

Care Quality Commission

Inspection Evidence Table

Rishton and Great Harwood Surgery (1-5991291358)

Inspection date: 22 October 2020

Date of data download: 28 September 2020

Overall rating: Good

The overall rating for this practice is Good. At our previous inspection in 05 November 2019 the practice was rated inadequate for providing safe and well-led services and requires improvement for providing effective services. The practice was placed into special measures and a warning notice for breach of regulation 17(1) was issued.

This inspection, undertaken later than originally planned due to the Covid 19 pandemic, identified that the practice with the support of the Royal College of General Practitioners (RCGP) had implemented an improvement plan. We had previously sought evidence and assurance that the warning notice improvements had been made. This inspection confirmed those improvements and key questions Safe and Well-led are now rated good. We also rated the provider as good for providing effective, caring and responsive services.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

The practice is rated as good for providing safe services. This inspection identified several improvements in different aspects of this key question. Safeguarding systems and processes were effectively established and implemented, document workflow was safe and medicine management and the management of incidents was safe.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection in November 2019 the practice had implemented an improvement plan to ensure its safeguarding policies, procedures and practices were safe and effective. The practice reviewed all their patient records and updated them immediately after the last inspection. This check showed that all the patients identified at the inspection in November 2019 were no longer subject to child protection plans.</p> <p>The practice had worked with the clinical commission group (CCG) safeguarding team and completed the safeguarding assessment framework. All their policies and procedures were up to date and easily accessible to staff both at reception and consulting rooms and electronically. The principle GP was the lead for all safeguarding matters and one of the practice nurses was the deputy lead. They told us about the supportive relationship they had developed with local safeguarding team.</p> <p>All clinical staff, including practice nurses were now trained to level 3 in safeguarding children and the systems to ensure checks on locum staff were trained to the appropriate safeguarding level were established and in place. Other staff interviewed confirmed they were trained, understood their responsibilities in relation to reporting concerns and knew who the leads were for safeguarding. Two staff members told us of a potential safeguarding concern they had identified and of a preliminary investigation that was being undertaken to obtain more information.</p> <p>A system of communication and information sharing with the local health visiting service had been established since the last inspection.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p>	

The practice had recruited a new practice manager and a reception staff member since the last inspection. The recruitments occurred during the initial lockdown of the Covid 19 pandemic. The practice manager had followed national guidance provided by the government to ensure appropriate risk assessments were undertaken to ensure a safe recruitment process was implemented.

Temporary risk assessments had been undertaken for those staff employed during the pandemic, when obtaining a new DBS check was difficult. Evidence was available that these checks had been applied for.

We examined a sample of staff files and these provided good evidence recruitment procedures had been followed. The practice manager confirmed that the order and presentation of the paper records could be improved and this was on their to do list.

All staff spoken with were aware of the outcome of their personal Covid 19 risk assessment.

Patient chaperoning was available and the staff who undertook this role were trained and had a Disclosure and Barring Service (DBS) check in place.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 1/08/2019	Y
There was a record of equipment calibration. Date of last calibration: 12/05/2020	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	NA
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 01/06/2020	Y
There was a log of fire drills. Date of last drill: 22/11/2019	Y
There was a record of fire alarm checks. Date of last check: 07/10/2020	Y
There was a record of fire training for staff. Date of last training: June and October 2020	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 15/07/2020 Under review due to building adaptations.	Partial
Actions from fire risk assessment were identified and completed.	NA
Explanation of any answers and additional evidence:	
The surgery at Rishton was an older mid terraced property, owned and managed by the GP provider. The health and safety, maintenance of the building and equipment and cleaning of the facilities was undertaken by the GP and his team.	

Due to the Covid 19 restrictions during 2020 some maintenance checks have been delayed. An electrician was scheduled to attend the practice for week commencing 19 October 2020 to undertake a full electrical safety check including portable appliance testing (PAT).

The practice had been awarded some funding to make the Rishton location more Covid 19 secure. Building adaptations were planned to move the reception desk area and open up the patient waiting area. The fire safety risk assessment was also being reviewed as part of the building adaptation work with plans to install a fire alarm system. The practice was waiting confirmation of the start date for the building works and anticipated it would be undertaken in November 2020.

