

Dr CR Daltons' Practice

Quality Report

(Also known as Darwen Healthcare)

Darwen Health Centre

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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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



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 C R Dalton's Practice (also known as Darwen Healthcare) on 31 August 2016. Overall the practice is rated as outstanding.

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. We saw that learning opportunities from internal and external incidents were maximised.
- Risks to patients were assessed and well 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. Training was proactively identified for staff as part of staff and service development and we saw that the training resulted in changes to practice to improve patient care and outcomes. These changes were monitored to demonstrate their effectiveness.
- The practice used innovative and proactive methods to improve patient outcomes, for example around pre-diabetes.
- Patients praised the practice highly and said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Information about services 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 said they found it easy to make an appointment with a named 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.
- The organisation was flexible to best meet the needs of its patients. The practice had tailored its staffing structure and the roles within it according to the needs of the service in order to streamline processes and improve the quality of care.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- 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.

We saw three areas of outstanding practice:

- We saw that the practice conducted audits regularly to ensure that best practice was being followed when staff were asked to act as chaperones. The audits examined whether the chaperones themselves recorded their presence at the consultation in the electronic patient record in free-text format as well as selecting a pre-created read-code box in the software. These audits demonstrated that as well as the chaperone's presence being coded appropriately in the records 100% of the time, the use of free-text descriptions to supplement the coding had improved from a rate of 66% to 91% of the time over the previous year.
- The reflective and learning ethos of the practice was thoroughly embedded. The practice was proactive in maximising learning following complaints and incidents. We saw that not only was appropriate action taken to mitigate against an incident being

repeated, but that the opportunity was taken to scrutinise that aspect of the service and assess whether further improvements could be made. For example, following a complaint regarding a delayed issue of a death certificate, not only was the administration protocol for such an event updated to mitigate against reoccurrence, but processes around end of life care were holistically examined and the practice produced a bereavement pack to ensure improved care and advice was offered to families who had suffered a bereavement.

- A recent audit around the diagnosis and coding of diabetes and pre-diabetes demonstrated that 95 new diabetes diagnoses had been made in the previous 12 months. In addition the practice increased the number of pre-diabetic patients identified from 83 in June 2015, to 325 in June 2016. When these pre-diabetic patients had clinical tests repeated following their identification, 66% of them showed a reduced risk of developing diabetes as a result of the lifestyle advice the practice had given to them.

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 and thorough system in place for reporting, recording and investigating significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice, and we saw evidence where this resulting action was actively monitored to ensure its effectiveness.
- When things went wrong patients received support, truthful information, and an appropriate 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 well managed.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. Clinical staff delivered care in line with care pathways devised by the practice based on accepted best practice.
- Clinical audits demonstrated quality improvement. The practice demonstrated quality improvement work was thoroughly embedded into its ethos and approach to clinical care.
- The practice had analysed the uptake of cervical smear appointments and found those most in demand were early morning, lunch times and evenings; it had then altered the appointment availability to match this demand. This had resulted in the practice completing 115 more smear tests than in the previous year as well as reducing the exception reporting rate by 4.89%.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that the practice was proactive in sourcing training for staff, and that training resulted in changes to practice to further improve patient outcomes.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked closely with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was also proactive in working with other healthcare providers to improve patient care. For example, following hospital results not being communicated appropriately back to the practice, staff searched the electronic system to see if this communication breakdown had affected any other patients and found that it had; the practice liaised with the hospital and this resulted in the hospital altering the process by which it cascaded results to ensure it did not happen again.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they felt highly valued by the practice. They said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients gave us examples of staff going above the level of service expected to ensure the needs of the patient were met.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treat patients with kindness and respect, and maintain patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. GPs with special interests within the practice provided the cardiology service and community anticoagulation service for all patients in the Blackburn with Darwen CCG area.
- The practice also acted as host practice for the Darwen locality paediatric clinic, held weekly by the East Lancashire Hospitals Trust Advanced Paediatric nurses. This service was accessible to patients from other local practices also.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent

Good



Summary of findings

appointments available the same day. Patients told us how the practice had changed its appointment structure to improve access following patient feedback around appointment availability.

