

# Care Quality Commission

## Inspection Evidence Table

### Fairmore Medical Practice (1-4330751037)

Inspection date: 12 July 2018

Date of data download: 28 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 30 May 2018	Yes
There was a record of equipment calibration Date of last calibration: 29 March 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 19 April 2018	Yes
Actions were identified and completed.	Yes
Additional observations: We saw evidence demonstrating the provider had completed risk assessments including one for fire safety to supplement the risk assessment and mitigation activity undertaken by the building's management staff.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 16 August 2017	Yes
Health and safety risk assessment and actions Date of last assessment: 11 January 2018	Yes
Additional comments: The provider undertook weekly room specific health and safety checks which were documented to ensure actions implemented as a result of the risk assessments were effective.	

Infection control	Y/N
<p>Risk assessment and policy in place  Date of last infection control audit: 31 May 2018  The practice acted on any issues identified: Yes</p> <p>Detail: The practice's infection prevention and control (IPC) lead had completed a full IPC audit as well as specific hand hygiene audits for practice staff. Following completion of the audit in May, the practice acknowledged the need for routine cleaning of the 24 hour blood pressure machines. A cleaning schedule was devised and member of staff nominated to undertake the cleaning of them.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
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.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes

## Appropriate and safe use of medicines

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).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.16	1.00	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	9.4%	6.4%	8.9%	Comparable to other practices

Medicines Management	Y/N
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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers: The provider explained to us how on taking over the practice in October 2017 it had become aware of previous deficiencies in the effective monitoring of patients taking medicines including high risk medicines. The provider was able to demonstrate to us how it had implemented a systematic approach to monitoring these patients to ensure the medication prescribed was appropriate. Through sharing a number of documented audits completed with us, the provider was able to evidence how it was monitoring its progress in improving the safe effective care offered to patients prescribed high risk medicines.

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded since the provider took over the practice in October 2017.	7
Number of events that required action	7

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
Unlabelled specimen with no associated paperwork identified	The sample handling protocol was updated to clarify staff roles and responsibilities. A form was devised for staff to complete for ad-hoc sample drop offs from patients to ensure they were easy to identify. The changes were discussed at a staff meeting and staff we spoke with were aware of the updated processes implemented.
Delayed referral	The referral was actioned promptly once the delay had come to light. The practice's locum policy was reviewed and additional information included regarding referral processes to minimise the risk of the incident being repeated.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice utilised an electronic document record system to disseminate alerts to appropriate team members and log the outcome of any action required. We saw examples of recent alerts received and how the practice had taken appropriate action.</p>	

Any additional evidence
We saw the provider had acted promptly on taking over the practice in October 2017 to identify gaps in processes established previously by the previous provider and to assess the associated risks of these gaps. Work had been systematically undertaken to address any issues and improve patient safety. For



example, the practice had introduced a new repeat prescribing policy and improved process resulting in a 20% reduction in outstanding medication reviews.

## Effective

Please note, results reported relate to a period of time under the previous provider.

### Effective needs assessment, care and treatment

Prescribing				
Indicator	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). (01/07/2016 to 30/06/2017) (NHSBSA)	0.74	0.65	0.90	Comparable to other practices

### People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.1%	82.1%	79.5%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.1% (59)	16.7%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	88.9%	81.8%	78.1%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.0% (24)	10.5%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	84.0%	82.8%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	11.2%	(30)	14.2%	13.3%	

Other long term conditions				
Indicator	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. (01/04/2016 to 31/03/2017) (QOF)	74.0%	77.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (15)	8.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.0%	92.4%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (18)	10.8%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.4%	85.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (46)	4.6%	4.0%	
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. (01/04/2016 to 31/03/2017) (QOF)	92.3%	86.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.2% (7)	9.7%	8.2%	

**Any additional evidence or comments:**

The current provider had implemented new protocols and care pathways around the management of patients with long term conditions in order to improve patient outcomes and maximise the proportion of patients accessing appropriate care and treatment. For example, a new call / recall system had been implemented and additional training sourced for staff responsible for carrying out patient reviews. A comprehensive analysis of the practice's nursing provision had been undertaken with actions and improvements implemented as a result. Nursing capacity had been increased at the practice and additional responsibilities delegated to staff as appropriate to facilitate more efficient implementation of the practice's care pathways.

