas of responsibility.
- There was an overarching governance framework which did not consistently support the delivery of the strategy and good quality care. We saw that arrangements to monitor and improve quality were in place however risks were not always identified and mitigated. The safeguarding policy required an update and all staff had not received safeguarding training.
- The provider was aware of and complied with the requirements of the duty of candour. They encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group met regularly to discuss ways in which the needs of the local population might be better met.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice. However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments on the same day. During the flu season the clinicians gave injections in their own home as well as assessing any other medical needs.
- There were patients on the Avoiding Unplanned Admissions register all of whom had a care plan.
- The practice was providing an enhanced service in shingle and pneumococcal vaccination to this group of patients. The practice proactively identified patients who were entitled for this vaccination and then contacted them. There were leaflets available at the reception regarding shingles vaccination.
- There was an Advanced Nurse Practitioner employed by the CCG to work with patients in local nursing homes. The nurse assessed their needs and gave any treatment considered necessary. Joint visits with the GP were arranged when necessary.
- All reviews were done in one appointment to avoid patients having to revisit.
- The practice identified and assessed patients with a high risk of hospital admission. A by-pass number was given to health and social care services in case of emergencies.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice.However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The nurse encouraged patients to engage with their

Summary of findings

own care plan, providing them with information regarding their own care. The practice completed a health check on all newly registering patients which helped to identify any long term conditions early in the relationship with the practice.
- The practice nurse had recently attended update training in the management of long term conditions.
- Performance for diabetes related indicators was higher than the local and national average. For example the practice achieved 90% of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016). The CCG average was 81.4% and the national average was 78%.The percentage of patients with diabetes in whom the last measure of total cholesterol was 5 mmol/l or less was 81% (CCG average 71% and national average 70%).
- A smoking cessation service was offered locally by Quit Squad, a CCG funded service.
- Longer appointments and home visits were available when needed.

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

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. However:

- 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 and those who did not attend secondary care appointments.
- There were GP and nurse led baby clinics each week for post-natal checks, eight week checks and baby immunisation. Facilities for breastfeeding and nappy changing were available.
- According to unvalidated figures provided by the practice, immunisation rates for all standard childhood immunisation programmes achieved the 90% target in 2016/17.
- In 2015/16 76% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 82% and a national average of 81%.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors including a midwife holding a clinic at the practice each week.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment. Appointments were available after school hours.
- The practice offered appointments to discuss sexual health, undertake pregnancy testing and contraception.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice. However:

- 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. This included pre-bookable appointments from 9.30am until 5.50pm Monday to Friday. Patients could also access services via NHS 111, or the local walk in centre.
- The practice was proactive in offering online services including repeat prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.
- Health checks were available opportunistically for patients aged between 40-74 years so that people did not need to make an extra appointment.
- Staff referred patients to the Exercise on Prescription service and the Healthy Living service.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of vulnerable people. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice. However:

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. The practice undertook health checks for patients with learning disabilities at an extended appointment when a nurse undertook a physical check and the GP wrote an individual care plan.

Summary of findings

- Case conferences were held where a multidisciplinary approach to care was required.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Carers were identified during appointments with practice staff who carers were offered health checks and flu vaccination.
- Home visits were available if the patient could not attend appointments at the surgery.
- There were interpreter services available which could be booked for specific appointments for patients who did not speak English as a first language or people who required deaf interpreters. We saw written information available in different languages spoken by the local community and several practice staff were fluent in these languages.
- Patients were signposted to various local support groups who provided social support including Burnley Council for Voluntary Services.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice.

- 65% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This was lower than the clinical commissioning group average of 88% and a national average of 88%.
- 66% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This was lower than the CCG average of 90% and the national average of 89%.

However:

- Memory assessment was carried out either opportunistically or as part of the chronic disease review process. Any patients identified as potentially having memory problems were referred to the consultant in older people's psychiatry. There was a wide range of written information on notice boards in the waiting area on the subject of dementia with posters showing local support agencies, telephone numbers and addresses.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as alcohol and drug services and patients were given contact details for helplines.
- Patients with mental health problems were given longer appointments and were encouraged to take their time when talking to the clinicians.

