Dr RS Pollock's Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We undertook an inspection of Dr R S Pollock's Practice on 18 November 2014 as part of our new comprehensive inspection programme. We looked at how well the practice provided services for all population groups of patients. The inspection took place at the same time as other inspections of GP practices across Blackburn with Darwen Clinical Commissioning Group.

The practice was rated as good overall.

Our key findings were as follows:

- Care was provided in an environment which was clean and well organised
- Feedback from patients about their care and treatment was consistently positive.
- We found the practice had a strong team based ethos and this was reflected across all staff.
- Systems were in place to ensure information about safety was recorded, monitored, reviewed and actioned.
- The Patient Participation Group (PPG) was effective in promoting changes and the Chair was proactive in engaging with the locality practices and Clinical Commissioning Group.

We saw several areas of outstanding practice including:

- Work with the self-care coordinator was improving care, treatment and outcomes for patients with long term conditions
- The practice worked closely with the district nurses and other community services in the implementation of a virtual ward providing care and treatment in patients' homes. This provided intensive support for patients with complex care needs or who were particularly frail and elderly and avoided unnecessary hospital admission.

Summary of findings

- A direct telephone line was available for appointments for all patients with long term conditions and a care plan.
- We were made aware that the GPs gave their own telephone number out of hours to patients and visited those who were terminally ill or approaching end of life , even though they were not on call and services were delegated to the out of hours provider.
- Staff were aware on a daily basis if any patient's condition had deteriorated by means of a TLC board. Kept in the administration office, this was used to raise awareness amongst staff of any concerns about patients.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Ensure there is formal policy guidance for staff in respect of medicines management and significant event management.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. The practice used a range of information to identify risks and improve quality in relation to patient safety. Care was provided in a clean and organised environment. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Staff had a good understanding of safeguarding procedures to protect patients.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs have been identified and planned. It was clear there was strong and cohesive team work. The practice also had a close working relationship with the community services who shared an adjacent building.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently positive. We observed a patient-centred culture. GPs and all practice staff were motivated to offer kind and compassionate care, sometimes going over and above expectations.We received 27 CQC completed comment cards. Without exception patients said all staff within the practice were very caring and they were treated with respect and compassion.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. The practice reviewed the needs of its local population and engaged with the NHS Local Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. The self-care project work had resulted in improved outcomes for patients with complex and long term conditions and also those patients who were hard to reach. Priority appointments were given to children and the elderly on a daily basis

Summary of findings

Are services well-led?

Good

The practice is rated as good for providing well led services. The practice had a clear vision to deliver high quality care and promote good outcomes for patients, although this was not in any formal written strategy. There was an established leadership structure with clear allocation of responsibilities amongst the partner GPs and the practice staff. Appraisals were also used to ensure opportunities for feedback on performance and to identify personal and professional development. Staff had personal improvement plans in place.

All grades of staff we spoke with expressed a high level of satisfaction working at the practice and said they felt valued as part of the team

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Outstanding ☆

The practice is rated as outstanding for the care of older people.

Each patient over the age of 75 had a named GP. Staff knew their patients with more complex or multiple care needs well. Weekly visits were made to patients who lived in a retirement village close by. A register of these patients was kept by the practice. The practice had a range of enhanced services which included to prevent illnesses such as, influenza, pneumonia and shingles in older patients. The practice offered proactive, personalised care to meet the needs of the older people in its population and had enhanced services for dementia care and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. A register was also maintained for patients who were house bound. There was a nominated lead GP for safeguarding of adults

People with long term conditions

Outstanding ☆

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

Care plans were in place for each patient and regular reviews were undertaken. Direct telephone access for appointments and contact with the practice, was available for these patients. There were appropriate emergency processes in place for patients with long-term conditions. Arrangements were in place to monitor and review these patients when their health deteriorated suddenly. Work with the self-care facilitator was improving outcomes and there had been a reduction in unplanned hospital admissions. A register was maintained for patients who were house bound. Structured annual reviews for patients with various long term conditions were in place. A dedicated practice nurse was employed for the management of patients with chronic heart disease. Staff were aware on a daily basis if any patient's condition had deteriorated by means of a TLC board. Kept in the administration office, this was used to raise awareness amongst staff of any concerns about patients.