The surgery at Great Harwood was located within a modern health center, where the landlords took responsibility for workplace health and safety, building maintenance and cleaning. Records viewed included fire safety checks and legionella and these were all up to date.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May / June 2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May / June 2020	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had reviewed and updated its premises risk assessment in light of the Covid 19 pandemic and implemented actions to safeguard the health, safety and welfare of patients, staff and visitors to the practice. Regular reviews and spot checks were undertaken to ensure staff were distancing safely, washing hands and wearing appropriate personal protective equipment (PPE). The wellbeing of staff was monitored and support for mental health was shared through easily accessible online media applications.</p> <p>Risk assessments were available for each consulting room, staff areas and patient waiting areas. These were reviewed regularly in line with changing guidance and updated as required. Staff confirmed they each had undertaken a risk assessment and understood clearly what measures were required to ensure their own safety.</p> <p>All staff spoken with confirmed the management team at the practice was supportive in relation to managing Covid 19 both indirectly with the staff's families and directly.</p> <p>The practice had been granted funding to adapt the reception and patient waiting areas at the Rishton surgery so that risks from the potential cross infection of the Covid 19 virus could be reduced further.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 11/06/2020	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
<p>The practice kept up to date with the changing advice and guidance from NHS England to ensure the GP practice was Covid Secure.</p> <p>The principle GP was the lead for infection prevention and control (IPC) and one of the practice nurses was the deputy lead. They confirmed they were scheduled to undertake additional training for this role in November 2020.</p> <p>Staff spoken with confirmed they had received training and information about IPC and how to minimise risks to themselves and others during the pandemic. All confirmed who the lead staff members were for IPC and all were aware of their individual Covid risk assessment.</p> <p>Clinicians confirmed they cleaned down their consultation areas and rooms between face-to-face patient appointments. Each clinician had their own clinical boxes and were responsible for maintaining the cleanliness of this before, between and after each patient consultation.</p> <p>All staff confirmed they had enough PPE and one staff member confirmed they took the lead in monitoring stocks and ordering this.</p> <p>The practice employed their own cleaner for the Rishton surgery and they were also supported with training and PPE. Cleaning schedules and room checklists were in place to monitoring the quality of the cleaning undertaken.</p> <p>The Great Harwood Surgery was cleaned at regular intervals throughout the day by staff employed by the building landlord.</p>	

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y

Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice worked with the clinical commissioning group (CCG) and submitted early each morning a daily situation report detailing their staff availability. This enabled the CCG to maintain an overview of GP services available within the local community and direct additional support to practices experiencing staffing shortages.</p> <p>The practice also worked with their primary care network (PCN) to offer support to each other if required. The practice also had IT equipment to allow staff to work from home should they need to. For example, in the event they were asked to self-isolate.</p> <p>Management plans for patients with different healthcare conditions had been adapted in line with National Institute for Health and Care Excellence (NICE), Public Health England (PHE) and local guidance in response to the Covid pandemic. These were reviewed and amended as guidance changed. Practice meeting minutes recorded in September 2020 reminded staff to continue to offer patients who had tested positive for Covid 19 welfare checks and educational support.</p> <p>Staff spoken with explained they had a colour coded flow diagram/risk assessment tool to support them in identifying and directing patients to the appropriate service including emergency services. This was readily available for reception staff at both Rishton and Great Harwood surgeries. The practice's "responding to medical emergency" policy included other easy-read flow diagrams to direct them in the most appropriate actions in the event of different medical healthcare emergencies.</p> <p>The staff received training in sepsis and flow diagrams were displayed in the practice. Since the last inspection in November 2019 an antibiotic was included with the emergency medicines available at both surgeries.</p> <p>Records of regular checks on the oxygen and defibrillator were in place at both the main and branch surgery. Systems to check and log stock and expiry dates for emergency medicines, equipment such as needles and syringes and the GP bag were in place.</p> <p>The GP and each of the two practice nurses had their own clinical equipment box that included patient thermometer, pulse oximeter, a manual and electrical blood pressure monitors. A set of equipment was also available for the locum GP. Each clinician was responsible for cleaning their equipment each day and between patient consultations.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since the previous inspection in November 2019 the practice had introduced a work flow process. The practice manager explained that all incoming patient related correspondence, including paper, email and electronic was reviewed and coded by the reception/admin team. The correspondence was then work flowed over to the GP who reviewed each piece of correspondence and coded and tasked the administrative team or nursing team to arrange any follow up investigations as required. We noted a patient document was initially filed incorrectly, the staff member quickly recognised and rectified this error. This incident was reviewed as part of the significant event process and the work flow process was updated in response to mitigate the risk of re-occurrence.</p> <p>Comprehensive systems were in place to monitor patients who were referred along the two week pathway, to ensure they received a timely appointment.</p> <p>Children and adult patients who did not attend for an outpatient appointment were followed up and supported as required to attend a new appointment.</p> <p>The sample of patient records viewed contained comprehensive detailed notes of the consultation or other communication undertaken with the patient.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2019 to 30/06/2020) (NHS Business Service Authority - NHSBSA)	0.44	0.89	0.85	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2019 to 30/06/2020) (NHSBSA)	2.4%	6.3%	8.6%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2020 to 30/06/2020) (NHSBSA)	5.74	5.40	5.35	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2020 to 30/06/2020) (NHSBSA)	1.22	2.27	1.92	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	NA
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice participated in the local quality prescribing incentive scheme. Data provided by the practice for year end March 2020 showed that their prescribing indicators were positive. The practice was also working with the clinical commissioning group (CCG) medicines optimisation team and had in September 2020 reviewed the prescribing of medicines such as Gabapentin and Pregabalin (used to treat neuropathic pain but also subject to potential abuse).</p> <p>The practice had adapted its systems in light of the Covid 19 pandemic and updated government guidance. This included using the electronic prescribing scheme (EPS) so that all prescriptions were sent electronically to a pharmacist that had been nominated by the patient.</p> <p>The practice employed a pharmacist for half a day each week who undertook patient medicine reviews and ran a software programme to identify patients requiring additional monitoring and review. Systems to monitor patients prescribed high-risk medicines that required regular monitoring were in place and patients received appropriate monitoring.</p> <p>Before the inspection visit a number of set clinical records searches were undertaken remotely by a GP special advisor. These were shared with the practice and the GP specialist advisor who attended the inspection visit. At the visit we noted that the lead GP had reviewed all these searches alongside patient records and those requiring action were actioned. Patients records explained the interventions and the consultations undertaken to ensure the right level of monitoring was in place.</p>	