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	88	116	75.9%	80% or below Significant variation (negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	87	99	87.9%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	86	99	86.9%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	88	99	88.9%	Below 90% Minimum (variation negative)

### Any additional evidence or comments

This data relates to a period of time prior to the current provider taking over the practice. The current provider was aware of the previous low uptake rates for childhood immunisation and vaccination and had implemented a systematic approach to updating practice protocols around this work. We saw proactive work was being completed to improve uptake. During the inspection, the provider shared with us up to date, but as yet unverified data for childhood immunisations and vaccinations completed since taking over the practice. The figures demonstrated the practice was achieving improved uptake, with the majority now at a 90% rate for the vaccinations offered.

## Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	65.9%	73.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last	59.8%	68.6%	70.3%	N/A

36 months (3 year coverage, %) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	49.9%	56.5%	54.5%	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. (PHE)	75.0%	75.1%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	65.2%	53.6%	51.6%	Comparable to other practices
<p><b>Any additional evidence or comments</b>  The practice had implemented revised protocols around proactive follow up of patients who failed to attend for their cervical smear appointment in order to improve uptake rates.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	98.4%	93.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (4)	13.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.5%	91.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	11.0%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.3%	87.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.5%	6.8%	
<b>Any additional evidence or comments</b>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	549	539
Overall QOF exception reporting	9.6%	6.7%	5.7%



## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.7%	95.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (4)	0.8%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw evidence that staff had received appropriate training around consent, for example in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff we spoke with demonstrated a good awareness of the issues of consent and were able to describe appropriately the course of action they followed in order to ensure it was obtained and documented as required.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	20
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards (from Rossendale site)	<p>Patient feedback received via comment cards returned was extremely positive about the caring nature of staff, with many of the cards mentioning both clinical and non-clinical staff by name to praise the high standard of care offered. Three of the cards explicitly mentioned the improvements patients had noted since the current provider took over the practice in October 2017, with one noting the clinical team had stabilised resulting in improved continuity of care for patients.</p> <p>One of the cards reporting mixed feedback expressed some concerns with past difficulties getting an appointment, but praised administration staff for being so helpful and accommodating in resolving the issue at the time.</p> <p>The other card with mixed feedback expressed some concern with privacy at the reception area, but acknowledged this was due to the building's layout and close proximity of the reception desk to a neighbouring service's accommodation in the building.</p>
Patient interviews	<p>We spoke with four patients at the practice's Padiham branch practice during the inspection. Their feedback reflected the positive responses of the comment cards. Patients told us they were happy with the practice and told us staff were polite, professional and friendly.</p>
NHS Choices	<p>Two reviews had been left on the NHS Choices website since the current provider had taken over the practice. One was positive, describing the clinical staff as brilliant and showing compassion and empathy. The patient said they were listened to by staff.</p> <p>The other review expressed some concerns regarding the attitude of staff they saw at one of the practice's branch sites. The patient commented they usually had a positive experience at the practice at the other branch where they would normally attend.</p>

## National GP Survey results 2017

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,000	384	103	26.82%	1.72%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	84.1%	78.5%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	88.4%	87.7%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	96.8%	95.5%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	87.2%	85.7%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	96.9%	93.0%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	95.5%	92.6%	90.7%	Comparable to other practices

## National GP Survey results 2018

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6000	421	103	24%	1.72%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would describe their overall experience of the practice as good (01/01/2018 to 31/03/2018)	81%	85%	84%	N/A
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a healthcare professional, the healthcare professional was good at listening to them (01/01/2018 to 31/03/2018)	91%	89%	89%	N/A
The percentage of respondents to the GP patient survey who had confidence and trust in the healthcare professional they saw or spoke to. (01/01/2018 to 31/03/2018)	94%	96%	96%	N/A
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a healthcare professional, the healthcare professional was good at treating them with care and concern (01/01/2018 to 31/03/2018)	93%	88%	87%	N/A

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt involved in decisions about their care and treatment.
Comment Cards	Five of the comment cards we received made reference to patients feeling listened to by clinicians at the practice. Patients said their treatment options were explained to them with alternatives offered when requested.