- The practice prioritised continuity of care for its patients and the GPs managed individual lists. These lists were frequently audited to monitor the service received by the patients and to promote 'ownership' of the patient's care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. There were dedicated administration staff who coordinated the requests for home visits and the nurse practitioners had ring-fenced time each day to visit patients in their own homes. The practice had a dedicated telephone line for receiving home visit requests, which freed up the other telephone lines for patients booking other appointments or with other queries.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Learning opportunities from complaints were maximised by the practice not only implementing changes to prevent a repeat of the incident, but taking the chance to review aspects of the service and implement further quality improvement measures.
- One patient had recently responded to the Friends and Family survey by saying they would be extremely unlikely to recommend the service. The practice had subsequently contacted this patient and worked with them to address the concerns raised that had led to that response.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The staffing structure and responsibilities were updated to cater for the development needs of the practice. We saw evidence of how the staffing structure and delegation of responsibilities within the practice facilitated improvements in efficiency and patient outcomes.

Outstanding



Summary of findings

- Well established and embedded communication channels ensured effective information flow within the practice.
- The practice had a comprehensive range of policies and procedures to govern activity.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included thorough arrangements to monitor and improve quality and identify risk. We saw that learning opportunities were maximised and any changes implemented were monitored to ensure effectiveness.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from patients, which it acted on. It had a very engaged patient participation group which influenced practice development.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff surveys were carried out annually and we saw that the feedback provided by staff was acted upon.
- There was a strong focus on continuous learning and improvement at all levels. The practice took pride in its role as a teaching practice and we saw that a learning and reflection culture was embedded in the organisation.
- The practice encouraged and supported its staff to develop skills and progress their careers. We saw numerous examples of staff within the practice who had engaged in training to take on new roles and responsibilities within the organisation.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of the nurse practitioners had dedicated time available each day to offer home visits.
- The practice maintained a palliative care register for patients approaching the end of life, and their needs were discussed regularly at the practice's monthly multidisciplinary team meeting.
- Strong links with the local hospice were maintained and two of the GPs worked sessions at the hospice to support patients nearing the end of life and offer continuity of care. These patients were from other practices as well as their own.
- Patients over the age of 75 were offered annual health checks, with 75% attending these appointments over the previous year.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The nursing team had dedicated administrative support from non-clinical staff who took responsibility for recalls for annual review appointments. If patients did not respond to letter invites, then the admin team would follow this up by contacting the patients by telephone.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice operated separate patient lists for the GPs to ensure continuity of care, and promote ownership of the outcomes for the GPs. The practice actively monitored the percentage of medication reviews completed by each GP each month for their individual patient list.

Outstanding



Summary of findings

- Longer appointments and home visits were available when needed. For patients with complex needs, reviews for their multiple health needs were combined into one single review appointment, which could be up to 40 minutes long in order to minimise their need to visit the practice.
- Annual reviews were offered in the patient's month of birth to make the appointment date more memorable and maximise attendance.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided the community anti-coagulation service and hosted the community GP with Special interest arrhythmia / atrial fibrillation clinic where patient's anticoagulation medication was monitored and dosage changed as required. This service was offered to patients registered throughout the Blackburn with Darwen CCG area.
- The practice had engaged in quality improvement work which demonstrated marked improvements in patient outcomes for those diagnosed with pre-diabetes.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice told us how they had updated the recall and appointment system for childhood immunisations and this had resulted in an even higher uptake more recently.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%. The practice had updated its appointment system for these clinics also following a demand and capacity audit. Appointments were planned around times of highest demand in order to maximise their uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Outstanding