Medicines management	Y/N/Partial
<p>Medicine patient safety alerts were actioned appropriately.</p> <p>Systems to check emergency medicines, equipment and the doctor's bag, stock and expiry dates were established, and an electronic monitoring record was maintained. Emergency medicines held at both Rishton and Great Harwood now included an antibiotic.</p> <p>Since our previous inspection in November 2019 the practice had worked with the childhood immunisations team to review all children vaccinated previously to that inspection. All these children had received or had been or offered revaccination.</p> <p>The practice, following consultation with the children's immunisation team has purchased a new pharmaceutical refrigerator and relocated this to a cooler environment available at the Rishton surgery. The practice has also purchased a portable refrigerator to transport vaccinations to the Great Harwood surgery for when the practice offered a baby clinic.</p> <p>Staff had received training in the importance of monitoring fridge temperatures to maintain the cold chain and ensure vaccines were stored at the correct temperature and a datalogger was also used which linked to the practice manager's mobile phone, alerting her if the fridge temperatures strayed outside the permissible safe ranges. We saw that both paper and electronic records of the fridge temperatures were logged.</p> <p>Reception staff we spoke with had a good understanding of the cold chain and the need for regular monitoring of the vaccine fridge temperature. They had received training in this and the vaccines storage was a regular item discussed at the practice team meetings.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded since 1 April 2020: 5	Y
Number of events that required action: 5	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an incident policy, and this detailed the different types of incidents that should be raised through the policy. This included, for example incidents, serious untoward events and significant events.</p> <p>Staff we spoke with demonstrated an understanding of the significant event process. They told us that incidents were recorded on a template within the practice's document management system and that</p>	

changes or areas of learning were discussed in the day to day meeting and at the regular practice meeting held every four to six weeks.

Our review of a sample of these records showed these records were completed fully.

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Appointment booked into the practice system by a paramedic, for a patient not registered at the practice.	The patient was contacted and advised the lack of registration prevented them attending for the appointment. The crisis team were made aware of this incident. The CCG GP quality lead was advised of this and was taking the issue further
Letter from the local paediatric hospital identifying an issue but not raising this issue as a possible safeguarding alert	The GP practice team contacted the paediatric consultant for advice regarding the content of the letter, and the local safeguarding team were contacted for additional advice. Incident investigation was ongoing. Initial learning points identified included contact with the safeguarding team for advice was appropriate.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Systems were established to ensure that patient safety alerts were received, shared appropriately and actioned. Records of recent alerts were available and the action taken in response to these.</p>	

Effective

Rating: Good

The practice is rated as good for providing effective services. Despite the restrictions imposed during in the lockdown to fight the Covid 19 pandemic, systems to follow up children and adults who did not attend appointments had been established. Action had been taken to improve the safety of the children's immunisation programme and to improve attendance for cervical screening. However the population group Working age people (including those recently retired and students) was rated as requires improvement. There was some evidence to demonstrate improvements in achievement in cervical screening data, but this remained below target.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence:	
In response to the Covid 19 pandemic and increased infection prevention and control safety measures the CQC methodology to inspect GP primary care services has been amended to include remote searches of the practice records to provide an overview of performance for a range of prescribing of medicines and the required healthcare monitoring.	
A review of these searches alongside a sample of some patient records identified that patients received the right healthcare monitoring associated with their prescribed medicines. Patients records were up to date and thorough in their content.	
The practice had adapted how it offered appointments to patients in line with guidance to ensure the health safety and welfare of clinicians, patients and staff. This meant all patient appointments were	

triaged by the GP and telephone appointments offered in the first instance. The GP did see face to face patients if they felt this was necessary.