## National GP Survey results 2017

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	85.7%	85.6%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	85.7%	81.3%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	93.6%	92.0%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	88.7%	87.9%	85.4%	Comparable to other practices

## National GP Survey results 2018

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a healthcare professional, the healthcare professional was good at giving them enough time (01/01/2018 to 31/03/2018)	80%	88%	87%	N/A
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a healthcare professional, they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	89%	94%	93%	N/A
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a healthcare professional, the healthcare professional recognised or understood any mental health needs (01/01/2018 to 31/03/2018)	88%	87%	87%	N/A
The percentage of respondents to the GP patient survey who stated that they felt their needs were met during their last appointment (01/01/2018 to 31/03/2018)	93%	95%	95%	N/A

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	No

Carers	Narrative
Percentage and number of carers identified	The practice had identified 166 patients as carers (just under 3% of the practice patient population).
How the practice supports carers	<p>The practice's new patient registration pack contained information to support the identification of carers to the practice and to signpost these patients to support services available. Alerts were used on the electronic patient record system to make staff aware if a patient was a carer to ensure they could check their needs were being met appropriately.</p> <p>The practice also liaised closely with the local carers service to ensure patients identified as carers had access to appropriate support as needed.</p>
How the practice supports recently bereaved patients	Family members of recently bereaved patients were contacted by the practice so that support could be offered and guidance given around local services available as required.



## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>All staff had completed training around information governance and had signed the practice's confidentiality agreement to document they understood the importance of maintaining patient confidentiality.</p> <p>We saw conversations at the reception desk took place away from the seating in the waiting area, and computer monitors were out of sight of the patients.</p> <p>Staff we spoke with were aware of the option to offer patients a private space to discuss sensitive issues.</p>

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

### Examples of specific feedback received:

Source	Feedback
Comment cards	One comment card did express some concerns around privacy at the reception desk of the Rossendale practice location, due to the building's layout and the desk's close proximity to a neighbouring service. However, other cards praised reception staff for facilitating privacy and confidentiality when dealing with patients.
Patient interviews	Patients told us their privacy and dignity was always respected. They were aware of the chaperone service offered by the practice.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30

Appointments available	Morning and afternoon surgeries with a clinician were offered at each of the practice's sites, with patients able to book routine appointments up to four weeks in advance.
Extended hours opening	Available at the local Hyndburn hub clinic between 18:30 and 20:30 Monday to Friday, as well as at weekends. These appointments were offered by the local GP federation.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Home visit requests were taken by the reception team and added to the home visit list to be reviewed by the on-duty GP who would then undertake home visits as required. The receptionists we spoke to were aware of how to recognise 'red flag' symptoms in patients and how to manage these by signposting to more urgent means of accessing treatment.	

## Timely access to the service

### National GP Survey results 2017

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,000	384	103	26.82%	1.72%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	84.4%	81.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	82.9%	71.5%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	72.5%	73.8%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	74.7%	72.2%	72.7%	Comparable to other practices

### National GP Survey results 2018

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6000	421	103	24%	1.72%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were satisfied with the GP appointment times available (01/01/2018 to 31/03/2018)	63%	67%	66%	N/A
The percentage of respondents to the GP patient survey who found it easy to get through on the phone (01/01/2018 to 31/03/2018)	76%	72%	70%	N/A