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice hosted the Darwen locality Paediatric clinic on a weekly basis which was run by the East Lancashire Hospitals Trust advanced paediatric nurses and was available to its own patients as well as those from other practices in the locality.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. New patients were able to part-complete their registration form online. Patients were also able to book appointments and order prescriptions over the internet.
- Extended hours appointments were offered on a Monday evening until 8pm for those patients who could not attend during normal working hours.
- Telephone consultations were also offered for those patients requiring medical advice but who could not attend the practice in person.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including asylum seekers, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, and offered them an annual review of their health needs. Following staff attendance at a training event the practice had updated its appointment protocol for this patient group in order to maximise attendance. This change had resulted in an increased attendance rate from 61% to 94%.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Outstanding



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients with caring responsibility. There were two practice carers champions and they proactively offered all carers an annual review of their health needs with an 80% uptake of these appointments.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 89% compared to the CCG average of 88% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice worked closely with the local alcohol and drug misuse team, who provided a weekly clinic from the practice.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. A total of 297 survey forms were distributed and 118 were returned. This represented a response rate of 40% and was 1% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% 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 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 91% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 68 comment cards, 67 of which were extremely positive about the standard of care received. Patients described the standard of care received as excellent, with many examples given of patients moving to this practice as a result of the high praise given by friends or relatives. As well as making positive comments about the quality of care, one card also made reference to having to wait to get an appointment. However, many

of the other cards praised the practice for the speed at which appointments were made available to them. One comment card expressed concern that patient details had been read out aloud at reception within earshot of other patients, although again, numerous of the other comment cards stated that information was treated confidentially by the practice.

We spoke with one patient during the inspection, who was also a member of the patient reference group (PRG). This patient told us they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. We were told of numerous examples of the personalised care delivered by practice staff which the patient felt was over and above what would have been expected.

The practice encouraged patients to complete the Friends and Family Test (a survey to gauge patient experience by asking if they would recommend the service to friends and family). The practice received positive feedback from its patients through this means. We saw that in the previous two months (July and August 2016), 47 patients had responded, with 43 of these saying they would be extremely likely to recommend the service to family and friends, and three saying they would be likely to recommend the service. One patient had responded by saying they would be extremely unlikely to recommend the service. The practice had subsequently contacted this patient and worked with them to address the concerns raised that had led to that response.

Outstanding practice

We saw three areas of outstanding practice:

- We saw that the practice conducted audits regularly to ensure that best practice was being followed when staff were asked to act as chaperones. The audits examined whether the chaperones themselves recorded their presence at the consultation in the electronic patient record in free-text format as well as selecting a pre-created read-code box in the software. These audits demonstrated that as well as the chaperone's

presence being coded appropriately in the records 100% of the time, the use of free-text descriptions to supplement the coding had improved from a rate of 66% to 91% of the time over the previous year.

- The reflective and learning ethos of the practice was thoroughly embedded. The practice was proactive in maximising learning following complaints and incidents. We saw that not only was appropriate action taken to mitigate against an incident being repeated, but that the opportunity was taken to

Summary of findings

scrutinise that aspect of the service and assess whether further improvements could be made. For example, following a complaint regarding a delayed issue of a death certificate, not only was the administration protocol for such an event updated to mitigate against reoccurrence, but processes around end of life care were holistically examined and the practice produced a bereavement pack to ensure improved care and advice was offered to families who had suffered a bereavement.

- A recent audit around the diagnosis and coding of diabetes and pre-diabetes demonstrated that 95 new diabetes diagnoses had been made in the previous 12 months. In addition the practice increased the number of pre-diabetic patients identified from 83 in June 2015, to 325 in June 2016. When these pre-diabetic patients had clinical tests repeated following their identification, 66% of them showed a reduced risk of developing diabetes as a result of the lifestyle advice the practice had given to them.

Dr CR Daltons' 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 and a practice manager specialist adviser.

Background to Dr CR Daltons' Practice

Dr C R Dalton's Practice, also known as Darwen Healthcare, is housed on the first floor of Darwen Health Centre along with two other GP practices and a range of other community healthcare services. A pharmacy also occupies the premises on the ground floor. There is a car park for patients with allocated disabled spaces, and there is a lift to facilitate access to the first floor for patients experiencing mobility difficulties.