All patients assessed as vulnerable or advised to shield received a welfare check form the practice. In addition the practice called all patients diagnosed with Covid 19 to ensure they understood what to do if their symptoms worsened and how to access additional support if needed from social care organisation.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2019 to 30/06/2020) <small>(NHSBSA)</small>	0.60	0.51	0.70	No statistical variation

Older people

Population group rating: Good

Findings

- The practice adapted its way of working, in line with national guidance to ensure the health safety and welfare of older people during the Covid 19 restrictions.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age in accordance with changing guidance to ensure the safety of patients.
- The practice had access to an Acute Visiting Service which undertook home visits on behalf of the practice if a patient became acutely ill.
- The practice introduced safe systems to ensure patient were offered a Flu, shingles and pneumonia vaccinations.

People with long-term conditions

Population group rating: Good

Findings

- The practice adapted its way of working, in line with national guidance to ensure the health safety and welfare of people with long term conditions during the Covid 19 restrictions.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However many of the reviews were undertaken through telephone consultations. Those patients who were experiencing acute symptoms were offered a face to face appointment with a clinician.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The two practice nurses who undertook weekly clinics at the practice.
- Each practice nurse were the leads for a long term condition. The nurse diabetic lead had an advanced diploma in diabetes and insulin management. Therefore, in discussion with the GP they could offer local treatment and support to patients with type one diabetes. Patients were supported to care for their diabetes with management plans, that included links with education and support.
- The nurse lead for asthma and chronic obstructive pulmonary disease (COPD), had also undertaken advanced training for this lead. However due to the Covid 19 pandemic and concerns about infection, spirometry tests were not currently undertaken. Telephone consultations, and management plans were provided to patients to enable them to self-manage their own health condition.
- The GP followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice had purchased in-house equipment to pro-actively monitor and assess patients for atrial fibrillation. Patients were assessed for stroke risk and treated appropriately.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	80.8%	77.8%	76.6%	No statistical variation
Exception rate (number of exceptions).	1.4% (1)	15.4%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	100.0%	91.7%	89.4%	Tending towards variation (positive)
Exception rate (number of exceptions).	8.3% (1)	12.6%	12.7%	N/A

Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	94.1%	90.1%	91.8%	No statistical variation

Exception rate (number of exceptions).	10.5% (2)	5.5%	4.9%	N/A
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Families, children and young people

Population group rating: Good

Findings

- The practice adapted its way of working, in line with national guidance to ensure the health safety and welfare of families, children and young people during the Covid 19 restrictions.
- The practice had a small patient population and so also had very low numbers of children requiring vaccination. This impacted negatively on the percentage data when presented in tables as recorded below.
- The data below is for 2018/19. More up to date data for the whole year 19/20 was not available. However, data not yet verified by CQC but published by Public Health England showed the practice had achieved 100% compliance for quarter four, January to March 2020 for all vaccinations for one year and two year old children.
- The issues identified at the previous inspection regarding a breach in the cold chain storage of vaccines resulted children being recalled and revaccinated to ensure safe levels of protection from childhood diseases. The re-vaccination programme had been completed.
- The practice contacted the parents or guardians of children due to have childhood immunisations and records we viewed showed that consent to vaccinations were recorded.
- The practice now implemented a system to monitor children who failed to attend appointments both at the practice, for immunisations and at outpatient appointments. The practice team undertook follow up enquiries with parents or guardians for non-attendance at appointments and further appointments were organised.
- A midwifery service was available one afternoon a week for the practice patients and a children's nurse specialist supported the practice nurses at the weekly baby clinic.
- Due to the pandemic local services for sexual health and contraception had been closed. People requiring these services were directed to the GP practice.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	3	4	75.0%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	6	8	75.0%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and	7	8	87.5%	Below 90% minimum

Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	7	8	87.5%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice adapted its way of working, in line with national guidance to ensure the health safety and welfare of working age people (including those recently retired and students) during the Covid 19 restrictions. This included stopping all routine screening such as smears during the early part of the national lockdown to minimise the risk of transmission of Covid 19.
- Routine screening had re-commenced following the lifting of the restrictions and we saw good evidence of where women were proactively contacted and encouraged to attend for their cytology (smear) screening.
- The data below for cervical screening is published by Public Health England (PHE) and shows the practice achievement as below the 80% target. Checks on the government website that publishes quarterly cervical screening rates (www.gov.uk/government/publications/cervical-screening-quarterly-coverage-data-reports-2020) showed the practice had achieved 59.5% for females aged between 25 and 49 years and 78.6% for females aged 78.6% for the 3 month period ending June 2020. This provides a mean average achievement of 69%. This is a small improvement on the data recorded below. This was achieved during the early part of the Covid 19 pandemic when this type of healthcare screening was suspended for almost all of this three month period.
- The practice offered weekly nurse led clinics at the Great Harwood surgery. The practice nurses were able to offer women cytology screening. Patients were also offered appointments for cytology screening at the extended access service which was available from hub locations at weekends and in an evening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74 were undertaken in line with PHE guidance and Covid 19 guidance.
- There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Systems had been adapted to minimise the number of patients attending the practice. Prescriptions were sent by electronic transfer to a chosen pharmacist and appointments were provided via telephone or online video in the first instance with face to face appointments offered if assessed as requiring this by the GP.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2020) (Public Health England)	67.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	58.9%	69.6%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	71.4%	60.6%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis.	100%	94%		N/A

People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice adapted its way of working, in line with national guidance to ensure the health safety and welfare for people whose circumstances make them vulnerable during the Covid 19 restrictions. The practice undertook welfare telephone calls to all their patients on their register of vulnerable patients. In addition calls were made to all patients directed/advised to shield during the pandemic. The calls ensured patients had the right support both for healthcare and social care needs. Staff also undertook welfare calls to patients who received a positive Covid 19 result, to ensure they understood their illness and the need to isolate and to explain when and how to call for assistance should their health deteriorate. All patients with a learning disability were offered a telephone annual health check. The staff had adapted how to deliver flu jabs to vulnerable patients including those with a learning disability. Feedback from carers and patients with a learning disability stated they found it less distressing as the nurse administered the vaccination whilst the patients remained in the car. End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Examination of a sample of patient records showed that the GP monitored these patients with regular checks on their wellbeing. The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice adapted its way of working, in line with national guidance to ensure the health safety and welfare for people experiencing poor mental health (including people with dementia) during the Covid 19 restrictions.
- Patients with mental health were offered telephone support with referral and signposting to support services during an acute episode of their illness.
- The practice undertook telephone assessments to review the physical health of people with mental illness, and to signpost them to support services to help manage lifestyle choices.
- There was a system for following up patients who failed to attend for administration of long-term medication. We discussed one patient and their medication and records showed that the GP and practice team had tried to engage with the patient several times.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	100.0%	91.7%	85.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	19.5%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	100.0%	84.7%	81.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.3%	8.0%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533.7	518.3	539.2
Overall QOF score (as a percentage of maximum)	95.5%	98.3%	96.7%
Overall QOF exception reporting (all domains)	4.8%	6.6%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- Since the last inspection in November 2019, the practice had worked closely with the Royal College of General Practitioners (RCGP). The practice developed and worked through a comprehensive improvement plan that was subject to regular review and updates. At the time of this inspection the improvement plan was assessed as completed. However, the practice manager confirmed quality improvement activity was ongoing.
- In addition, the practice had completed the safeguarding assessment framework which reviewed and improved safeguarding systems, policy, procedures and practice. Staff demonstrated a good understanding of potential safeguarding issues and had recently raised concerns about the content of a letter they received from the local hospital.
- The practice had also worked closely with the medicine optimisation team and undertaken a review and audit of patient prescribed medications used to treat neuropathic (nerve) pain that also had potential for abuse and the development of physical dependence. As a result of this the GP was working with patients to reduce these type of prescriptions.

Effective staffing

The practice was able demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Since the last inspection the practice had recruited a new practice manager, and a receptionist. An induction training programme was available for new staff. • The practice had a stable staff team and all staff had undertaken eLearning for a range of subjects including health and safety, infection prevention and control, Covid 19, safeguarding, mental capacity act training and deprivation of liberty safeguards. The practice electronic record management system logged all staff training. • A system of staff appraisal was being undertaken and staff spoken with confirmed they found this beneficial. • The practice nurses detailed a range of training and regular updates to support them in their role. They confirmed some updates had been delayed due to the pandemic but these were rescheduled for November 2020. • The practice manager and practice nurses attended respective peer forums by video conferencing and this enabled staff to share learning and support each other. • At our inspection in November 2019 we identified ongoing gaps in some staff's understanding of systems such as correspondence workflow, the importance of the cold chain and the safe storage of vaccines and recognition of urgent or serious patient symptoms. Interviews with staff, records of training and supporting protocols demonstrated that these areas had all been addressed. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centered care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
<p>The has practice adapted their ways of working as a consequence of the pandemic and in accordance with government and PHE guidance to promote and ensure safe working practices. As a result the number of face to face consultations had reduced and been replaced in the main with telephone and video consultations.</p> <p>Nurses explained they were able to undertake the long term conditions reviews over the telephone in the main for stable patients and updated care plans were sent out to the patient via the post. Staff were also involved in trying to support patients to undertake self-care.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	96.1%	94.7%	94.5%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	0.7%	0.8%	N/A

