

Dr Bhat's Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bhat's Surgery (also known as Higher Heys Surgery) on 2nd August 2017. 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.
- Risks to patients were assessed and managed.
- 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 above 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 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 of outstanding practice:

Summary of findings

- Following a talk from the fire brigade the staff contacted older patients to obtain their consent for the fire service to visit them to do a fire safety inspection and provide advice.
- A survey for young people between the ages of 14 - 18 years had been carried out to try to identify why young adults in this group did not visit the surgery. Staff wished to encourage young people to come to the surgery to discuss their concerns particularly with regard to mental health.
- Staff encouraged children to engage in health promotion activities, for example they ran a competition to produce a drawing reflecting the dangers of smoking. The winner received a prize and the drawings were placed on the No Smoking Board.

There were areas where the provider should make improvements:

- Consideration should be given to fitting a hearing loop in the reception area.
- One staff member should receive update training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- The practice had effective systems in place for the management of repeat prescriptions.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits and analysis of significant events demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (published in July 2017) showed patients rated the practice higher than others for

Summary of findings

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 38 (1.7% 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.

Are services responsive to people's needs?

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 said they found it easy to make an appointment either by telephone or in person. Data from the GP Survey indicated 80% 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.
- 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.

Good



Are services well-led?

The practice is rated as good 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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. All senior staff had clearly defined key areas of responsibility.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. 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

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

Good



- 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 over 75 years in their own homes. The nurse assessed their needs and gave any treatment considered necessary. Joint visits with the GP were arranged when necessary.
- Staff sign posted older patients who were at risk of social isolation to a befriending service run by a voluntary sector agency.
- Following a talk from the fire brigade the staff contacted older patients to obtain their consent for the fire service to visit them to do a fire safety inspection and provide advice.
- When older patients attended consultations and were known to live some distance away staff offered to ring for a taxi and offered the patient a drink while they were waiting.

People with long term conditions

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

Good



- 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 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.

Summary of findings

- The practice nurse had recently attended training to run an insulin initiation service which meant that patients did not need to travel to the hospital for this treatment.
- Patients with COPD were seen regularly. This was also an opportunity to provide flu and pneumonia vaccination and issue patients with rescue packs including antibiotics for respiratory conditions.
- A smoking cessation service was offered locally by Quit Squad, a CCG funded service.
- Longer appointments and home visits were available when needed. Longer appointments were available one morning each week for people with long term conditions.

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

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

- There were comprehensive 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.
- According to unvalidated figures provided by the practice, immunisation rates for all standard childhood immunisation programmes achieved up to 90% in 2016/17, which was the national target. These were provided both at immunisation clinics and by appointment.
- In 2015/16 79% 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%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Staff suggested to parents that they book appointments in timed clinics as waiting time might be long in the open clinic.
- We saw positive examples of joint working with midwives and health visitors.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment.

Good



Summary of findings

- A survey for young people between the ages of 14 - 18 years had been carried out to try to identify why young adults in this group did not visit the surgery. Staff wished to encourage young people to come to the surgery to discuss their concerns particularly with regard to mental health.
- Mental health practitioners visited the surgery regularly and promote these sessions when they go in to schools in the area .This service is targeted at all patients from all practices in the locality.
- The practice offered appointments to discuss sexual health, undertake pregnancy testing and contraception.
- Facilities for breastfeeding and nappy changing were available.
- Staff encouraged children to engage in health promotion activities, for example they ran a competition to produce a drawing reflecting the dangers of smoking. The winner received a prize and the drawings were placed on the No Smoking Board.

Working age people (including those recently retired and students)

Good



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

- 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 8.30am until 6pm Monday, Wednesday, Thursday and Friday and until 8pm Tuesday. Appointments were also available through 4 Hyndburn (a group of practices offering shared services) which included Saturday mornings. This service was advertised on the urgent appointments notice board .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 for patients aged between 40-74years.
- Smoking cessation advice was available at a local clinic.
- Staff referred patients to the Exercise on Prescription service and the Healthy Living service.
- Students between the ages of 17 - 19years were encouraged to have the MenC vaccination (to protect against meningitis and blood poisoning) before going to University for the first time. They were sent for prior to the new intake in September.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, palliative care nurses and district nurses.
- 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.
- There was information in the reception area for patients struggling to buy food. Vouchers were available from the receptionist which could be taken to the food bank in exchange for food.
- Practice staff supported various charitable initiatives such as collecting goods for people in third world countries.