Families, children and young people

Good ●

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

Priority appointments were available daily for children under 16 and young people. Data from NHS England demonstrated the practice was a high performer, and above average for the Clinical

Summary of findings

Commissioning Group (CCG), for the vaccination programme for all age groups from babies to five years of age. There was a robust alert system for children who did not attend for immunisations and these were followed up by telephone calls or letters.

Systems were in place to raise alerts for identification and follow up of children, young people and families living in disadvantaged circumstances, including looked after children, children of substance abusing parents and young carers. The GP who was the safeguarding lead for children attended child protection case conferences and reviews where possible. Reports were sent when unable to attend. Young people were appropriate signposted and referred to sexual health clinics.

Working age people (including those recently retired and students)

Good

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

Flexible appointment systems were available via telephone or on line. The practice was proactive in offering online services. A full range of health promotion and screening was provided that reflected the needs for this age group. Extended opening times had been trialled but the uptake was poor, we were told, especially from this population group

People whose circumstances may make them vulnerable

Good

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

The work with the self-care facilitator meant that patients had been identified by the practice who may benefit from these interventions, particularly patients in this population group who lacked motivation to engage in healthy behaviour to improve health and wellbeing.

Weekly visits were undertaken to a nearby bail hostel. The practice had a number of patients who were hard to reach, some of whom had previously been refused registration with other practices.

Weekly meetings were held to monitor these patients and their behaviour whilst in the practice. Staff had a good understanding of their responsibilities in regard to safeguarding both children and adults and there was robust documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

A register was maintained for patients with learning difficulties. Extended appointments were available for consultations and annual health checks were undertaken.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

The practice had systems in place to ensure people experiencing poor mental health had received an annual physical health check. The practice regularly worked with the local mental health team and other mental health professionals in the case management of people experiencing poor mental health including those with dementia. Patients told us how supportive the practice was during episodes when they had experienced mental health issues.

Summary of findings

What people who use the service say

We spoke with 11 patients who were visiting the surgery; we also spoke with three patients who requested that we contact them by telephone on the day of the inspection.

All comments received were very positive about the care and treatment provided at Dr RS Pollock's practice. Patients reported their experiences as very good or excellent. These comments were from patients across age, sex and ethnic groups.

We were told how the staff responded superbly when dealing with a family bereavement and how well supported patients felt during any long term illness. A number of patients described this as fantastic care.

One patient told us they found it very difficult to get an appointment at a time that suited them, however most patients we spoke with were satisfied with the appointment systems available.

We received 27 completed Care Quality Commission comment cards. The comments cards also reflected a positive experience of both the nurses and GP's. Patients wrote that they valued the amount of time taken during consultations and how well treatments were explained.

We also spoke with the Chair of the Patient Participation Group (PPG). We were told the practice was extremely supportive of the PPG and always responded to any comment, complaint or suggestion made via the group.

We reviewed the results of the latest National GP Survey. This is an independent survey run by Ipsos MORI on behalf of NHS England.

The proportion of respondents who would recommend their GP surgery:

91.6% - result among the best

The proportion of respondents 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.

90.30% of patients - result amongst the best

GP Patient Survey score for opening hours

81.1% - result as expected

The proportion of respondents who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?

98% - result among the best

Percentage of respondents rating their experience of making an appointment as good or very good

88.1% - result among the best

The proportion of respondents who described the overall experience of their GP surgery as good or very good.

93.7% - result among the best

Areas for improvement

Action the service SHOULD take to improve

There was no formal policy guidance for staff in respect of medicines management and significant event management.

Outstanding practice

- Work with the self-care coordinator was improving care, treatment and outcomes for patients with long term conditions
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Staff were aware on a daily basis if any patient's condition had deteriorated by means of a TLC board. Kept in the administration office, this was used to raise awareness amongst staff of any concerns about patients.