The practice delivers primary medical services to a patient population of approximately 12,480 patients under a General Medical Services (GMS) contract with NHS England. It is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). In addition to its GMS contract, the practice provides the GP with special interests (GPwSI) cardiology service for the whole Blackburn with Darwen CCG population and also the community anticoagulation service, with other GP practices in the local area referring their patients into these services.

The average life expectancy of the practice population is above the local average and slightly below the national average (81 years for females, compared to the local average of 80 and national average of 83 years, 77 years for males, compared to the local average of 76 and national average of 79 years).

The age distribution of the practice's patient population is broadly in line with local averages. However, the practice does cater for a higher percentage of patients who experience a long standing health condition (64.3%, compared to the local average of 55.6% and national average of 54%).

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by six GP partners (five males and one female) and two female salaried GPs. In addition the practice employs three nurse practitioners, three practice nurses, a senior health care assistant (HCA) and two HCAs. Clinical staff are supported by a practice manager and a team of 26 administration and reception staff.

The practice trains final year GP trainees, foundation year two trainees, medical undergraduate students and has recently started to offer student nurse placements and has become involved in the physician associates training programme.

The practice is open between 8am and 6.30pm Monday to Friday, with surgeries offered between 8.30am and 11.30 each morning and 12 noon until 6.00pm each afternoon. Extended hours appointments are available on Monday evenings between 6.30 and 8pm.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111, offered locally by the provider East Lancashire Medical Services.

Detailed findings

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 31 August 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice manager, practice nurses, reception and administration staff and spoke with patients who used the service.
- Observed how staff interacted with patients.
- 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, and we saw that these were extremely well managed and monitored effectively.

- 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 support, truthful information, an appropriate apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. These discussions were clearly documented. We saw evidence that lessons were shared and action was taken to improve safety in the practice; all the staff we spoke to had a thorough working knowledge of recent significant events and changes to practice that had been implemented as a result. For example, following a delay in accessing a blood result, the practice reviewed the administrative process and updated it to include a double check system to ensure that the results were allocated to a different GP if the patient's named GP was on leave. We saw that the practice had then begun to audit the pathology results to ensure appropriate action was being taken and that the action plan derived from the significant event analysis was effective. The audit demonstrated the changes to practice were effective in ensuring pathology results were being followed up swiftly and appropriately.

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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The GP safeguarding lead was available to meet with the health visitors on a monthly basis to discuss cases, and the health visitors attended the practice each week to facilitate information sharing with the practice. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, and the nurses were trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. 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).
- We saw that the practice conducted audits regularly to ensure that best practice was being followed when staff were asked to act as chaperones. The audits examined whether the chaperones themselves recorded their presence at the consultation in the electronic patient record in free-text format as well as selecting a pre-created read-code box in the software. These audits demonstrated that as well as the chaperone's presence being coded appropriately in the records 100% of the time, the use of free-text descriptions to supplement the coding had improved from a rate of 66% to 91% of the time over the previous year.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurse practitioners was the infection control clinical lead. She was aware that the local infection prevention and control (IPC) lead nurse post was vacant at the time of the visit, but told us how she had been proactive in liaising with the IPC lead from the neighbouring CCG when queries arose and to keep up to date with best practice. There was an infection

Are services safe?

control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 staff kitchen area which identified local health and safety representatives and their contact details. 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 could be used to alert staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 and external contractors.



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 had developed care pathways for the nurses and Health Care Assistants (HCAs) to work to in their management of chronic diseases, for example hypertension, asthma, chronic obstructive pulmonary disease (COPD; a disease of the lungs) and chronic kidney disease. We saw that the practice were currently in the process of formulating its diabetes care pathway document. These care pathways were derived from NICE guidance and were reviewed annually and updated as appropriate.
- The practice monitored that these guidelines were followed through risk assessments, audits and case discussions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.1% of the total number of points available, with a 10.6% exception reporting rate for the clinical domains (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the local and national averages. For example:

- The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 75% compared to the clinical commissioning group (CCG) and national averages of 78%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 80%, compared to the CCG average of 81% and national average of 78%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 88% compared to the CCG average of 85% and national average of 81%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 97% compared to the CCG average of 97% and national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 91% compared to the CCG average of 93% and national average of 88%.