People experiencing poor mental health (including people with dementia)

The practice is rated as Good for the care of people experiencing poor mental health.

Good



- 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 notice board dedicated to the subject of dementia in the waiting room with posters showing local support agencies, telephone numbers and addresses. Staff had recently received training in dementia from CCG staff.

Summary of findings

- 100% 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 compared with a clinical commissioning group average of 88% and a national average of 88%.
- 100% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This was higher than the CCG average of 90% and the national average of 89%.
- 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 and the crisis team, single point of access.
- Patients with mental health problems were given longer appointments and were encouraged to take their time when talking to the clinicians. The clinicians encourage the patient to try and engage in self- help treatment.
- The surgery provided a wide range of information on schizophrenia, challenging behaviour, depression, post-traumatic stress disorder (PTSD) and many more conditions.
- The practice hosted a pilot scheme to help practices treat and support children with mental health problems (up to the age of 18). The mental health practitioner attended the practice two days per week. The GP referred patients direct to the practitioner based at the practice, instead of having to refer to services in Burnley. Other practices were able to refer their patients to this service.

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 well in comparison with national averages. A total of 318 survey forms were distributed and 98 were returned. This represented 4.3% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 71%.
- 80% 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%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% 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%.

The practice had undertaken a further patient satisfaction survey in 2017 which covered availability of appointments, the service provided by reception staff and an invitation to join the PPG. An action plan had been developed in response to the feedback from this survey which included monitoring attendance at the open surgeries. Patients had commented that waiting

time could be excessive, however practice staff felt the service was valuable given the high attendance. Consideration was also being given to offering regular telephone consultation.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards all of which were very positive about the standard of care received. Patients commented that they were treated with respect and dignity. Staff were described as caring and always helpful. 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 three patients during the inspection. Of those patients, all said they were very satisfied with the care they received, that they trusted staff to provide the best service 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 2-3 weeks.

Areas for improvement

Action the service SHOULD take to improve

- Consideration should be given to fitting a hearing loop in the reception area.
- One staff member should receive update training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Outstanding practice

- A survey for young people between the ages of 14 - 18 years had been carried out to try to identify why young adults in this group did not visit the surgery. Staff wished to encourage young people to come to the surgery to discuss their concerns particularly with regard to mental health.
- Staff encouraged children to engage in health promotion activities, for example they ran a competition to produce a drawing reflecting the dangers of smoking. The winner received a prize and the drawings were placed on the No Smoking Board.

Dr Bhat's Surgery

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 Dr Bhat's Surgery

Dr Bhat's surgery (also known as Higher Heys Surgery) is based at Stonebridge House, Higher Heys in Oswaldtwistle, Accrington, and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 2276 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 four on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy in the practice geographical area is 76 years for males and 81 years for females both of which are slightly below the England average of 79 years and 83 years respectively.

The service is provided by a single handed GP (female). The practice also employs two practice managers (a job share), one female practice nurse, a female health care assistant as well as a team of reception and administrative staff.

The practice is based in a purpose built health 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 ground floor and there is a large office and meeting room on the upper floor.

The surgery is open 8am to 6.30pm on Monday, Wednesday, Thursday and Friday and 8am to 8pm on Tuesday. Consultations are accessed by appointment and at an open surgery three mornings each week. 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.

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.

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 2nd August 2017. During our visit we:

Detailed findings

- Spoke with a range of staff (GP, practice managers, 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.

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. Within two days of the inspection we saw that the practice had adopted an improved method of recording learning outcomes.

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 faulty smear pot. A search had taken place to identify any of these items however there were none in stock so no further action was required.

Overview of safety systems and processes

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

- Arrangements 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP 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 all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level three and nurses to level two.

- 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. All staff who acted as chaperones were trained for the role and had 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and practice manager monitored infection control and an annual audit of infection control had taken place in March 2017. There was an infection control protocol in place and staff had received up to date training.
- 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.