Dr RS Pollock's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a specialist advisor who was a practice nurse and an Expert by Experience.

Background to Dr RS Pollock's Practice

Dr R S Pollock's practice (also known as St George's Surgery) provides care under a Personal Medical Services contract with NHS England. The practice is part of the Blackburn with Darwen Clinical Commissioning Group (CCG) and has 8,400 registered patients.The practice is situated in one of the more deprived areas of Blackburn, close to the town centre and the local NHS hospital.

The practice staff includes five GP partners, two male and three female and two long term GP locums. There is a practice manager, deputy practice manager, two female practice nurses, a part time coronary heart disease specialist nurse, a health care assistant and a number of administration and reception staff. A self-care facilitator also works within the practice five days per week.

Opening times are Monday to Friday 8.30 –6.30 pm. Care and treatments are provided in six consultation rooms and three multi-purpose treatments rooms. Patients also have access to a private interview room for confidential discussions.

Out of hours emergency care is provided by East Lancashire Medical Services, based at the local NHS hospital.

The CQC intelligent monitoring placed the practice in band 6. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We received no information of concern about this practice.

We carried out an announced visit on 18 November 2014.

We reviewed all areas of the practice including the administrative areas. We sought views from patients at the practice during the inspection, by telephone and via comment cards. We spoke with the GPs, practice manager, nursing, administrative and reception staff.

We observed how staff handled patient information received from the out of hours team and patients ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents and processes used by the practice to run the service, and observed how these worked in practice.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety, including reported significant events, national patient safety alerts, and comments or complaints received from patients.

Prior to inspection the practice gave us a summary of significant events and complaints from the previous year which had been investigated and learning points discussed at practice and clinical meetings, or directly with members of staff. The records showed that staff reported incidents, including delays in the referral processes and administrative errors. Staff we spoke with were aware of how to access incident forms on the practice intranet and their responsibilities to raise concerns.

We reviewed a range of information we hold about the practice and asked other organisations such as NHS England and the Clinical Commissioning Group (CCG) to share what they knew. No concerns were raised about the safe track record of the practice. Information from the Quality and Outcomes Framework (QOF), which is a national performance measurement tool monitored by the CCG, showed that in 2013-2014 the practice was appropriately identifying and reporting significant events.

Learning and improvement from safety incidents

The practice did have a system to report, record and monitor significant events. However there was no formal policy guidance in place. It was clear the practice had an open culture and staff were encouraged and supported to report any incidents.

Weekly staff meetings with reception and administration staff, monthly practice meetings and weekly clinical meetings were used to discuss and communicate learning and improvement from significant events, complaints and incidents. Minutes from these meetings were shared by email with all staff and paper copies retained within the practice. Staff we spoke with confirmed that significant events were discussed and said they felt they were kept up to date with any actions required or implemented.

We tracked three incidents and saw records were completed in a comprehensive and timely manner. For example; we saw evidence of appropriate action taken as a result of an event, involving a delay in referral to secondary (hospital) care; safeguards had been put into place to ensure the risk of this happening again was unlikely.

National patient safety alerts were disseminated by the practice manager to the clinical leads and then to other practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also confirmed alerts were disseminated to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. The practice manager also had a system in place to ensure appropriate, timely action had been taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed all staff had received relevant role specific training on safeguarding in 2014.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details and flow charts were easily accessible. Electronic records enabled alerts to be placed on the system to identify those patients at risk.

The practice had a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained to level 3 as required. All staff we spoke with were aware of the lead GP and who to speak to in the practice if they had a safeguarding concern. . The GP who was the safeguarding lead for children attended child protection case conferences and reviews where possible. Reports were sent when unable to attend.

The practice had a current chaperone policy in place. Information about requesting a chaperone was displayed in the waiting area. Only clinical staff undertook chaperone duties.

