

Care Quality Commission

Inspection Evidence Table

Burnley Wood Medical Centre (1-542738395)

Inspection date: 09 January 2019

Date of data download: 08 January 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes
Explanation of any answers and additional evidence: We saw evidence in the form of meeting minutes demonstrating how the practice liaised with other health and social care professionals, such as the local health visitors in order to effectively share	

Safeguarding	Y/N/Partial
information and ensure the needs of vulnerable children were best met and any concerns raised appropriately.	

Recruitment systems	Y/N/Partial
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
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed three staff files for their content relating to documentation of pre-employment checks and found these were appropriate, including for example evidence of conduct in previous employment in the form of references, checks for appropriate registration with relevant professional bodies and copies of identification.</p>	

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: October 2017	Yes
There was a record of equipment calibration. Date of last calibration: October 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: July 2018	Yes
There was a log of fire drills. Date of last drill: July 2017	Yes
There was a record of fire alarm checks. Date of last check: August 2018	Yes
There was a record of fire training for staff. Date of last training: All staff had last completed fire safety training during 2018.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: February 2009, last reviewed September 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence: We saw evidence that fire safety equipment, such as the alarm system, emergency lighting and extinguishers were regularly checked and serviced / maintained. Staff we spoke with were aware of the premises' fire evacuation procedures.</p> <p>Other safety checks had also been completed appropriately, such as a gas safety check in August 2017, a fixed wiring safety check in September 2014 and legionella risk assessment in December 2018. A control regime had been put in place following the completion of the legionella risk assessment and we saw records documenting this was being undertaken as indicated.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2018	Yes
<p>Explanation of any answers and additional evidence: Updated health and safety and security risk assessments were carried out on an annual basis and we saw actions taken appropriately as a result to mitigate any identified risks.</p> <p>Display screen equipment risk assessments had been completed for each member of staff in August 2018.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	December 2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: While the most recently completed infection prevention and control audit indicated the practice was compliant with the standards set and that no changes were necessary, we saw evidence following previous audits demonstrating how it had acted appropriately to risks identified. For example, following a previous audit the practice had switched to using disposable privacy curtains.	

Risks to patients

There were adequate 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Explanation of any answers and additional evidence:

The practice was proactively and methodically monitoring staffing levels, skill mix and demand and capacity for appointments. The practice was due to begin trialling the Apex Primary Care web tool the week following our inspection visit (an audit tool designed to support demand and capacity analysis and resulting staffing and skill mix requirements to maximise patient access).

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was 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
Explanation of any answers and additional evidence: We saw there was a policy in place for the management of incoming correspondence to the practice, and staff who dealt with this correspondence were aware of it. We saw this policy detailed the types of correspondence admin staff were required to task to the GPs to ensure they have sight of. We did note this document indicated correspondence informing the practice a patient had failed to attend a secondary care appointment were not routinely tasked to a clinician. At the time of our inspection there was no formalised process for clinical oversight, for example in the form of an audit to ensure the correspondence filed without the GPs having had sight of it had not required GP action. The practice manager informed us one of the GPs did check the mail removed and directly filed periodically, but this check was not documented. The practice manager informed us the practice would formalise and begin recording this process.	

Appropriate and safe use of medicines

The practice mostly 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) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	1.01	0.98	0.94	No statistical variation
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). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	6.7%	6.7%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Partially
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of 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 appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	N/A

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice employed a nurse prescriber. While we saw they had access to regular supervision, there was no formal review process in place for the provider to document how it had sought assurance prescribing had been carried out within the clinician's levels of competence.</p> <p>We saw the provider had completed audits to monitor and improve antibiotic prescribing; audits demonstrated reduced prescribing of broad spectrum antibiotics.</p> <p>We noted the range of emergency medicines stocked by the practice was not fully comprehensive. For example no atropine was available on site (recommended for practices carrying out minor surgery and coil fittings). We also found that water was not available in the GPs' bags we checked, required for the injection of some emergency medicines stocked in them. The provider informed us these omissions would be addressed and stock replenished. A risk assessment had not been completed to record the rationale for which emergency medicines were required by the practice and in the GPs bags.</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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	5
Number of events that required action:	5
Explanation of any answers and additional evidence: We saw examples of recent significant events or near misses identified by the practice, and staff we spoke with were aware of changes put in place as a result to minimise the chances of the events being repeated. We saw some evidence of meeting minutes documenting the dissemination of information relating to any changes to the practice staff team, however these meeting minutes related to older events, rather than to ones occurring recently prior to the inspection visit. Staff told us that any changes may be discussed as part of staff meetings, or alternatively via informal discussion or email as required.	