Are services safe?

- 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 assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 ongoing risk assessment as any issues were identified. 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that the door where this equipment was kept was clearly signposted. 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.

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). The most recent published results showed the practice had attained 100% of the total number of points available. This was 3% above the clinical commissioning group (CCG) average and 5% above the England average. The practice reported an overall exception rate of 7.6% which was 1% above the CCG average and 2% above the national average figure. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the local and national average. For example the practice achieved 87% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 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 65% (CCG average 71% and national average 70%).

Performance for mental health related indicators was higher than the local average. For example, 100% 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%). The exception

rate was 19% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) compared with the CCG average of 12% and the national average of 13%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review. In 2015 the practice gained the Quality Practice Award (awarded by the Royal College of General Practitioners). Staff described improvements made which included systems to monitor staff training, greater audit activity and establishing regular meetings to involve staff and share learning.
- There had been several clinical audits undertaken in the last two years such as an audit of patients diagnosed with Atrial Fibrillation (irregular heartbeat). Only one audit included two cycles which focussed on patients with osteoarthritis. Subsequently the practice had improved coding of these patients so they could be easily identified and ensured they were given appropriate advice and treatment.
- 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 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. For example, the practice nurse had attended clinical update sessions for respiratory disease, vaccination and

Are services effective?

(for example, treatment is effective)

gained an advanced award in diabetes management in order to undertake insulin initiation. The health care assistant had been trained in venepuncture, the monitoring of blood pressure and undertaking ECG's.

- 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.
- 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 medical terminology and infection control and prevention. External speakers were invited to staff meetings and had provided education about services for carers.

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. A health visitor visited the practice weekly to liaise with staff and run a drop-in clinic for patients. Staff referred patients regularly to the pulmonary rehabilitation team, the children's respiratory team and the healthy living service and carried out 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 the practice nurse was uncertain about the implications of the Mental Capacity Act 2005 and had not attended training recently. She told us that she took advice from the GP if she had any concerns about the patient.
- 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.
- The process for seeking consent was monitored through notes held on care records.

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 and an awareness raising competition had been held for children to produce a poster about smoking cessation.
- 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.

Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 79%, 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 practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data highlighted that 53% of persons were screened for bowel cancer in the last 30 months; this was comparable with the CCG average of 54% and the national average of 56%.

- 63% of females aged 50-70 years were screened for breast cancer in the last six months which was the same as the CCG average of 71% and comparable with 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 90% against a national target of 90%. Immunisations for five year olds also reached 90% against 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.

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.

- 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; 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.
- Staff assisted older patients by arranging taxis to attend appointments and by offering them contact with the fire service to assess fire safety in their homes.
- The practice took part in the food bank voucher scheme to support vulnerable patients.

All of the 34 patient Care Quality Commission comment cards we received all 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.

We spoke with three patients. The GP and practice team were highly praised for their caring attitude, professionalism and willingness to listen. Patients told us they felt fully involved in their care and staff were approachable, courteous and tried hard to be helpful.

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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% 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%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 89%.
- 99% 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%.
- 98% 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%.
- 84% 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 also carried out two internal surveys in 2016/17. The first focussed on the open surgeries and the reception service and the second was targeted at young people aged 14-18 years. This had been carried out to try to identify why young adults in this group did not visit the surgery. Staff wished to encourage young people to come to the surgery to discuss their concerns particularly with regard to mental health.

The feedback from the first survey was positive and has led to close monitoring of attendance at open surgeries and consideration of regular telephone consultation appointments. The latter survey received a poor response however it has led to the children's mental health team visiting local schools to raise awareness of mental ill health in both the children and staff.

The practice carried out the Friends and Family Test and in the previous 12 months 96% 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.

- 93% 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%.

Are services caring?

- 91% 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 a small proportion of patients who did not speak English as a first language however translation services were available and the GP spoke both Urdu and Punjabi, languages used by the local community.
- 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

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 38 patients as carers (1.7% 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 either followed by a patient consultation at a flexible time and location to meet the family's needs. The practice also provided bereavement packs to help patients to undertake the necessary tasks and give them advice on how to find a support service.