Staff were familiar with the term whistleblowing. We were told consistently by staff we spoke with that they would have no hesitation about raising concerns about any

member of staff. They were positive about the support that would be provided if they ever had to raise concerns about a colleague. Staff were aware of external organisations such as the CQC, Nursing and Midwifery Council and the General Medical Council in the event of any professional or clinical concerns.

The practice had systems in place to highlight vulnerable patients and for patients with complex medical conditions. A register was also maintained for patients who were house bound. Action was taken when children and young people were identified with a high number of attendances at the out of hours (OOH) service or the local A&E department. Children who failed to attend for immunisations were identified and action taken to rearrange as soon as possible.

Medicines management

Systems were in place for the management of medicines. However the practice did not have an overarching medicines management policy for staff guidance. Guidance was in place for the management of repeat prescriptions.

Prescriptions were reviewed and signed by a GP before they were given to the patient. We were told hand written prescriptions were rarely used. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Any uncollected prescriptions were treated as confidential waste and shredded on the premises. Checks were made if prescriptions had not been collected by patients who were elderly, patients with complex needs or patients known to be vulnerable.

Data from the NHS electronic Prescribing Analysis and Costs (e PACT) indicated that the practice was in line with national prescribing trends for non-steroidal anti-inflammatory medicines and for antibiotics.

The practice was supported by the local Clinical Commissioning Group (CCG) medicines management team who visited the practice on a weekly basis. The practice was engaged in a medicine optimisation programme. This was to ensure that patients were on the best, most cost effective treatments. We saw that audits were carried out by the CCG Medicines Management pharmacist to optimise the prescribing of certain medicines such as antibiotics or medicines for patients with long term conditions.

We saw evidence of actions taken in response to a review of prescribing data. For example, patterns of prescribing disease-modifying anti-rheumatic drugs (DMARDs), one of the most common, Methotrexate. We saw evidence that audits had been undertaken on the use of anti- coagulants (blood thinning medicines) in 2013, which had demonstrated the practice at that time, did not initiate the use of anticoagulant therapy in a timely manner. The audit was repeated in August 2014 and demonstrated the appropriate and increased use of anticoagulants.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Medicines were kept at the required temperatures and daily temperature checks were documented. We saw medicines were in date and robust systems to check expiry dates were implemented.

Appropriate medicines for emergency use were readily available. These included adrenaline (used to treat anaphylactic shock) and benzyl penicillin (used as first line treatment in cases of meningitis).

Cleanliness and infection control

Care was provided in an environment which was clean and organised. An external company was employed to provide cleaning services. Any issues were reported and monitored.

An infection prevention and control (IPC) policy was in place, with an identified lead. We saw that staff had undertaken training in IPC. Patients we spoke with told us they always found the practice clean and raised no issues about cleanliness or infection control.

An infection control audit had not been undertaken for some time but no concerns were found during the inspection.

There were adequate supplies of personal protective equipment, such as gloves and aprons and hand wash gels and paper towels. We saw sharps bins for needles were appropriately dated and stored away from patient access.

The practice undertook minor surgery within one of the treatment rooms and there were procedures in place for the safe handling of instrumentation. Any instruments that were non disposable were sent to the local hospital for appropriate decontamination and sterilisation.

Good

Are services safe?

Clinical waste was handled in line with guidelines and was stored in a locked collection bin. A contract was in place with a registered waste collection company.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).

Equipment

All equipment seen was fit for purpose, in a good condition and maintained to a good standard. Electrical equipment had been portable appliance tested (PAT) and had labels indicating the next date for testing. Contracts were in place for service, maintenance and calibration of equipment.

Staff told us they felt they had access to appropriate equipment to carry out care and treatments.

Staffing and recruitment

The practice was appropriately staffed to enable the personal medical service needs of patients to be met. The staffing establishment was stable, with most staff working at the practice for many years.

We reviewed six personal files for both clinical and non –clinical staff and found these contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS).