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Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing lower than the national averages. A total of 383 survey forms were distributed and 63 were returned. This represented 1.4% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the national average of 71%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 84%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 19 comment cards all of which were positive about the standard of care received. Patients commented that they were treated with respect and dignity. Staff were described as caring and welcoming. Patients commented that the environment was safe and clean. All patients said they were very satisfied with the service and the clinicians had caring attitudes. Some patients described problems in getting routine appointments and said they waited up to three weeks to see the GP.

We spoke with seven patients during the inspection. Of those patients, all said they were satisfied with the care they received, that staff listened to them and were consistently pleasant, and the surgery was run efficiently. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the surgery was clean and tidy. Again, patients did comment that routine appointments might not be available for two – three weeks.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate training, and appraisal necessary to enable them to carry out the duties.

Action the service SHOULD take to improve

- The practice safeguarding policy for vulnerable adults should be individualised to reflect the needs of the practice locality.
- Practice staff should complete a Disclosure Barring Service check prior to undertaking chaperone duties.
- Care and treatment of patients should only provided with the consent of the relevant person .
- The practice should consider supporting staff to undertake management training.
- Continue to identify and support patients who are also carers.

Riverside Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Riverside Family Practice

Riverside Medical Centre is based in St.Peter's Centre, Church Street, Burnley and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 4512 patients on their register. The practice holds a General Medical Services (GMS) contract with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Life expectancy in the practice geographical area is 74 years for males and 80 years for females both of which are slightly below the England average of 79 years and 83 years respectively. There are 45% of patients with an Asian background; a number of whom do not speak English as a first language.

The service is provided by three GPs, one female and two male. The practice registration certificate currently includes two partners; a notification has been received to add a third partner however the application for this change has not been received at the time of writing. The practice also employs a practice manager, two female practice nurses, as well as a team of reception and administrative staff. A receptionist is currently being trained and supported to take on the duties of a health care assistant.

The practice is based in a purpose built health and leisure centre, under contract with NHS East Lancashire, and offers a comprehensive range of services. It is fully equipped with facilities for the disabled including disabled parking at the rear of the building, access ramps, double doors, and a disabled toilet; All consulting rooms are on the second floor accessible by lifts.

The surgery is open 8am to 6.30pm on Monday to Friday. Appointments are available 9.30-11.50am and 3-5.20pm Monday, Tuesday, Wednesday and 9.30-11.50am and 1.30-5.50 Thursday and Friday. There is provision for ill children to be seen the same day. When appropriate, patients are redirected to East Lancashire Medical Service, the out of hour's service.

The practice is accredited for training medical students and GP trainees.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16th August 2017. During our visit we:

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

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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 evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

An overall log of significant events was maintained and practice staff told us they carried out a thorough review discussion at practice meetings to share learning and agree actions required. These discussions were clearly recorded, however learning outcomes were not always formalised.

We reviewed safety records, incident reports, patient safety alerts, medicines safety alerts and minutes of meetings where these were discussed. We reviewed a number of examples where lessons were shared and action was taken to improve safety in the practice. A Medicines and Healthcare Products Regulatory Agency (MHRA) alert had been received regarding the use of a defibrillator. A check had taken place and the practice was not using this brand of equipment so no further action was required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. On the day of the inspection the policy on protection of vulnerable adults required development to reflect the needs of patients registered at the practice rather than generic guidance. Following the inspection information received from the practice indicated the out of date policies had been archived. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Children on the child protection register were highlighted on records, with alerts for staff and clinicians. Staff demonstrated they understood their responsibilities and most had received safeguarding training relevant to their role. On the day of the inspection one of the clinical staff had not completed training for safeguarding vulnerable children and adults. Following the inspection the practice submitted evidence that the safeguarding children training had been completed to level 2. Safeguarding adults training had yet to be completed. The GPs were trained to child protection or child safeguarding level three.
- We saw notices in the waiting room advising patients that chaperones were available if required and patients told us they were aware of this service. Some of the staff who acted as chaperones were trained for the role but had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).The practice began to rectify this immediately after the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the lead for infection prevention and control. We saw no evidence that audits were being undertaken or improvements planned. There was an infection control protocol in place which was not practice specific and staff did not appear to understand their roles and responsibilities in relation to this. We saw that personal protective equipment and hand gel was in use, however, training in hand washing was not evidenced. Within one day of the inspection practice staff had arranged for the lead infection control nurse from the CCG to visit the practice to provide advice and support to achieve improvement.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Repeat prescriptions were monitored by the GP who

either reauthorized the medication or requested a review of the patient. . The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that prescription stationery was securely stored and appropriately monitored. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. The recruitment policy had been recently updated to clarify that all checks were being carried out.

