

Oxford Road Medical Centre

Quality Report

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Date of inspection visit: 1 March 2016
Date of publication: 11/04/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

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 Oxford Road Medical Centre on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed. However, there were opportunities for improvement in relation to the supporting systems and processes for risk management. For example there were systems and processes in place to complete portable appliance testing but not all associated items in the practice were included and the last recorded testing had taken place in 2013. In addition, controls in place to mitigate risks to patient information were not consistently applied.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Summary of findings

The areas where the provider must make improvement are:

- Ensure that electronic records are maintained securely and only accessed by staff in accordance with systems and processes in place to support the confidentiality of people using the service and associated legislation.

The areas where the provider should make improvements are:

- Ensure clinical audit activity is supported by a formal schedule or programme.

- Ensure that comprehensive risk assessments are undertaken to mitigate risks to patients and staff, and these are recorded and reviewed periodically.
- Medicines carried in doctors bags should be included in routine medicine management activity undertaken within the practice.
- The availability of extended surgery hours should be communicated effectively.
- Ensure complaint handling supporting information fully reflects current guidance.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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. However, there were opportunities for improvement in relation to the supporting systems and processes for risk management.
- There was a system in place to check and maintain medicines held and used by practice staff. However, the contents of doctor's bags were not included in routine check activity with doctors individually responsible for their own bags.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, clinical audit activity was not supported by a formal schedule or programme.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. However, controls in place to mitigate risks associated to access of electronic records were not consistently applied or effective.

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.
- 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. However, it was noted extended hours offered by the practice were not communicated effectively.
- The practice had good facilities and was well equipped to treat patients and meet their needs. It was noted that although the practice building was a purpose built single storey building, the design and layout of the practice had the potential to create access issues for patients with limited mobility or parents with very young children. However, staff were responsive to patient needs and offered assistance when required.
- 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. However, it was noted there was a lack of reference to the Parliamentary Health Service Ombudsman in supporting information published by the practice.

Good



Are services well-led?

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.

Requires improvement



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.
- 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. However, there were opportunities for improvement in relation to risk management supporting systems and processes.
- Controls in place to ensure appropriate and authorised access to electronic information, including patient information were not consistently applied or effective.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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 was active.
- There was a 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.

- 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.
- The practice held monthly multidisciplinary palliative care meetings to discuss the needs of patients nearing the end of their lives and ensure their care was coordinated and managed appropriately.

Good



People with long term conditions

The practice is rated as good 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.
- Performance for diabetes related indicators was between 83% and 98% this was higher than the national average range of 78% to 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.

Good



Families, children and young people

The practice is rated as good 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 percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was slightly higher than the national average, 78% compared to 75% respectively.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 81%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- 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.
- Telephone appointments were offered which allowed access to healthcare advice should a patient be unable to visit the practice in person.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly lower than the national average of 84%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan, which was higher than the national average of 88%.
- A record of alcohol consumption was recorded for 98% of patients with mental health related conditions compared to 90% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and had referred 100% of patients for a structured education programme facilitated by an external organisation.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with or above local and national averages. 384 survey forms were distributed and 117 were returned. This represented 2.7% of the practice's patient list.

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 81% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 84 comment cards of which 74 were extremely positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were friendly, helpful, caring and treated them with dignity and respect with a number of comments referring to staff by name. A small number of cards made reference to issues related to appointment access.

We spoke with seven patients during the inspection and one member of the patient participation group, who was also a patient, on the day after the inspection. All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure that electronic records are maintained securely and only accessed by staff in accordance with systems and processes in place to support the confidentiality of people using the service and associated legislation.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Ensure clinical audit activity is supported by a formal schedule or programme.
- Ensure that comprehensive risk assessments are undertaken to mitigate risks to patients and staff, and these are recorded and reviewed periodically.
- Medicines carried in doctors bags should be included in routine medicine management activity undertaken within the practice.
- The availability of extended surgery hours should be communicated effectively.
- Ensure complaint handling supporting information fully reflects current guidance.

Oxford Road Medical Centre

Detailed findings

Our inspection team

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 Oxford Road Medical Centre

Oxford Road Medical Centre is located in a residential area of Burnley and occupies a purpose built health facility with adequate parking to the front of the property. There is level access at the front entrance of the building to facilitate access for those experiencing difficulties with mobility. The building was completed in 1989 but was not well designed as corridors were dark with sharp angles that created potential access issues for patients with limited mobility or parents with very young children. However, staff were responsive to patient needs and offered assistance when required. Oxford Road Medical Centre offered a comprehensive range of services including minor surgery.