Systems were in place to check on the registration of nurses with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) for the GPs in the practice. Checks were also made for professional indemnity of the GPs.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice had a health and safety policy. The practice had identified a fire marshal and a fire log was maintained. Fire extinguishers and alarms were checked and maintained by an external company.

Accidents were effectively recorded and investigated.

There were flexible arrangements in place for members of staff, including nursing and administrative staff, to cover each other's annual leave and unexpected absence.

Arrangements to deal with emergencies and major incidents

There was a very comprehensive disaster plan which had been reviewed in 2014. This detailed the roles and responsibilities of each staff member in the event of an incident or emergency that may impact on the daily operation of the practice. Another local GP practice was identified as a buddy practice in the event of an emergency to enable continuation of a service for patients.

Procedures were in place to deal with any medical emergency. Emergency equipment was readily available and included a defibrillator and Oxygen. Checks were undertaken to ensure they were ready for use and in date. Emergency medicines were checked as required. Staff had received annual training in basic life support.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to ensure best practice was followed. This was to ensure that people's care, treatment and support achieved good outcomes and was based on the best available evidence. Treatment was based on nationally recognised guidance. These included guidance issued by the National Institute for Health and Care Excellence (NICE).

The GPs led in specialist clinical areas and a part time practice nurse led on caring for patients with chronic heart disease. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

Discussion with the GPs verified that patients were being effectively assessed, diagnosed, treated and supported, whilst considering current guidance.

Patients we spoke with said they felt they received care appropriate to their needs. They told us they were involved in decisions about their care as much as possible. New patient health checks were carried out by the practice nurses or health care assistant and regular health checks and screenings were on-going in line with national guidance.

Practice nurses supported the management of conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma. Reception staff had a good awareness of their patients' needs and would book longer appointments for patients with, for example, a learning disability or communication disability, so clinical staff had the time to assess, treat and communicate better with the patient.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles to ensure the most appropriate treatment was offered. Examples of clinical audits included patients being treated for cancer who were also prescribed medication for depression. As a result the over 30 patient's treatment regimes were reviewed and alternative treatment support implemented. Internal peer reviews of treatments and audits by the partner GPs had been undertaken.

Doctors in the surgery undertake minor surgical procedures in line with their registration and NICE guidance. The staff were appropriately trained. Audits on the results of the surgery had been undertaken in the past but not recently.

Care plans were in place for patients with complex or multiple health conditions. This enabled the practice to effectively monitor patients at regular intervals. Electronic systems had alerts when patients were due for reviews and ensured they received them in a timely manner, for example, reviews of medicines and management of chronic conditions. The practice had robust systems to follow up and recall patients if they failed to attend appointments, for example, non-attendance at a child vaccination clinic.

Care plans were in place for patients who met the criteria to avoid unplanned admissions to hospital. This was part of a local enhanced service and the practice had initiated plans with patients in their own home and included their family and/or carers where appropriate. Multi-disciplinary meetings were held regularly to discuss individual cases making sure that all treatment options were covered.

Weekly clinical meetings were held to review any urgent patient issues, when all the GPs were present in the practice. A tender loving care (TLC) board was in use in the administration office so all staff were able to keep updated with patients whose condition had deteriorated or those who were particularly vulnerable.

Effective staffing

We reviewed staff training records for GPs, clinical and support staff. We saw that all staff were up to date with mandatory training such as annual basic life support, safeguarding and infection control. We did however note that the practice nurses required updates for cervical smear taking and baby immunisations. Staff explained that training sessions had been cancelled but dates were arranged for the new year.

GPs were up to date with their yearly continuing professional development requirements and either have been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council.

Good

Are services effective?

(for example, treatment is effective)

There was a system in place to check on the annual registration for nurses with the Nursing and Midwifery Council.

We saw evidence of appraisals for all grades of staff and these demonstrated that staff had the opportunity to identify professional and personal objectives and training needs.

When we spoke with patients we were told they felt the staff at the practice were knowledgeable and skilled when providing care and treatment.