Monitoring risks to patients

Risks to patients were not comprehensively assessed and managed.

- The building was owned by Community Health Partnerships who managed the building. All property maintenance was managed by the building manager. There were up to date fire risk assessments and regular fire drills. The safety of water, gas and the cleanliness of the building was overseen by the landlord. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were some procedures put in place by the practice for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives.

The practice had not undertaken a risk assessment to monitor safety of the overall premises since November 2015.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. A sign on the door to this locked room ensured all staff could rapidly access appropriate emergency medication. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were readily available.
- 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. This plan had been tested during the recent cyber- attack and staff told us the service had continued despite the restrictions.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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). Unvalidated figures provided by the practice indicated they had attained 93% of the total number of points available in 2016/17. This was comparable with the clinical commissioning group (CCG) average and the England average. The practice reported an overall exception rate of 27% for 2016/17. Although this remains high, this represented a steady improvement over the past three years as the rate was 40% in 2014/15. (Exception rates are 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 from 2015/16 showed:

- Performance for diabetes related indicators was higher than the local and national average. For example the practice achieved 90% of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) The CCG average was 81.4% and the national average was 78%.
- The percentage of patients with diabetes in whom the last measure of total cholesterol was 5 mmol/l or less was 81% (CCG average 71% and national average 70%).
- Performance for mental health related indicators was lower than the local average. For example, 65% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 88% and national average 89%).

There was limited evidence of quality improvement, particularly from clinical audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review. There had been several one cycle clinical audits undertaken in the last two years such as an audit of patients diagnosed with Atrial Fibrillation (irregular heartbeat) one on use of antibiotics, and another on SIP feeds used to fortify the diet of patients who are losing weight. We saw no evidence of two cycle audits which led to quality improvement. Other audits we saw were initiated by the CCG medicine management team and were prescribing initiatives to save money. The practice staff described improved coding of these patients so they could be easily identified and ensured they were given appropriate advice and treatment in future.
- Information about outcomes for patients was used to make improvements. For example following NICE guidance the practice nurse had introduced management plans immediately following hospital discharges for patients with asthma and chronic obstructive pulmonary disease.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Every Monday there was protected learning time from 1-2.30pm for all staff to update themselves, and attend staff meetings. Additionally the practice nurse had attended clinical update sessions for diabetes management, immunisations and cervical cytology. Advanced training in diabetes management had been undertaken in order to undertake insulin initiation.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs. All staff had received an appraisal within the last 12 months although some documentation was inconsistent.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Non-clinical staff had access to and made use of e-learning training modules and in-house training for example on carers awareness.

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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results which had been scanned into patient records.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place when needed at patient's homes with palliative care nurses and district nurses in particular. Staff referred patients regularly to the mental health team and the healthy living service and formulated joint treatment plans.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance however we were told that parental consent was assumed when children were accompanied for immunisations by other members of the family. 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 assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care were supported by the team following a palliative care template. The practice held meetings at the patient's home to discuss patients identified as nearing the end of life. Practice staff ensured they became familiar with these patients and their relatives, the district nursing team was involved and anticipatory medicines prescribed when appropriate.
- Patients were signposted to smoking cessation advice which was available at local clinics.
- Patients who attended for their annual learning disability health review had a physical health check, were screened for breast, cervical and testicular cancer where appropriate and received healthy lifestyle advice.
- The practice's uptake for the cervical screening programme was 76%, which was comparable with the CCG average of 82% and the national average of 81%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The team had worked hard making personal contact with young Asian female patients to encourage them to attend for cervical screening.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data highlighted that 40% of persons were screened for bowel cancer in the last 30 months;

Requires improvement

Are services effective?