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

Event	Specific action taken
Test results were coded onto a patient's record with a similar name in error.	Staff were reminded to be vigilant, the patient notes updated and alerts were added to the patients' records to minimise a repeat.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: We reviewed the actions taken by the practice relating to a recent safety alert relating to the prescribing of the medicine valproate for women of child bearing age and found appropriate searches and actions had been taken as required.	

Effective

Rating: Good

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw how the practice had worked closely with the CCG to make improvements to the management of conditions such as COPD and asthma. Updates to best practice guidelines, for example received via NICE alerts or alerts from the CCG were discussed by the GPs at the practice to facilitate any changes being implemented effectively. We noted such discussions were not a standing agenda item for clinical team meetings.</p>	

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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.99	0.60	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and

communication needs.

- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Recent quality improvement work had resulted in improvements to the practice's atrial fibrillation prevalence from 68% in November 2016 to 77% of what was expected in October 2018, and to hypertension prevalence from 45% in November 2016 up to 52% in July 2018.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	82.9%	82.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	20.8% (75)	18.2%	13.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	78.5%	82.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.2% (26)	10.2%	9.8%	N/A

	Practice	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.0%	82.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.1% (51)	14.4%	13.5%	N/A

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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	75.5%	77.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.3% (17)	8.9%	7.7%	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.7%	90.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.2% (17)	10.5%	11.5%	N/A

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 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.0%	84.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.5% (12)	4.8%	4.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	90.9%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.3% (3)	7.2%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets, but the practice was taking action to address this.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	48	69	69.6%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	53	71	74.6%	Below 80% (Significant 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) (01/04/2017 to 31/03/2018) (NHS England)	58	71	81.7%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	53	71	74.6%	Below 80% (Significant variation negative)

Any additional evidence or comments

The practice demonstrated to us how it was aware of the previous low uptake rates for childhood immunisations and vaccinations, and staff were able to show us the appropriate measures which had been implemented in order to address and improve these. For example, nursing staff told us how the baby clinic had been updated from a drop-in clinic to an appointment system; this allowed the practice to maintain improved oversight of non-attendees. Alerts were placed on patient records when children missed appointments for their vaccinations, to maximise the chances of them being administered opportunistically when attending for other reasons. Patients who failed to attend were contacted by telephone to chase them up and prompt a further appointment being booked. A member of the administration team was given responsibility to monitor the uptake, running monthly reports and proactively contacting families to invite them to attend.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for

patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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) (01/04/2017 to 31/03/2018) (Public Health England)	74.2%	73.4%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	69.7%	68.9%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	55.5%	59.0%	54.6%	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. (01/04/2017 to 31/03/2018) (PHE)	78.4%	74.9%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	48.9%	50.4%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. A shared care service was offered, with weekly clinics offered on site by the local substance misuse service.
- The practice had previously in 2015 been instrumental in setting up a joint initiative with the public

health department and local community services, named the Burnley Wood Community Assets Network. We saw work in this area had been ongoing, with over 18 member organisations involved including for example the local fire service, Burnley football club, three local parish churches and two local schools. Regular events and network projects were organised and initiated to promote support services available for vulnerable patients and improve health outcomes for patients in the locality.

- The practice was proactive in its support of ex-service personnel and we saw evidence referrals being expedited as necessary to secondary care for issues relating to their time in the military. The practice liaised closely with the local veterans' support group.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 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. We saw evidence demonstrating the practice had improved its diagnosis and coding on the clinical system of patients with dementia, from 21 patients in 2014 up to 71 at the start of 2019.
- A counselling service was available for patients on site at the practice.

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 (01/04/2017 to 31/03/2018) (QOF)	87.2%	90.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	2.1% (1)	13.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	89.6%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	10.1%	10.5%	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 (01/04/2017 to 31/03/2018) (QOF)	75.4%	88.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.7% (3)	5.4%	6.6%	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)	554.9	546.8	537.5
Overall QOF exception reporting (all domains)	6.3%	6.8%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

- The practice had become aware it was an outlier for the detection and management of patients with atrial fibrillation. An audit undertaken as a result prompted action being taken and changes implemented to make improvements, such as opportunistic pulse checks being offered by clinicians and a review of coding practices on the clinical record system. This resulted in a 20% increase of atrial fibrillation cases identified over a seven month period.
- We saw other clinical audits had also been completed demonstrating improvements in clinical care and patient outcomes in topics such as management of safeguarding, ECGs completed for patients prescribed methadone and osteoporosis.