The practice delivers services under a general medical services (GMS) contract with NHS England to 4412 patients, and is part of the NHS East Lancashire Clinical Commissioning Group (CCG). The average life expectancy of the practice population is slightly below both CCG and national averages for males at 75 years compared to 77 years and 79 years respectively. Life expectancy for females is also slightly below the national average but level with the CCG average at 81 years (national average 83 years). Age groups and population groups within the practice population are comparable with CCG and national averages.

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

The practice is staffed by two GP partners (one female and one male) and a salaried GP (female). The practice is a training practice and has previously supported trainees at different stages of their learning. However, the trainee currently attached to the practice was not present at the time of our visit due to long-term sickness absence. The GPs are supported by two practice nurses and a healthcare assistant. Clinical staff are supported by a practice manager and six administration and reception staff.

The practice was open between 8am to 6.30pm Monday to Friday and it offered extended surgery hours on alternate Tuesday and Thursday evenings between 6.30pm and 8pm. The extended surgery hours were predominately for working patients who could not attend during normal opening hours but all patients had access to appointments during these periods. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice was closed Out of Hours services were provided by East Lancashire Medical Services and contacted by telephoning NHS 111.

The practice provided online patient access that allowed patients to book appointments and order prescriptions and review some of their medical records.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff including practice GPs, the practice manager, nursing and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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 practice carried out regular analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, as a result of a significant event investigation the practice introduced a requirement for GPs to be informed by urgent practice note and electronic screen message when urine dipstick test results indicated abnormalities to ensure effective appropriate action was taken without delay.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. Information about who to contact for further guidance if staff had concerns about a patient's welfare was displayed in consulting rooms and was readily available to staff. 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. However, audit records did not detail sufficient information to indicate consideration or prioritisation of further action requirements where potential issues had been identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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.
- We reviewed four 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.
- 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 women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and 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

Are services safe?

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out periodic fire drills. There were systems and processes in place to check and ensure all electrical equipment was safe to use and all clinical equipment to ensure it was calibrated and working properly. However, the systems and processes were not applied consistently as not all electrical and clinical items had been included when periodic checks were completed although we noted all key items related to patient safety, such as blood pressure monitors, had been checked and calibrated.

- 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 had completed a legionella risk assessment and initiated ongoing regular monitoring checks in January 2016 (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 that enough staff were on duty. We were told staff worked well together and there was a good team working culture within the practice.

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.
- 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. With the exception of a small number of items we found located in a doctor's bag all the medicines we checked were in date and fit for use.
- There was a system in place to check and maintain medicines held and used by practice staff. However, the contents of doctor's bags were not included in routine check activity with doctors individually responsible for their own bags. We were told the doctor's bag containing the out of date items belonged to a trainee doctor who was on long-term sickness absence and the out of date items were immediately disposed of by the practice when we brought them to their attention. We were told immediate action would also be taken to include all bags within routine check activity.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) showed the practice achieved 95.8% of the total number of points available, with 9.7% exception reporting. (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 but it was noted the practice had a higher exception reporting rate for three specific clinical domains. We were told this was due to clinical coding issues and work was ongoing to rectify the situation. Data from 2014/15 showed;

- Performance for diabetes related indicators was better when compared to the national average. For example:
 - 98% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
 - A record of foot examination was present for 96% compared to the national average of 88%.

- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 83% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85% compared to the national average of 81%.
- 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 85% compared to the national average of 84%.
- Performance for mental health related indicators was higher or comparable to 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 98% compared to the national average of 88%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 82% compared to the national average of 84%.

Clinical audits demonstrated quality improvement. However, we noted clinical audit activity was not supported by a formal schedule or programme that would provide the opportunity to ensure associated activities were appropriate to the needs of the practice population.

- There had been four clinical audits completed in the last two years, three 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, action was taken following the practice's audit of the use of rescue medication for people with chronic obstructive pulmonary disease (COPD). This is the name used to describe a number of conditions including emphysema and chronic bronchitis. Audit activity resulted in more appropriate prescribing of antibiotics and reduced the risk of overprescribing steroids. In addition it also informed the further

Are services effective?

(for example, treatment is effective)

development of the practice COPD protocol and the development of a patient information leaflet specifically designed to support the issue and use of medication rescue packs.

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. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. A review of records indicated staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were reviewed and updated. We were told the practice had recognised GP recruitment issues had adversely impacted on completion of care plan review activity and work was ongoing to rectify this situation.

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 supported by the use of a specific form for obtaining and recording consent.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

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

condition and those requiring advice on their diet, smoking and alcohol cessation or those with a learning disability. Patients were then signposted to the relevant service.

- The practice offered weekly smoking cessation clinics and we were told attendance at clinic sessions was continuing to grow.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice ensured a female sample taker was available for those that did attend. 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 comparable to or higher when compared to Clinical Commissioning Group averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 96% and five year olds from 72% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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.