(for example, treatment is effective)

this was lower than the CCG average of 54% and the national average of 56%. A bowel cancer "call in for a kit" clinic had been held to promote bowel cancer screening.

- 46% of females aged 50-70 years were screened for breast cancer in the last 36 months which was lower than the CCG average of 71% and the national average of 72%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines for two year olds achieved the national target of 90%. Immunisations for five year olds also reached the national target of 90%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients mentioned that there could be a wait of up to three weeks for routine appointments with a GP.

We spoke with seven patients. The GPs and practice team were highly praised for their caring attitude, and willingness to listen. Patients told us they felt fully involved in their care and staff were approachable, courteous and welcoming.

We spoke with a representative of the Patient Participation Group (PPG) who felt the PPG meetings were valuable, they felt their ideas were listened to and improvements were made. They were very aware of the needs of the local community.

Results from the national GP patient survey 2017 showed the practice was comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 89%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice carried out the Friends and Family Test and in the previous 12 months 74% of respondents said they would recommend the practice to others.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

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

- Staff told us that there were many patients who did not speak English as a first language however translation services were available and a number of staff spoke Urdu, Bengali and Punjabi, languages used by the local community. We also saw a range of leaflets and posters in these languages.
- We were told that information leaflets were available in easy read format for people with learning disabilities which were downloaded from specialist websites.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

- The practice's computer system alerted GPs if a patient was a carer. The practice had identified 33 patients as carers (0.7% of the practice list). Those identified were coded on the system so that the clinical staff could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check. Written information was available from staff and there was a designated notice board in the reception area to direct carers to the various avenues of support available to them. All registered carers were offered an influenza vaccination. Staff had regular contact with the local carer's service who had provided the practice staff with information about the various services available so that they could signpost patients.

Staff told us that if families had suffered bereavement, the GP contacted them and this was followed by a patient consultation at a flexible time and location to meet the family's needs.

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.

- There were longer appointments available for patients with a learning disability, mental health problem or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. Annual reviews and blood tests could be carried out at peoples home.
- Telephone appointments were available for those who could not come to the surgery.
- Same day appointments were guaranteed for those with medical problems that required urgent attention.
- A bowel cancer "call in for a kit" clinic had been held to promote bowel cancer screening.
- The team had worked hard making personal contact with young Asian female patients to encourage them to attend for cervical screening.
- A booklet had been prepared by the practice for people with dementia and their carers which was given out at reviews to signpost them to additional help and support.
- Specific guidance for diabetic patients who were celebrating Ramadan was available in the waiting room.
- Patients told us they were rapidly referred to secondary services if appropriate.
- Patients were able to receive travel vaccinations available on the NHS.
- Those who required vaccinations only available privately were referred to other clinics.
- Where patients were diagnosed with dementia they were referred to the memory clinic and the family were referred to appropriate support services including social services and voluntary agencies such as The Alzheimer's Society. There was a designated notice board in the reception area to signpost patients and their carers to appropriate services.
- The practice referred to a number of charitable organisations for assessment and support of patients' social needs.

Access to the service

On the day of the inspection we were told the practice opening times were 8.00 to 6.30pm Monday to Friday. Appointments were available 9.30-11.50am and 3-5.20pm Monday, Tuesday, Wednesday and 9.30-11.50am and 1.30-5.50 Thursday and Friday. Following the inspection we received information from the practice that additional appointments had been released at the beginning and end of the day. When appropriate, patients were redirected to East Lancashire Medical Service, the out of hour's service In addition, pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for people that needed them on the same day. Patients could also access services via NHS 111, or the local walk in centre.

Results from the national GP patient survey (July 2017) showed that patient's satisfaction with how they could access care and treatment was comparable or better than the national averages:

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 78% of patients stated the last appointment they got was convenient compared with the national average 81%.

The practice reviewed access arrangements on a regular basis. It aimed to offer all patients quick access to appointments. Following the results of the July 2017 national survey staff were considering improving telephone access during busy periods by increasing the number of receptionists on duty and ensuring appointments are kept to time. Staff were also promoting online appointments which were steadily increasing and patients received a reminder to attend appointment by a text message.

The comments cards we received and discussions with members of the PPG indicated there was a good choice of appointments although the waiting time may be two weeks for a routine appointment. Reception staff offered cancelled appointments whenever they became available. People told us on the day of the inspection that they were able to get appointments when they needed them.