Working with colleagues and other services

All the practice staff worked closely together to provide an effective service for its patients. It was clear there was strong and cohesive team work. They had close working relationships with the community services who shared an adjacent building and professionals from other disciplines to ensure all round care for patients. Information about risks and significant events was shared openly and honestly at practice meetings.

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood test results, letters from the local hospital including discharge summaries and out of hours provider communications were received and actioned in a timely manner. We were provided with examples of joint working with midwives, health visitors and school nurses.

We spoke with District Nurses who were based in an office within the practice building. Staff spoke of the good relationships with the GP and all practice staff. They attended palliative care meetings to discuss patients care and welfare and were invited to other multi-disciplinary meetings to ensure effective communication and joint working.

The practice worked closely with the district nurses and other community services in the implementation of a virtual ward, providing care and treatment in patients' homes. This provided intensive support for patients with complex care needs or who were particularly frail and elderly and avoided unnecessary hospital admission.

Staff explained situations where they worked with an external security company, health visitors and social workers to address difficult situations with patients who have complex needs but are also potentially a risk to other patients whilst attending the surgery.

The practice worked closely with a local bail hostel, visiting weekly to provide care and treatments.

The practice worked within a locality with seven other GP practices to share good practice and networking to improve services for patients.

Information sharing

The practice had well established systems in place to ensure relevant information was shared appropriately. Staff had had training on information governance and one of the GPs took the lead to ensure this was effectively managed.

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hours provider. Special precautionary notes were used to enable patient data and alerts to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the NHS Choose and Book system. The Choose and Book System enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital

Information on patients attending the out of hours service and the local accident and emergency department were shared daily, in a timely manner.

Patient information was updated electronically, with all letters and other relevant patient documentation scanned onto the practice system.

Consent to care and treatment

The practice had a consent policy. Consent to care and treatment was obtained in line with the ethos of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Clinical staff told us they had received on-line training in regards to consent and the Mental Capacity Act 2005; however there was nothing to verify this is in the staff files we reviewed.

Staff had an appropriate understanding of what was required to determine a patient's best interests and how these were taken into account, if a patient did not have capacity to make a decision. Clinical staff demonstrated an understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Good

Are services effective?

(for example, treatment is effective)

The most recent national GP patient survey indicated 84% of respondents from the practice said the last GP they saw or spoke to was good at explaining tests and treatments and involving them in decisions about their care. When we spoke with patients they told us that they were provided with enough information to make a choice and give an informed consent to treatment.

Health promotion and prevention

New patients were offered a consultation and health check with one of the practice nurses or health care assistant.

This included discussions about their environment, family life, carer status, mental health and physical wellbeing as well as checks on blood pressure, smoking, diet and alcohol and drug dependency if appropriate.

There was a wide range of health promotion and health information leaflets in the waiting area and also in a covered entrance to the reception area. This included smoking cessation, drug and alcohol information and detailed information on various medical conditions such as diabetes and cancers. Patients were given contact details and signposting to other services in the community to support and improve their health and well-being.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received 27 CQC completed comment cards. Without exception patients said all staff within the practice were very caring and they were treated with respect and compassion.

One patient we spoke with on the day of the inspection told us the staff had been exceptional when dealing with a relative's long term illness and their subsequent bereavement. They said the support given to the family was over and above what you would expect from any practice.

Staff told us they attended the funeral services of patients whenever possible.

Patients told us the reception staff were always friendly yet professional and went out of their way to deal with them efficiently. We saw during the time spent in the practice there was a genuine and friendly connection between the reception staff and patients of all ages.

Patients said their privacy and dignity was maintained, particularly during physical examinations. All patient appointments were conducted in the privacy of a consultation or treatment room. There were privacy curtains for use during physical and intimate examinations and a chaperone service was available. Staff informed us that there was always a room available if patients or family members requested a private discussion.

Care planning and involvement in decisions about care and treatment

Patients told us the GPs and nursing staff were attentive and really listened when discussing problems. Patients said they felt they were involved in their care and treatment and that GPs and nurses always explained things well.