- 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.

74 of the 84 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. The remaining 10 cards contained a mixture of both positive and negative comments with a number of negative comments being related to difficulties experienced with the appointment system. The majority of 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 participation group (PPG) by telephone on the day after the inspection. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. In addition they said the practice was very supportive of the PPG and was working hard to increase group membership. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 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:

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 87%, national average 87%).

- 97% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 84%, national average 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. We noted that one patient told us they had recently registered with the practice due its reputation for providing good care and treatment and after being recommended by a family member following dissatisfaction with their previous GP practice in the local area. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language, although we were told this was rarely used due to the low proportion of patients whose first language was not English.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving 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.

- The practice offered extended surgery hours on alternate Tuesday and Thursday evenings between 6.30pm and 8pm predominately for working patients who could not attend during normal opening hours but all patients had access to appointments during these periods. We noted that information about extended hours was not clearly communicated on the practice website or within the practice guide for patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had recognised potential access limitations created by the design of the building and routinely offered help and assistance to patients as required.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- We were told the practice would never turn a patient in need of care away. For example a patient described an occasion when a practice GP had kept the surgery open beyond the normal opening times into the early evening when the patient had fallen ill shortly before the practice was due to close.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday and it offered extended surgery hours on alternate Tuesday and Thursday evenings between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was higher when compared to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 77% patients said they usually see or speak to the GP they prefer (CCG average 58%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 mostly in line with recognised guidance and contractual obligations for GPs in England, although we found that while complainants were signposted to NHS England or the local Clinical Commissioning Group if they had concerns or queries related to complaints, they were not also signposted to the Parliamentary Health Service Ombudsman as an alternative should they be unhappy with the outcome of their complaint.
- 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. For example a specific complaints leaflet had been developed and was available in the reception area.

We looked at four complaints received in the last 12 months and found these were satisfactorily dealt with in a timely way. We saw evidence that complaints were also considered as significant events and discussed at practice meetings to ensure lessons were learnt and enable action to be taken to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision and aim to deliver high quality care and promote good outcomes for patients but not all staff had a consistent understanding of the vision and aim. However, staff did tell us they felt the practice went the extra mile for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained with responsibility delegated to nominated staff members for monitoring and related performance improvement activity. For example staff members would review patient records and contact patients to encourage them to attend the surgery for required reviews.
- Clinical and internal audit was used to monitor quality and to make improvements. However, we noted clinical audit activity was not supported by a formal schedule or programme.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the arrangements were not consistently applied and as a result the practice did not have assurance all risks were appropriately mitigated. For example there were systems and processes in place to complete portable appliance testing but not all associated items in the practice were included and the last recorded testing had taken place in 2013. Systems and processes were also in place for the calibration of equipment but again not all associated items were included in periodic checks. However, all key items related to patient safety, such as blood pressure monitors, had been checked and calibrated.

- Records of infection prevention and control audit activity lacked sufficient detail to demonstrate potential issues had been fully considered or support further action prioritisation or planning.
- We found it was common practice for staff to share 'smart-cards' to access practice information technology (IT) systems that held a range of information including patient records. We were told smart-cards belonging to staff members would be left and used in the practice when the owner was not present. Smart-cards are issued to named individuals and are intended to restrict access to information held within IT systems and create an audit trail to provide assurance information is maintained securely and only accessed appropriately by authorised individuals. Sharing of smart-cards undermined the purpose and effectiveness of the cards and created a risk to information security.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff and patients.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence of meeting records.
- 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 in doing so and felt supported if they did.

Are services well-led?

Requires improvement 

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

- 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 participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had engaged with the PPG when considering changes to the appointment system in 2015. The practice had recognised that open surgery sessions were not being used for the purpose for which they were intended and had become unmanageable and a decision was taken to stop open surgeries in October 2015. A member of the PPG told us the group fully understood the reasons for and supported the withdrawal of the open surgeries.

- The practice had gathered feedback from staff generally 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had contributed to the cost of employing six specialist nurse practitioners whose responsibilities included visiting care homes in the Burnley locality on behalf of GP practices to carry out examinations, medication reviews and other tests required to avoid unnecessary hospital admissions. In addition a practice nurse had completed additional training related to cervical screening and as a result mentorship guidance was being provided to practice staff and other nursing staff in the local area.

The practice was a training practice and had supported trainees at different stages of their learning.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure records in relation to service users were held securely and only accessed by appropriately authorised people. They had failed to ensure controls in place to mitigate the risk of unauthorised access were and remained effective.</p> <p>This was in breach of regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>