Effective staffing

The practice was able to 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partially
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A formal process of seeking assurance that staff working in advanced roles, such as non-medical prescribers, were working within their competencies was not established.</p> <p>We saw documentation recording staff training was up to date and facilitated effective managerial oversight of courses completed across all staffing groups.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between	Yes

services.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice regularly linked in with other health professionals, for example through representation at the Integrated Neighbourhood Team multidisciplinary team meetings. We saw that seven of the practice's patients had been discussed at the most recent of these meetings held during the week of our inspection visit, to ensure their needs were being appropriately met.</p>	

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.8%	95.4%	95.1%	Variation (positive)
Exception rate (number of exceptions).	1.0% (15)	0.9%	0.8%	N/A

Consent to care and treatment

The practice always 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: We saw audits of the minor surgery undertaken included examination of whether consent had been appropriately obtained from the patient and documented in the patient's record.	

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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Cards	The patients who completed CQC comment cards prior to our visit were wholly and strongly positive about the service received at the practice.
Patient interviews	Patients we spoke with via telephone following the inspection gave the practice much praise; we were told staff at all levels were caring and considerate to patient's needs and patients valued the efforts made by the practice to integrate and contribute to the local community.
NHS Choices website	One patient had written a review of the practice on the NHS Choices website in the previous year. This patient reported a positive experience at the practice and complemented the manner of the clinicians. The review rated the practice as five stars out of a possible five.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5969	310	110	35.5%	1.84%

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 healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	89.9%	89.3%	89.0%	No statistical variation
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 (01/01/2018 to 31/03/2018)	85.9%	88.3%	87.4%	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 (01/01/2018 to 31/03/2018)	94.3%	95.8%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	85.7%	85.2%	83.8%	No statistical variation

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

Any additional evidence
<p>The practice had completed its own patient survey in 2018, with a total of 218 patients responding. As a result of feedback received from patients, the practice made changes such as installing antibacterial hand sanitiser next to the touch screen self-check in screen in the waiting area.</p> <p>In addition, the practice routinely surveyed patients accessing its minor surgery, well woman and the pilot ear nose and throat services offered at the practice. We viewed a sample of completed survey forms which indicated high levels of patient satisfaction with these services.</p>

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Several of the practice's GPs were multilingual which made it easier to communicate effectively with many patients whose first language was not English.</p>	

Source	Feedback
Interviews with patients.	Patients we spoke with told us that clinicians were thorough in their explanations of care and treatment, and that choices were offered as needed.
Feedback from comment cards	Comment card feedback also indicated high levels of patient satisfaction in terms of their involvement in any decisions around treatment options.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their	91.6%	94.4%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

	Y/N/Partial
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 other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 126 patients as carers (just over 2% of the practice patient list).
How the practice supported carers.	Patients identified as carers were offered a flu vaccination annually, and any appointments required for other health needs were prioritised.
How the practice supported recently bereaved patients.	The GPs informed us there was no formal system in place for offering support to families at times of bereavement; support was offered to patients opportunistically as required when they presented at the practice.

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.	Yes
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
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: In response to patient feedback regarding privacy when checking in using the self-check in screen in the waiting area, the practice had agreed to reposition the screen in order to offer increased levels of privacy.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had previously ran a pilot locality initiative providing an ENT (ear nose and throat) service. This was provided from the premises by a GP with special interest in this area of medicine and led by one of the GP partners. We viewed a sample of patient feedback gathered following access to this service which was strongly positive. The pilot had been completed at the time of our inspection and we were told by the practice that work was ongoing to launch the service across the CCG.</p>	

Practice Opening Times	
Day	Time
Opening times:	
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:	
Monday	08:30 – 10:50 and 14:00 – 18:00
Tuesday	08:30 – 10:50 and 14:00 – 18:00
Wednesday	08:30 – 10:50 and 14:00 – 18:00
Thursday	08:30 – 10:50 and 14:00 – 18:00
Friday	08:30 – 10:50 and 14:00 – 18:00

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5969	310	110	35.5%	1.84%

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 (01/01/2018 to 31/03/2018)	92.2%	94.8%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice had tailored the afternoon appointment slots offered to recognise many members of this population groups had expressed preference not to be out of their house after dark.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> The provider told us the practice strived to review patients with multiple needs at one single appointment. The practice liaised regularly with the local district nursing team and community matrons 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"> We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Appointments were available outside school hours.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available from other local practices until 8pm each weekday evening and at weekends via the service provided by the local GP federation.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients could access clinics run by a counsellor offered from the practice's premises.