There were 93% of patients who completed the latest National GP Survey who said the nurses were good or very good in explaining treatments and involving them in their care. 85% of patients said the GPs were good or very good in involving them in care decisions.

Care plans were in place for all patients with long term conditions, those with complex care needs and those receiving palliative or end of life care. Plans also included a patient's preferred place of death. These were regularly reviewed and discussed at multi- disciplinary meetings with other health and social care professionals.

All the staff we spoke to knew how to access and use Language Line if required. Language Line is a worldwide telephone interpretation service. Literature was available in different languages if required.

Patient/carer support to cope emotionally with care and treatment

Patients told us staff were fantastic and helped them cope with emotional issues brought on by mental health problems. Patients said staff were very responsive to patient's needs.

We were made aware that the GPs gave their own telephone number out of hours to patients and visited those who were terminally ill or approaching end of life , even though they were not on call and services were delegated to the out of hours provider.

Patients who completed the National GP survey, 93% described the care from the practice as good or very good and said that both GPs and nurses treated them with care and concern.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

People's individual needs and preferences were central to the planning and delivery of tailored services. The services are flexible, provide choice and ensure continuity of care. The NHS Local Area Team and Clinical Commissioning Group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and had identified service improvement plans. This had included improving access to the service for patients for appointments. A triage service had been introduced to improve their efficiency in ensuring patients' issues were dealt with by the right person at the right time.

The practice provided a range of additional services under local and enhanced service agreements with the CCG. These included minor surgery, drug and alcohol reviews for young patients, dementia care and to improve self-management of long term conditions. We were told dementia prevalence had been low in the past however recent reviews and a local CCG campaign to raise awareness had meant the practice was recognising symptoms much sooner.

The practice had access to a self-care facilitator. This was part of The Achieving Self Care (ASC) project supported by Blackburn with Darwen CCG's Enhanced Integrated Community Service Pilot (EICS). A number of health and social care agencies were involved.

The project was in its second year and we were told by the self-care facilitator that the practice was seeing improved clinical outcomes and reduced unscheduled admissions, particularly for those living with more than one condition and patients with long term health conditions. Patients had been identified by the practice who may benefit from these interventions particularly patients who lacked motivation to engage in healthy behaviour to improve health and wellbeing. There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.

We contacted the Chair of the Patient Participation Group by telephone following the visit. We were told how engaged the group was with the other locality practices and the CCG to improve and meet the needs of the local population. The Chair explained how the PPG were involved in trying to educate people in accessing care in the right place to reduce A&E attendances at the local hospital.

Tackling inequity and promoting equality

Action had been taken to remove barriers to accessing the services of the practice. The practice had taken into account the differing needs of people by planning and providing care and treatment services that were responsive to individual need and circumstances.

The seats in the waiting area were of variable height and size, some leg risers and arms on to assist people to rise easily.

An audio loop was available for patients who were hard of hearing and staff were knowledgeable about the different needs of the patients who attended. There was disabled toilet access and baby changing facilities were available.

The practice worked closely with a local bail hostel and had a number of patients registered who had previously been refused access to a GP or had been excluded from a GP list due to a zero tolerance to unacceptable behaviour.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits. The practice had a very informative practice leaflet as well as the additional detailed information about the range of services provided, on the web site.

Priority appointments were given to children and the elderly on a daily basis.

During the inspection we had only one patient tell us there were issues accessing appointments at a time to suit them. We spoke with the GPs and practice manager about how appointments were managed. The practice had offered extended appointments and a surgery on a Saturday morning previously but we were told the uptake was poor, particularly by those of working age and so these had ceased. We were told the practice was regularly reviewing access to appointments and offered on line bookings and telephone triage.

The practice had systems in place to ensure people experiencing poor mental health received an annual physical health check. The practice regularly worked with

the local mental health team and other mental health professionals in the case management of people experiencing poor mental health including those with dementia. Extended appointments were given for patients with learning difficulties.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

We were also told by the Chair of the PPG, how responsive the practice was to comments, suggestions and complaints brought to them via the PPG.