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y

Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: The sample of records we viewed detailed in patients notes clearly consent to procedures including cervical smears and child hood immunisations.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: Interviews with staff demonstrated there was a good understanding of the patient demographic at Rishton and Great Harwood.	

CQC comments cards	
Total comments cards received. None sent to the practice due to Covid19 pandemic	NA
Number of CQC comments received which were positive about the service.	NA
Number of comments cards received which were mixed about the service.	NA
Number of CQC comments received which were negative about the service.	NA

Source	Feedback
Patient Feedback	We contacted four patients who gave permission for us to call them. All four patients were very complimentary about the quality of care they received from the GP, the practice nurses and the practice team. Patients told us that staff used personal protective equipment if they visited the practice and they confirmed they felt safe. They told us that the GP was very caring and thorough and they were kept informed and involved in their care and treatment.
NHS Choices	One review left in February 2020 rated the practice as five star and commented positively on the quality of care received from the GP and the practice team.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the	86.1%	88.6%	88.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2020 to 31/03/2020)	86.6%	87.9%	87.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2020 to 31/03/2020)	95.3%	95.9%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	81.4%	82.4%	81.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence

The practice used two different software programs to ask patients for feedback (Plato and Accurx).

We saw positive feedback from patients particularly about how the practice nurses had put patients at ease before and during the smear test screening.

The practice had also asked patients who had had a telephone appointment during the lockdown for feedback regarding their thought and opinions of the telephone appointment. Between 29 June to 10 July 2020 text messages were sent to 87 patients requesting feedback regarding the telephone consultation. The practice received 10 responses in total; nine out of ten stated they believed that the appointment was the safest way to consult the doctor during the pandemic and believed the outcome would have been the same if they had seen the GP face to face.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y

Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff adapted how they communicated with patients during the Covid 19 pandemic. The reception team carried out phone calls to all their patients assessed as vulnerable. Those requested to shield and ongoing those patients that received a positive Covid 19 result.</p> <p>The practice has systems established to ensure patients who were referred to secondary services received a timely appointment.</p>	

Source	Feedback
Interviews with patients.	<p>The four patients we spoke with confirmed they were involved in their care and treatment.</p> <p>Patients said they felt 'valued', 'listened to', 'treated with respect' and things were explained 'well' to them.</p>

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A translation service was available if required, however a number of staff were also multilingual.</p> <p>Paper information leaflets were no longer readily available in the practices due to Covid 19 however the practice used a software program that could send information about health and social care in a range of different languages to patient's mobile phone as a text.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 38 patients as carers. This equated to 3.7% of the patient population.
How the practice supported carers (including young carers).	The practice had adapted its service to offer telephone support to people who rang the service and were carers. The staff directed carers to avenues of support. All carers were offered a flu vaccination.
How the practice supported recently bereaved patients.	The practice provided support to patients on an individual basis and this included a telephone call if it was appropriate. They signposted patients to bereavement support services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The current infection prevention and control procedures ensured that there were very few patients seen face to face for a consultation. Those that were seen received a timed appointment that allowed cleaning procedures to be undertaken between patient visits. The patient waiting room area at Rishton was being adapted to ensure a safer environment was available and at Great Harwood clear systems were established for anyone entering the health center building.</p>	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As a result of the Covid 19 pandemic this GP practice along with others nationally introduced telephone and video consultations at a faster pace than was planned for before the arrival of virus.</p> <p>The practice worked closely with the clinical commissioning group (CCG) to ensure the appropriate storage and sharing of information safeguards were in place and that the software used was sufficiently secure to ensure patient confidentiality and compliance with the general data protection regulations (GDPR).</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
<p>The practice worked in accordance with all national and local guidelines to ensure that patients, staff and the general public was safe as possible from the risk of cross infection during the Covid 19 pandemic.</p> <p>Appropriate risk assessments for the main GP surgery and the branch surgery environments, for staff working at both surgeries and for how patients and visitors accessed the services were in place.</p> <p>Telephone appointments were available for all patients requiring them and if the GP assessed the patient required a face to face appointment the GP offered the patient their choice of surgery (Rishton, Great Harwood and even the GP's other registered practice at Blackburn Road).</p>	

Practice Opening Times		
Day	Rishton	Great Harwood
Opening times:		
Monday	08:00 to 18:30	08:30 to 12.30
Tuesday	08:00 to 18:30	08:30 to 12.30
Wednesday	08:00 to 18:30	08:30 to 12.30
Thursday	08:00 to 18:30	08:30 to 12.30
Friday	08:00 to 18:30	08:30 to 12.30
Appointments available: The practice offered an open surgery. All patients who required it, were offered a telephone appointment on the day and if required a face to face appointment.		
Extended access appointments were also available at local hub sites. These appointments were pre-bookable and available in the evening until 8pm and at weekend.		