- Performance for mental health related indicators was in line with the local and national averages. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 91% compared to the CCG average of 92% and national average of 88%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92% compared to the CCG average of 93% and national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 89% compared to the CCG average of 88% and national average of 84%.



Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 82% compared to the CCG average of 85% and national average of 84%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 71%, compared to the CCG average of 79% and national average of 75%.

There was evidence of quality improvement including clinical audit. We saw that the practice had put in place a comprehensive audit programme which was driven by the needs of the practice population in order to improve patient outcomes. This also ensured that audits were completed through to their second cycle in order to monitor the changes and any improvements made.

- We reviewed three clinical audits completed in the last year in detail. All of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit around the diagnosis and coding of diabetes and pre-diabetes resulted in a new clinical protocol being devised. Once this protocol had been implemented the audit was repeated and the practice demonstrated that 95 new diabetes diagnoses had been made in the previous 12 months. In addition the practice increased the number of pre-diabetic patients identified from 83 in June 2015, to 325 in June 2016. When these pre-diabetic patients had clinical tests repeated following their identification, 66% of them showed a reduced risk of developing diabetes as a result of the lifestyle advice the practice had given to them. This work around diabetes diagnosis, as well as an audit around the management of respiratory difficulties had been nominated for recognition at the national general practice awards, and at the time of the inspection had passed through to the second stage of judging.

Information about patients' outcomes was used to make improvements. For example, following attendance at an educational event, the practice questioned whether it was

under-referring patients using the 'two week wait' criteria (a referral pathway for urgent conditions such as cancer or heart conditions used to ensure a patient sees a specialist consultant more quickly). An audit programme was implemented and the resulting actions increased the use of two week wait referral pathways for cancer by 110 referrals over a three year period and brought the malignancy diagnosis rate into line with national averages. Therefore the practice made improvements to ensure patients suspected of having cancer received appropriate care.

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 such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme 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, coaching and mentoring, clinical supervision and facilitation 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. Staff had access to and made use of e-learning training modules and in-house training.
- We also saw that additional training was sourced when deemed necessary as a result of assessments of practice



Are services effective?

(for example, treatment is effective)

development needs. For example, following a significant event analysis around the management of a patient where a deprivation of liberty safeguard was in place, all GPs attended update training on the topic.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw that when the practice identified a breakdown in communication had occurred with other organisations, it was proactive in seeking a resolution and driving improvements to the processes in place. For example staff told us of a significant event that had been investigated in the practice following a GP making a referral for a patient to have an MRI (magnetic resonance imaging) scan (a scan that produces detailed images of the inside of the body). The scan results had not been communicated appropriately back to the practice. When staff became aware, they searched the electronic system to see if this communication breakdown had affected any other patients and found that it had; the practice liaised with the hospital and this resulted in the hospital altering the process by which it cascaded results to ensure it did not happen again.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- The practice maintained a register of patients where deprivation of liberties safeguards (DoLS) were either in place or had been applied for.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol.
- Smoking cessation advice was offered in-house, and the local alcohol misuse support team hold weekly clinics on site. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and by planning the appointments times around the times of highest demand.

The practice had analysed the uptake of appointments and found those most in demand were early morning, lunch times and evenings; it had then altered the appointment availability to match this demand. This had resulted in the practice completing 115 more smear tests than in the previous year as well as reducing the exception reporting rate by 4.89%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up



Are services effective? (for example, treatment is effective)

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.

Childhood immunisation rates for the vaccinations given were generally higher than CCG/national averages. For example, published data from 1 April 2015 through to 31 March 2016 indicated childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.7% to 98.8% and five year olds from 85.3% to 96.7%. On the day of inspection the practice shared unverified data that was more current that demonstrated these rates had been improved further to between 95% and 98% following a change to the recall and appointment system.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 as well as health checks for those over the age of 75 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice actively monitored the uptake of their health checks and completed 460 NHS health checks last year, which was an increase of 136 compared to the previous 12 months.