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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: Reception staff informed us how home visit requests were allocated to a GP to review, contact the patient and carry out a visit as necessary. The reception staff we spoke with were aware of 'red flag' symptoms and knew to interrupt a GP urgently and / or signpost a patient to the ambulance service as necessary.	

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 (01/01/2018 to 31/03/2018)	88.8%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	81.9%	69.2%	68.6%	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 (01/01/2018 to 31/03/2018)	78.0%	66.8%	65.9%	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 (01/01/2018 to 31/03/2018)	73.2%	74.2%	74.4%	No statistical variation

Any additional evidence or comments

The practice scored above local and national averages for three of the four questions relating to access to the service.

Source	Feedback
Patient comment cards and patient interviews	Patients involved in the inspection process informed us how they felt appointments were available when they needed them, at short notice if necessary.

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 13 months.	4
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.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice's complaints leaflet and complaints form was available to patients from reception staff. This literature contained appropriate information, including where a patient could escalate their complaint should they be dissatisfied with the practice's investigation and response to it. The complaint responses we viewed included thorough explanations of the issues raised and an apology as appropriate. However, these written responses did not include details of the ombudsman should the patient have been dissatisfied and wished to escalate the complaint further.</p>	

Example of learning from complaints.

Complaint	Specific action taken
A patient was unhappy at having to discuss details of their reason for needing an appointment with reception staff.	The practice updated the recorded message on the telephone system to ensure patients calling for an appointment were made fully aware as to why it was beneficial for reception staff to ask such questions, in order to be able to book the patient into the most appropriate appointment slot.

Well-led

Rating: Good

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Plans were in place for a member of the non-clinical staff team to commence shadowing opportunities with the current practice manager to begin gaining experience and skills in this area. It was envisaged this would facilitate a smooth transition to a more senior management role in the future and would develop a more diverse skill mix amongst the staff.	

Vision and strategy

The practice had a clear vision and credible 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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The provider was extremely passionate about ensuring the practice was at the heart of promoting health and well-being in the local community. All staff we spoke with were aware of and could articulate this vision to us, and were able to discuss how the practice worked to put this into practice.	

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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff we spoke with told us of a strong team ethos at the practice. Staff felt well supported by management and the partners, and described the practice leadership team as approachable. Staff told us how they took pride in being very knowledgeable of their patient list, and felt this facilitated the delivery of high quality, patient-centred care.	

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: Staff were able to describe a meeting structure which was embedded at the practice, with clinical and management meetings occurring monthly, while whole staff meetings were held quarterly. We saw a range of meeting minutes confirming this. Staff we spoke to were aware of their roles and responsibilities. We saw how lead roles for different areas of responsibility were spread across the team, and staff took pride in their achievements against them.	

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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: We saw a comprehensive and methodical approach to risk management was established with regards to many areas of identified or potential risk. We did note some gaps, for instance with regards to the range of emergency medicines held on site. The provider assured us this would be addressed.	

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: We saw how the practice utilised data, such as from the Quality and Outcomes Framework (QOF) and from its own clinical audit programme to monitor and improve performance and patient outcomes. Evidence of data being used to improve performance included increased identification and therefore appropriate treatment of patients with atrial fibrillation and hypertension.	

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.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice had been highly proactive at establishing and embedding strong links with a wide range of other services in the community with the aim of improving the health and well-being outcomes of the local population, for example through its Burnley Wood Community Assets Projects. Staff we spoke with during the inspection were able to give us examples of how the practice leadership had responded to their feedback and suggestions to improve how the service was run, for example updating rota / shift patterns to be more equitable.	

Feedback from Patient Participation Group.

Feedback
We spoke with one member of the patient participation group shortly following the inspection. They told us how the practice involved patients in the design of new services and was highly responsive to patient feedback. The patient participation group was active, with 17 members meeting with practice representatives every two months.

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice engaged with numerous trials and pilot projects. For example, it had run a pilot locality initiative to offer an ENT service for the patients in the area, led by one of the partners who had a background in this area of medicine. The practice had also previously been a pilot site for the electronic medicines management software which has since been rolled out across the CCG area. The practice was involved in primary care clinical research, and had a research nurse based in the surgery one day per week.	

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 practice's 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.
- 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.

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>

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.