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2020 to 31/03/2020)	94.2%	94.9%	94.2%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The principle GP was the named GP for all patients. The practice was responsive to the needs of older patients, and used the localities Acute Visiting Service should a patient require a home visit. The practice supported the effective care coordination so that older patients could access appropriate services.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had adapted its services to ensure patients received safe care and appropriate monitoring of their long term conditions. Telephone monitoring was undertaken in the first instance and those suffering from an acute exacerbation of there long term condition were offered either a face to face review or referred to a specialist nurse or clinical service for additional monitoring and treatment. The practice liaised regularly with the multi-disciplinary teams to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Systems to identify and follow up children living in disadvantaged circumstances and who were at risk, and who had attended accident and emergency (A&E) were established and effective. All staff demonstrated awareness to remain vigilant when reviewing incoming correspondence. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. The practice offered a childhood immunisation programme and encouraged and supported families to ensure children received their vaccinations.

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> The needs of this population group had been identified and the practice had tried to offer accessible, flexible appointments. The practice was very small, and the GP offered morning and afternoon telephone appointments flexibly between the two GP surgeries and the GP's other registered practice. The practice could offer patients appointments at local hub locations through the local federation GP extended access service.

People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> Registers were available of those on the palliative care pathway and those with a learning disability. People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travelers. The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
<ul style="list-style-type: none"> There was recognition that some patients with mental health issues including dementia had been affected negatively by the restriction imposed due to the pandemic. The practice worked with the locality primary care network and CCG to ensure avenues of support were available to patients with mental health issues. The practice was aware of support groups within the area and signposted their patients to these accordingly. Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2020 to 31/03/2020)	88.1%	N/A	65.2%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	83.1%	64.7%	65.5%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	79.7%	64.6%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	81.4%	71.9%	72.7%	No statistical variation

Source	Feedback
Patient Feedback	The four patients we spoke with were very complimentary about the service they received. They said they accessed telephone appointment easily with the GP and they were all very satisfied the quality of their consultation.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
	Y/N/Partial
Information about how to complain was readily available.	Y

There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The one complaint under investigation at the inspection in November 2019 had been completed and a full comprehensive response had been sent to the complainant and NHS England</p> <p>The second complaint received late last year had been acknowledged, and responded to in writing within defined timescales. The complaint letter provided a comprehensive response identifying what was investigated, the outcome of this and the areas identified for learning.</p> <p>Both complaint responses offered the complainants an apology and provided details of the Parliamentary Health Service Ombudsman (PHSO) should the complainants wish to pursue their complaints further.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Management of suspected urine infection in babies and young children	The practice took advice from a hospital paediatrician to ensure the practice team responded appropriately when a urine infection was suspected in a baby or young child.

Well-led

Rating: Good

Following our last inspection visit in November 2019 the practice was rated inadequate for providing well-led services. A warning notice was issued for breach of regulation 17(1); Good governance. This inspection identified significant improvements in the quality and safety of the service and we confirmed the requirements of the warning notice had been met. We found a comprehensive quality improvement plan was being implemented and effective progress was being made in improving service delivery in several areas. Governance, risk management and systems to promote safe and effective care and treatment were in place. The practice is rated as good for providing well-led services.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The GP was supported by a practice manager, (recruited since 1 April 2020), a deputy practice manager, two practice nurses and a team of administration and reception staff. The practice management team provided managerial oversight at Rishton and Great Harwood and a second registered GP practice at Blackburn Road. Following the last inspection, the practice, supported by the Royal College of General Practitioners (RCGP), had implemented a comprehensive improvement plan successfully. This inspection identified improvements in all areas where concern was highlighted at the last inspection with further quality improvements planned. Staff we spoke with confirmed that practice leaders were accessible and supportive. Feedback from staff indicated the new practice manager had a positive impact at the surgery. The GP confirmed they been trying to recruit an additional partner as part of a succession plan and to increase the practice resilience.	