We reviewed how the practice managed complaints within the last 12 months. Seven complaints had been made by patients or family of patients. We found the practice handled and responded to complaints well. Complainants always received acknowledgement of the complaint. Complaints were investigated and documented in a timely manner as required. Staff discussed actions taken to reduce any recurrence of complaints.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients, although this was not in any formal written strategy. It was clear the staff worked as a strong cohesive team. We were told by the GP partners the practice was a traditional family practice, with stable partners and team, who delivered a clear holistic ethos for the benefit of patients and their families.

There was an established leadership structure with clear allocation of responsibilities amongst the partner GPs and the practice staff. We saw evidence that showed the GPs and practice manager met with and engaged well with the Clinical Commissioning Group (CCG) on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people.

The practice had a patient charter and it was clear the staff upheld these values which ensured patients had a right to be greeted courteously and be shown politeness and respect at all times, had the right to be an equal partner in their healthcare and to be offered full information about any illness, treatment options, tests required and expected outcomes.

Governance arrangements

There were clear lines of responsibility and accountability for the clinical and non-clinical staff. The practice held regular staff, clinical and practice meetings. We looked at minutes from recent meetings and found that performance, quality and risks had been discussed. The minutes showed what actions needed to be taken and who was responsible.

It was evident that staff were able to raise concerns in a constructive and fair manner. Staff were able to describe how they would raise any concerns and explained how feedback and action was disseminated to staff.

The practice participated in the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing well against national standards with a score of 96%. We saw that QOF data was regularly discussed at practice meetings and plans were produced to maintain or improve outcomes.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at 12 of these policies and procedures and most staff had completed a cover sheet to confirm that they had read the policy and when. All 12 policies and procedures we looked at had been reviewed annually and were up to date.

Leadership, openness and transparency

We found from minutes that practice and clinical meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We were also made aware that the practice staff had regular social events which staff said helped to ensure a real team spirit.

Practice seeks and acts on feedback from its patients, the public and staff

A suggestion box was placed in the waiting room and the practice sought to act on any comments or suggestions from patients and their families. Action had been taken when feedback was made about the close proximity of other patients, when arriving for appointments. Clear signage had been introduced to ask patients to wait at a reasonable distance the reception desk to overcome this issue.

The practice had a well-established Patient Participation Group (PPG). The practice had given the PPG access to a large notice board so patients could read the minutes from the PPG meetings and to help raise awareness of the purpose and activities of the group and to encourage a wider age group of patients to join.

The Chair of the PPG explained patients had commented that they were not always aware of who the GPs were, if they regularly saw one GP. As a result, photographs of all the GPs, locums and practice staff were prominently displayed in the waiting room. The practice had supported open evenings to encourage patients to share their feedback about the practice and any improvements that could be made.

The latest PPG patient survey and report was available in the waiting room and on the practice website.

Staff were very complimentary about the support they received from the practice manager and GPs. We were told

Are services well-led?

Good

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

they were encouraged and given time to attend locality meetings and practice nurses forums which gave opportunities for supervision and networking with peers from the locality practices and across the CCG.

Staff we spoke with were aware of the term whistleblowing and there was policy guidance readily available.

Management lead through learning and improvement

Appraisals were used to ensure opportunities for feedback on performance and to identify personal and professional development. Staff had personal improvement plans in place.

All grades of staff we spoke with expressed a high level of satisfaction working at the practice and said they felt valued as part of the team.

The GPs were supported to obtain the evidence and information required for their professional revalidation. Revalidation is where doctors demonstrate to their regulatory body, The General Medical Council (GMC), that they are up to date and fit to practice. Nurses were also registered with the Nursing and Midwifery Council, and as part of this annual registration were required to update and maintain clinical skills and knowledge.

Staff regularly attended educational sessions facilitated by the CCG.

The practice supported undergraduates training to become GPs.