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, and there were signs in the reception area to let patients know this facility was available should the need it.

All but one of the 68 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.

We spoke with one member of the patient reference group (PRG), who was also a patient at the practice. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, and notices were displayed on the practice website and

Are services caring?

in the waiting area to inform patients of this facility. We were also told of examples where sign language interpreters had been used for patients with hearing difficulties.

- Information leaflets were available in easy read format.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (1% of the practice list). Patients identified as carers were offered an annual review of their health needs. The proportion of carers identified who had attended for their annual health check in the last year was 80%. Written

information was available to direct carers to the various avenues of support available to them. The practice had identified two members of non-clinical staff who were 'carers champions' and had responsibility for coordinating the care for carers and updating the carers information sections of noticeboards in the waiting area. We saw certificates acknowledging that the practice had been recognised by Blackburn with Darwen Carers service in November 2015 as a carer-friendly GP practice.

Staff told us that if families had suffered bereavement, a sympathy card was sent. The practice had also developed a 'bereavement pack' to give to families which contained useful information to signpost family members to support services. A patient consultation at a flexible time and location to meet the family's needs was then offered should it be felt necessary. Patients gave us examples of the GPs visiting families at home to offer support following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided the GP with special interests cardiology service and community anticoagulation service for all patients in the Blackburn with Darwen CCG area where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. These services meant patients did not need to attend separate specialist cardiology or anticoagulant clinics. The practice also acted as host practice for the Darwen locality paediatric clinic, held weekly by the East Lancashire Hospitals Trust Advanced Paediatric nurses.

- The practice offered extended hours appointments on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours. Extended hours appointments are available with GPs, advanced nurse practitioners, practice nurses and healthcare assistants (HCAs).
- There were longer appointments available for patients with a learning disability. Following practice staff attending a training event last year, the practice had improved the way it invited patients with learning disability in for their annual health check. The practice began to contact these patients directly by telephone to arrange an appointment slot that was convenient for them. This call was confirmed with a text message reminder, and a further telephone reminder on the day of the appointment to confirm it was still convenient for the patient. This change resulted in an increased attendance at annual review appointments from 61% in the previous year to 94% of the 49 patients on the learning disability register.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. There were dedicated administration staff who coordinated the requests for home visits and the nurse practitioners had ring-fenced time each day to visit patients in their own homes. The

practice had a dedicated telephone line for receiving home visit requests, which freed up the other lines for patients booking other appointments or with other queries.

- Nursing staff took lead roles for managing patients with long term conditions. The nursing team had support from a dedicated member of the administration staff to support the smooth running of long term condition clinics. Systems were in place to maximise attendance rates at review appointments. Reviews were arranged for the month of the patient's birth to make the appointment date more memorable, and the appointment length was tailored depending on the complexity of need of the patient, with appointments up to 40 minutes long available, to ensure that all the patient's needs were dealt with in one consultation and reducing the need for multiple visits to the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- Facilities for the disabled, a hearing loop and translation services were available.
- A lift facilitated access to the practice facilities on the first floor of the building for those patients with mobility difficulties.
- The practice offered a range of appointment options, including telephone consultations for those patients requiring medical advice but who were unable to attend the practice in person.
- A range of online facilities were also offered, such as booking appointments and ordering prescriptions. New patients wishing to register with the practice were also able to complete part of their registration information online.
- The practice recognised the value of continuity of care for patients. The GPs held their own lists of patients. Patients were able to specify which GP they would prefer to be allocated to on registering with the practice. We saw that the practice actively monitored the percentage of patients on each GP's list who had received their medication review by running a monthly audit of the figures. This promoted ownership of the patient's care and ensured medication was being monitored appropriately and actions followed up effectively.

Are services responsive to people's needs?