Vision and strategy

The practice had a clear vision and strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y

The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<p>The principle GP had recruited a new practice manager and the findings from this inspection identified the practice had successfully implemented their strategy to provide a safe effective service to patients. This inspection identified clear evidence of ongoing and continuous monitoring of the practice to improve the quality of the service they delivered</p> <p>The practice team told us they believed they worked well together despite the additional challenges of the Covid 19 pandemic. Staff emphasised the safety of patients and staff were prioritised. Actions to ensure a Covid Secure service were implemented and funding had been awarded to adapt the facilities at the Rishton surgery to facilitate a safer patient waiting area.</p> <p>A business development plan was in place and this outlined the practice's aims and objectives and strategic priorities.</p> <p>The practice team fostered and valued relationships with external stakeholders including the clinical commissioning group (CCG), the medicine optimisation team, and the children's surveillance team. The practice was part of Hyndburn Rural primary care network (PCN) and the practice manager confirmed local practices within the PCN were working together to improve services locally.</p>	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	

Staff spoke positively about working at the practice and they confirmed they felt able to raise issues and concerns and would be supported in doing so. Staff told us they felt safe and were supported with Covid related issues. They told us their health and wellbeing was monitored by the practice management team.

Full team meetings were held every four to six weeks and this provided all staff with the opportunity to discuss issues affecting the practice. Practice team meeting minutes showed standing agenda items were discussed and these included; for example, safeguarding, the safe storage and monitoring of vaccines and vulnerable patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>At both our previous inspections in April 2019 and November 2019 we identified gaps in the governance arrangements at the practice. This inspection identified significant improvements in arrangements to monitor, review and develop the service and the staff team. These included:</p> <ul style="list-style-type: none"> • The support of the RCGP, the recruitment of a new practice manager and the implementation of an improvement plan. • We saw that systems were in place to review and update policies and make them accessible to all staff on an information management system. • The system for clinical review of documents/correspondence workflow was in place and effective. • The practice had implemented a complete review of patients on their safeguarding registers to ensure they were accurate and up to date. Systems to monitor and check this were in place. • Systems of infection prevention and control (IPC) had been implemented in accordance with changing national and regional guidance to minimise the risks of Covid 19 transmission. Monitoring and regular spot checks were in place. • Effective monitoring of fridge temperature and equipment checks were in place. Paper and electronic recordings were undertaken with a smart phone alert feature enabled. Staff had received training to ensure their understanding and importance of these checks and the cold chain requirement for vaccines. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>The practice team had taken action to mitigate potential risks identified at the previous inspection and the risk associated with Covid 19. This inspection noted:</p> <ul style="list-style-type: none"> • There was clinical oversight of all patient correspondence. • Children who did not attend appointments both at the GP practice and at secondary care appointments were followed up. • Safeguarding systems and staff training had been effectively reviewed and were subject to regular monitoring. • Fridge temperatures, vaccines, equipment stock and expiry dates of these were monitored. • An emergency antibiotic medicine was now available at both surgeries. • The identification and review of significant events was comprehensive. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

The practice monitored data from the Quality Outcomes Framework (QOF) and worked closely with the medicine optimisation team to monitor performance. The practice also used software which highlighted patients prescribed medicines that required additional monitoring.

The practice manager undertook a range of regular searches on patient records to ensure patients received the right care at the right time. In addition, in-house audits including IPC were undertaken at regular intervals.

This inspection included a remote search on the practice's patient clinical record system by a CQC GP specialist advisor. Copies of the searches were accessible to the practice GP and their team before the inspection visit. The principle GP had reviewed all these searches and documented their action ensuring patients that required review were monitored before our visit.

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<p>The practice manager stated she had found it very challenging to recruit to the patient participation group. However, one patient had been recruited to the group since April 2020.</p> <p>We spoke with four patients about their experiences of the practice, the care and treatment they received and how accessible the service was. All four patients told us that they received a good and accessible service. They told us the GP was very caring and they said they felt safe when attending the practice for a face-to-face appointment.</p> <p>The practice worked closely with the CCG and RCGP to improve the service they provided and they worked with the PCN to deliver joined up services to the local community.</p>	

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Since the inspection of November 2019 evidence was available that demonstrated an increased focus to identify and respond to opportunities to learn and improve. For example	
<ul style="list-style-type: none">• An overarching practice action plan had been implemented and was subject to regular review and update.• Policies and procedures were updated, reviewed and were accessible to the whole staff team.• Leadership roles and responsibilities were identified, and action plans and audits supported improvements and planned improvements.• Quality improvement audits and patient clinical reviews were being used to ensure patient care was appropriate and reflected best practice.• Staff attended team meetings and had easy access to minutes, guidance and information on the shared web-based information system.• There was recognition by the practice leaders that quality improvement was a continuous process.• The practice strategy and system of regular monitoring supported them to review and implement change.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.