The percentage of respondents to the GP patient survey who stated that the last time they tried to make an appointment they were offered a choice of appointment (01/01/2018 to 31/03/2018)	65%	62%	62%	N/A
The percentage of respondents to the GP patient survey who said they were satisfied with the type of appointment they were offered (01/01/2018 to 31/03/2018)	68%	74%	74%	N/A
The percentage of respondents to the GP patient survey who took the appointment they were offered (01/01/2018 to 31/03/2018)	90%	95%	94%	N/A
The percentage of respondents to the GP patient survey who described their experience of making an appointment as good (01/01/2018 to 31/03/2018)	66%	69%	69%	N/A

Examples of feedback received from patients:

Source	Feedback
Comment cards	One card did describe previous difficulties making an appointment, but also described how helpful staff had been in resolving this concern.
Patient interviews	Patients we spoke with told us they could access appointments when they needed them. We were told routine appointments were generally available within two to three days if not sooner.

## Listening and learning from complaints received

<b>Complaints</b>	
Number of complaints received since the provider took over the practice in October 2017.	13
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
<b>Additional comments:</b>	
<p>We saw the practice had implemented a systematic process for managing patient complaints. The complaints documentation we viewed demonstrated the practice provided a thorough and timely response to patients following concerns being raised, with an appropriate apology offered and detailed explanation as to what measures the practice had taken to avoid the issues giving rise to the concerns being repeated.</p> <p>While information for patients regarding the practice's complaints procedure was available on the practice's website, during the day of our inspection complaints literature was not available for patients in the waiting area or at the reception desk.</p>	

<b>Example of how quality has improved in response to complaints</b>
<p>Following a complaint regarding availability of GP appointments the practice's appointment structure was altered to ensure GP appointments were available after 4:30pm to ensure patients were offered a wider choice of appointments.</p> <p>Following a complaint regarding a delay with prescription request processing, the practice management met with representatives of a local pharmacy to discuss and establish updated protocols for their collection of prescriptions in order to prevent the issues leading to the complaint being repeated.</p>

# Well-led

## Leadership capacity and capability

### Examples of how leadership, capacity and capability were demonstrated by the practice

The provider had established an overarching management structure and implemented systems and processes to ensure comprehensive governance was being embedded into practice. Six board members had been appointed, with each of the three collaborating provider organisations represented at board level. An operational manager had been appointed to provide leadership across all of the provider's registered locations. The appointment of permanent salaried GPs to work at the location and its associated branch surgeries served to improve continuity of care for patients.

## Vision and strategy

### Practice Vision and values

The provider collaboration between the two other local GP partnerships and the local NHS hospital Trust had been entered into with the aspiration to keep primary medical services offered in the area managed by local GPs. The provider articulated a vision that the collaborative approach would allow the exploration of new ways of working in primary care, facilitate financial stability, improve the availability of resources and improve sustainability. The provider recognised how the collaborative approach served to improve links between primary and secondary medical services, improve services for patients and consolidate sustainability.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

We saw the provider on taking over the practice had established a baseline of the service's current performance, identifying a number of gaps in the delivery of effective service provision. We saw evidence demonstrating how the provider had implemented a systematic programme of quality improvement to address these gaps, with progress monitored regularly. For example, having identified a lack of comprehensive medication monitoring the practice had introduced a new repeat prescribing policy and improved process resulting in a 20% reduction in outstanding medication reviews. Patients prescribed high risk medication were also being reviewed on a regular basis to ensure their prescribed medicine was appropriate, after the provider discovered the electronic system for documenting the monitoring of such medicines had not been utilised for eight months prior to the practice being taken over.

The lead GP had met with the practice nurse and documented a comprehensive nursing services review which had resulted in, for example, the implementation of improved recall systems for patients with long term conditions to ensure they received the treatment they needed. As part of this review, we saw a number of audits were scheduled in order to monitor the effectiveness of any changes made.