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 by working in conjunction with the over 75s nurse.
- Following a talk from the fire brigade the staff contacted older patients to obtain their consent for the fire service to visit them to do a fire safety inspection and provide advice.
- Same day appointments were guaranteed for those with medical problems that required urgent attention.
- Staff were in discussion with local practices and the CCG to develop the most appropriate method to introduce regular telephone consultations which were currently available when needed.
- The practice nurse had recently begun to offer insulin initiation for patients with diabetes so they need not travel to the hospital for this treatment.
- 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 are 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.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it

hard to use or access services such as patients with visual or hearing problems had an alert placed on their record so that reception staff could support them effectively to make an appointment. The practice was planning to fit a hearing loop in in the reception area to help patients with a hearing loss.

Access to the service

The practice opening times were 8am to 6.30pm on Monday, Wednesday, Thursday and Friday. On Tuesday the practice was open 8am until 8pm. 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. Appointments were also available through 4 Hyndburn (a group of practices offering shared services) which included Saturday mornings. This service was advertised on the urgent appointments notice board. 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:

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 79% 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. They aimed to offer all patients quick access to appointments and the open surgery fulfilled this aim. They were aware that waiting time during the open surgery and could be inappropriate for families with children. They were considering improving access to planned telephone consultations. Staff were promoting online appointments which were steadily increasing and patients received a reminder to attend appointment by a text message. The practice were part of the Care Navigation scheme which aimed to improve access to care for patients. An electronic booking in facility was to be introduced which would make the process more efficient, the telephone system was being updated and receptionists were being trained in care navigation.

The comments cards we received and discussions with members of the PPG indicated there were a good choice of

Are services responsive to people's needs?

(for example, to feedback?)

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 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. For example following concerns about third party collection of prescriptions a consent form signed by the patient had been introduced. All complaints were discussed at staff meetings and between practice managers and the GP.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality 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.
- The practice had an effective five year business plan reflecting their vision and values. Objectives had been set to improve systems and the structure and décor of the building and we saw that good progress was being made with these. For example appointing a head receptionist, succession planning for the management team, and ceasing the half day closing of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- In 2015 the practice gained the Quality Practice Award (awarded by the Royal College of General Practitioners) which staff felt had led to much improved governance. Staff described improvements made which included systems to monitor staff training, greater audit activity and establishing regular meetings to involve staff and share learning.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and updated regularly and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and an annual review was held which covered QOF, complaints and significant events.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks and implementing mitigating actions including a comprehensive risk management register which had been regularly updated. The practice business continuity plan was regularly updated and we saw that staff received refresher training during which they discussed potential scenarios and how they would proceed.

Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Each senior member of staff had an area of responsibility within the practice. For example the GP led on safeguarding, paediatrics and first aid, the practice managers led on QOF monitoring, complaints, finance, health and safety, cancer and dementia. The practice nurse led on infection control, diabetes, asthma and COPD. Staff told us the GP was very approachable and always 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 GP 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.
- 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.

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

Are services well-led?

Good 

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

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.

- 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 such as care navigation and how to support patients to use the new electronic booking in system. Currently the group was small and had no members under retirement age; however we saw notices in the waiting room seeking to recruit new members and a recent survey also extended this invitation.
- The practice collected feedback through surveys, complaints, verbal comments and many thank you cards received. We saw that telephone consultations were under development, online repeat prescriptions were available as was electronic prescribing. Notice boards had been re-organised to make information easier to access. The practice had gathered feedback from staff through staff training sessions and through staff meetings, appraisals and discussion. 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 daily catch up meetings between the GP and practice managers, ongoing review of access to appointments and use of the open surgery and an ongoing business plan which was regularly reviewed and updated.

- The GP met daily with the practice managers 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 managers.
- Action plans were produced following any surveys carried out.
- The GP and practice managers attended East Lancs & Hyndburn 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 become a member of the EU Federation of GP's which aimed to develop shared services locally to improve patient care. A blood testing service was now shared across four practices and was run from the practice on one evening each week.
- 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, arrangements for the new access project and other potential improvements.