(for example, to feedback?)

- Two of the GPs also provided palliative care sessions at a local hospice, supporting patients both from their own practice and from others.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with surgeries offered between 8.30am and 11.30 each morning and 12 noon until 6.00pm each afternoon. Extended hours appointments were available on Monday evenings between 6.30 and 8pm. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them. On the day of the inspection visit, the next available pre-bookable routine appointment with a GP was in one week's time, while urgent appointments were still available on that day.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 81% of patients said the last time they wanted to see or speak to a GP or nurse at the practice they were able to get an appointment, compared to the national average of 76%.

The practice had previously responded to patient feedback that appointments were difficult to book. It took action to refine the appointment structure to include a broader range of appointment lengths to allow greater flexibility for the administrative team in booking appointments for patients in order to best meet their needs. People told us on the day of the inspection that they were able to get appointments when they needed them, and confirmed that this change to the appointment system had greatly improved access to the service.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

A home visit protocol document was available to all staff. The practice had a dedicated telephone line for taking

receipt of home visit requests and dedicated administrative staff dealt with these calls and disseminated the information to the relevant clinicians. 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of a complaints information leaflet available in the waiting area of the practice as well as on the practice's website.

The practice had received six complaints in the previous 12 months. We looked at two recent complaints in detail and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice's policy document detailing the action to be taken on notification of a patient's death was updated following a complaint around a delay in a death certificate being produced. In addition to this, the practice ensured the learning opportunity was maximised and took the chance to review the overall service offered to families at times of bereavement. This resulted in the formulation of a bereavement pack to ensure patients were consistently provided with appropriate support and information.

The practice had identified a trend of complaints being raised around repeat prescriptions. We saw that as well as liaising with the local pharmacies to address these issues, the practice had given a member of the administrative team lead responsibility for oversight of the management of the prescription system, with the support of the practice manager.

Are services well-led?

Outstanding 

(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 healthcare with staff committed to providing a caring and professional service.

- The practice had a mission statement which mirrored this vision and was displayed on the practice patient information leaflet and on the website and staff knew and understood the values.
- The practice had a comprehensive strategy and supporting business plans which reflected the vision and values and were regularly monitored.

We were shown the practice's five year strategy document that had been created in June 2016. We saw that this topic was an agenda item for the September team meetings to discuss with staff.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The staffing structure and staff roles were reviewed and updated depending on service development needs, with responsibilities delegated around staff strengths and skill-sets in order to streamline the efficiency of the running of the practice and improve patient outcomes.
- A comprehensive set of practice specific policies were implemented and were available to all staff. These documents were systematically reviewed and updated when required.
- A comprehensive understanding of the performance of the practice was maintained, with thorough trend analysis being undertaken in order to identify areas that would benefit from improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audit choices were driven by the needs of the patient population.

- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw evidence that these actions were revisited and reviewed to ensure they were effective. When issues were identified, the learning opportunities were maximised. Not only were actions put in place to mitigate against the incident being repeated, but processes were holistically reviewed to identify whether other improvements to that area of the service could be made. For example, following the delayed production of a patient's death certificate, not only were the relevant administrative protocols reviewed and updated to mitigate against repeat, but the practice holistically reviewed the support offered to patient's families at the time of bereavement and produced a 'bereavement pack' to ensure improved support and information was provided.

Leadership and culture

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

- We saw that well established and embedded communication channels within the practice ensured that the flow of information to staff was effective. For

Are services well-led?

Outstanding



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

example, as well as a comprehensive range of meetings being held, the practice manager published and distributed a monthly team brief to all staff in order to ensure changes were communicated effectively.