Reception staff were trained to take information from patients by telephone to assess whether a home visit was required and to assess the urgency of the need for medical attention. If they were unsure about the urgency of need

Good

Are services responsive to people's needs?

(for example, to feedback?)

the GP rang the patient to triage their requirements. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which included a guidance leaflet in the reception area. We looked at three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. All complaints were discussed at staff meetings and between the practice manager and the GPs.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- One of the GP partners was facilitating the staff group to plan the future development of the practice both in discussions at staff meetings and by inviting their engagement in a staff survey.

Governance arrangements

- The practice had an overarching governance framework, however this did not consistently support the delivery of the strategy and good quality care. There was a clear staffing structure and that staff were aware of their own roles and responsibilities except in relation to infection control. One of the GPs was identified as a partner by the staff team but was not identified as a partner as part of the practice CQC registration.
- Practice specific policies were implemented and were available to all staff. We noticed that some of these policies such as safeguarding vulnerable adults and infection control were in needs of further development. Information received from the practice following the inspection indicated the out of date policies had been archived.
- A comprehensive understanding of the performance of the practice was maintained and an annual review was held which covered QOF, complaints and significant events.
- There were insufficient arrangements for identifying, recording and managing risks and implementing mitigating actions. The practice risk assessment had not been reviewed since November 2015 and arrangements for infection prevention and control were not adequate. The practice business continuity plan was regularly updated.
- Staff appraisals were inconsistently documented.

Leadership and culture

The GPs told us they prioritised safe, high quality, family based care. Each senior member of staff had an area of responsibility within the practice. For example GPs led on safeguarding, information governance, cancer, dementia and several other long term conditions. The practice manager led on complaints, finance and health and safety. The practice nurses led on infection control, diabetes, asthma and COPD. Staff told us the GPs were approachable and took the time to listen to all members of staff.

The provider 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). The GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff discussed the importance of openness at their team meetings.

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

- Staff told us the practice held regular team meetings and we saw the minutes of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP and practice managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice team held practice dinners for informal team building.

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

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

Are services well-led?

Requires improvement

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

- The practice had a patient participation group (PPG) which met quarterly. Representatives told us they felt able to voice their views and suggestions and practice staff shared issues and discussed possible developments. The group was diverse and represented a wide age range of patients.
- The practice collected feedback through surveys, complaints and verbal comments. We saw that access for older patients had been improved with a designated telephone line and, online repeat prescriptions were now available as was electronic prescribing. The practice was currently discussing access to appointments in the evening and on Saturday mornings with the PPG.
- The practice had gathered feedback from staff through staff training sessions and through a staff survey, appraisals and discussion. The survey indicated staff felt there was a shared ethos, the appointment system was generally working well and there was a strong team at the practice. Suggestions for improvements included quicker answering of the telephone, improved communications between staff, reducing waiting times for appointments and more staff appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. For example there were two-three weekly catch up meetings between the GPs and practice manager for ongoing review of access to appointments, to discuss new initiatives, staffing, QOF results, clinical commissioning group (CCG) & CQC visits, and to listen to feedback from other meetings and education sessions. All actions were brought forward and reviewed by the practice manager.
- Action plans were produced following any surveys carried out.
- The GPs and practice manager attended the East Lancs & Burnley Locality Forums and practice managers and practice nurse attended two monthly CCG facilitated meetings with other local practices to benefit from peer review, discuss enhanced services and share learning. The practice had recently joined the East Lancs Union of GPs to consider the development of shared resources and services.
- The practice had meetings with the CCG development team and engaged with the NHS England Area Team. For example staff met with the CCG pharmacist regularly to discuss good practice, optimisation and complex cases and met with the development officer to review the GP Survey action plan, and other potential improvements. One of the GP partners was an executive Burnley locality CCG Steering Group member and lead for over 75 patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There were not sufficient systems or processes in place that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: Risk assessments were not up to date for example the general environment and infection control . There was insufficient quality monitoring to ensure care and treatment was effective **Regulation 17(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: Staff had not received safeguarding training appropriate to their role. **Regulation 18(1)**