On taking over the practice the provider became aware of a backlog of patient notes needing to be summarised onto the electronic record system. Updated summarising protocols were implemented in order to streamline the process and the practice was completing audits to monitor its progress in addressing the issue. The practice's HCA was given ringfenced time to support the issue being resolved and the practice informed us it had been successful in a bid for resilience funding from NHSE to support

this work further.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff we spoke with told us they felt well supported by management and described a team ethos. We were told practice management were extremely receptive to any training requests, and that GPs and management had an open-door policy if staff felt they had any queries or concerns. Staff we spoke with told us they felt valued and enjoyed their work, with many commenting on the improvements noted since the current provider had taken over running the practice. Some staff did feed back to us that given the practice was spread over three separate sites, at times they felt as though they worked in isolation. However, they acknowledged the provider had already made amendments to shift patterns in an effort to mitigate this as much as possible in the short term, and once the vacant posts currently being recruited to had been filled this situation should improve further.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies and procedures were dated and reviewed according to a planned programme. They were consistent with best practice guidelines and any relevant legislation. They were available for reference at all times on the practice shared drive and staff we spoke with were aware of their location and content. However, staff did experience some difficulties locating practice complaints literature when requested.
Learning from complaints and significant events	There were documented procedures to manage patient complaints and significant events. Staff told us how the practice's meeting structure facilitated the timely discussion and cascade of information relating to any changes to practice required as a result of incidents and complaints. Staff we spoke with were aware of recent changes made as a result of incident investigations and we saw discussions clearly documented in meeting minutes.
Corporate management structure	The provider had established an overarching management structure to offer oversight and support across its network of practices.
Quality improvement programme	The provider had undertaken a methodical and systematic approach to identifying gaps and areas for development in the practice's performance in addressing the needs of its patient cohort. We saw how action was being taken to address these areas for development.
Practice risk assessments	Risk assessments for areas of practice services and processes were in place. For example, for practice premises and infection prevention and control.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

### Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Safe working conditions for staff	Comprehensive risk assessments had been undertaken, including for staff use of video display screen equipment and moving and handling. We saw that action plans had been produced as a result, with timescales and completion of the actions documented.
Practice spread across three	The current provider had recognised the need for consistent working



separate sites	practices for staff across the practice's three sites. It had produced and implemented a 'reception bible' document as guidance for staff to promote consistent use of practice protocols and procedures.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
There was an active patient participation group, with regular meetings with practice staff. We saw meeting minutes demonstrating how the practice discussed service developments, such as the proposed relocation of one of the practice's branch sites, as well as gathered patient feedback.

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits since the provider took over the practice in October 2017.

Audit area	Improvement
High risk medicine monitoring	An initial audit cycle indicated patients prescribed high risk medicines were not being consistently or appropriately monitored by the practice. As a result, the practice liaised with the pharmacist and implemented an updated high risk medicines protocol. A re-audit demonstrated improvements in the way the practice was monitoring patients prescribed high risk medication, with 100% of the patients sampled having appropriate checks in place in line with best practice guidelines.
Palliative Care	The audit resulted in the practice devising an updated palliative care protocol to ensure patients nearing the end of life were receiving appropriate care and support. The re-audit demonstrated an improved proportion of patients were being appropriately identified for the practice's palliative care register.

We saw evidence of further audits scheduled in order to monitor the service improvements being implemented on an ongoing basis.

Any additional evidence
The provider discussed with us the fact that due to the nature of the collaboration between multiple provider organisations, and the fact that services were being provided at scale across a number of sites, there was the opportunity for innovation. For example, at other locations run by the providers, a community ENT service was being trialled, as was the use of advanced physiotherapy practitioners for the assessment and treatment of musculoskeletal injuries. At the time of inspection these additional services were being trialled at other locations run by the provider. If successful, the provider told us how it planned to roll out the services to its other practices, including this one, offering its patients access to

a broader range of clinical services and reducing the need for onward referral to secondary care for certain presentations.

**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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

**Glossary of terms used in the data.**

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).