- A monthly 'team brief' document was produced by the practice manager and circulated to staff to keep them informed of changes in the practice and other relevant information. For example, we saw that the August issue of the team brief was displayed on the notice board in the kitchen area and updated staff on the results and actions following the most recent infection control audit.
- Staff told us the practice held regular team meetings and we saw minutes to confirm this. Meetings included bi-monthly reception team meetings, monthly partners meetings, monthly clinical meetings and fortnightly management meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held every three months. We spoke to newly recruited staff members who told us these social events had helped them feel settled in their new roles very quickly and facilitated an effective rapport being established with practice management and the partners.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG chair informed us that meetings took place every two months and that the practice management staff and GPs were

actively involved in these meetings. The PRG also carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients had given feedback that it could be difficult to contact the practice by telephone during the first part of the morning. The practice responded by ensuring that additional administrators manned the telephone lines during these busy periods; patients confirmed to us that this had resulted in noticeable improvements in telephone access. The PRG were involved in promoting the practice's online access facilities as the 2016 patient survey had identified a lack of awareness of these facilities amongst a large proportion of the patient population. Patients also told us of numerous other examples where the practice had responded quickly to patient feedback, for example when it was reported that the automated 'booking in' machine was not functioning correctly, this was swiftly replaced.

- In August 2015 the PRG members held a blood pressure awareness day, where the group members made themselves available to assist patients in using the practice's blood pressure monitor and hand out relevant information leaflets. The PRG members also support the practice each year during the flu clinics.
- The practice acknowledged the support of the PRG and showed its appreciation by funding a Christmas get together each year for the group.
- The practice had gathered feedback from staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff had highlighted through the most recent staff survey that while clinical staff had dedicated time for continued professional development and learning, non-clinical staff did not have that same protected time. The practice had responded to this by arranging an away day for non-clinical staff in November. Other feedback had involved updating the staff uniform. We saw that this had been discussed at the team meeting on 16 August with the practice feeding back that changes could be made to the uniform in line with the requests being made by staff. 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.

Are services well-led?

Outstanding



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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There was a strong reflective and learning culture in the organisation and we saw staff had a drive to improve the work they did. We saw that systems and processes to facilitate quality improvement were thoroughly embedded into practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were successful in being selected to take on the training placement of one of the first cohort of Physician Associates in June 2016, and was also due to commence the second placement of this scheme shortly after the inspection visit. The practice placed a high value on its status as a training and teaching practice and embraced a philosophy of 'growing' its own workforce for the future. Two former registrars allocated to the practice for their placements have remained with the practice; one being a salaried GP and the other now a partner. Practice staff told us that being a training practice ensured they placed emphasis on the teaching and learning culture, and this ensured staff at all levels were encouraged to develop their skills.

In light of the increased number of trainees and students that the practice were accommodating, and in order to improve their experiences further on placement, the practice's governance lead had taken on the responsibility of being the main point of contact for students and trainees. The practice felt that trainees having a nominated member of staff with whom to liaise would streamline their integration into the team. The practice monitored trends of student and trainee feedback and showed us how the positive feedback had improved further since the

implementation of this new role for the governance lead. We also saw that the practice was a positive outlier on the General Medical Council's National Training survey for the amount of study leave the practice allowed the trainees.

We saw many examples of how the practice had facilitated career progression for its staff. For example, the governance lead had progressed into the role having started at the practice as a secretary. The practice had also supported a receptionist to train as a healthcare assistant (HCA), and then to train further to become a teaching assistant practitioner. The practice informed us plans were in place for this staff member to undertake further training to become an assistant practitioner.

In recognition of the positive impact the practice manager had had on making improvements to the running of the practice and to the quality of patient care, the GP partners had nominated her for the 'Practice Manager of the year' award. The practice was awaiting the outcome of this nomination at the time of the inspection.

Several of the GP partners were involved in the local CCG, and a number were also GP appraisers. One GP had responsibility as the atrial fibrillation lead for the Lancashire and Cumbria clinical strategy network with a remit to provide education on the subject to all CCGs in the North West of England. One GP also had a special interest in cardiology. In addition to running the cardiology service which all GPs in the local CCG referred patients into, he was piloting a scheme whereby email advice was provided to GPs from the local and neighbouring CCGs for queries around cardiology. This degree of involvement in the area's health economy contributed to the local community as well as bringing new ideas and learning back into the practice.