

# Sabden & Whalley Medical Group

## Quality Report

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Date of inspection visit: 26 September 2016

Date of publication: 08/11/2016

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

### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sabden and Whalley Medical Group on 26 September 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice nurse had developed a range of interventions to help patients manage their diabetes and for patients at risk of developing diabetes. This included a regular patient education session for those whose blood sugar levels suggested they were pre-diabetic.
- Many risks to patients were assessed and well managed, though the storage and use of liquid nitrogen within the practice had not been risk

assessed. The practice obtained control of substances hazardous to health (COSHH) information for cleaning products during the inspection and water sample testing was in place to test for legionella although a risk assessment to determine the level of the control regime required had not been undertaken.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive.
- The practice had worked with the CCG and community providers to ensure health visitors, district nurses and community services were available to patients at the practice due to the rural location.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included a

# Summary of findings

small minor surgery room and the practice also acted as a treatment room for the local area to offer urgent care to patients to save them travelling into the local hospitals and urgent care centres.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

The practice nurse who specialised in diabetes care actively screened for pre-diabetes and developed interventions to help patients at risk of developing diabetes reduce their risk. Patients were encouraged to attend education sessions which reviewed lifestyle choices and gave patients ways to reduce their blood sugar levels and risk of diabetes. Of 141 patients screened during a twelve month period, 106 (76%) had their risk significantly reduced. In addition to this, the nurse had

adapted CCG diabetes record card to include insulin monitoring and management information. This booklet had been rolled out by the clinical commissioning group (CCG) to other local practices.

The treatment room service was open to registered and non-registered patients throughout the working day and data shared by the practice demonstrated that over 550 patients had used the service in the previous 12 months.

However there were areas of practice where the provider must make improvements:

- Liquid nitrogen storage and use must be risk assessed and clear operating protocols should be in place to cover: filling containers, hazard signage, safe disposal, use of personal protective equipment and action to take in event of an emergency or spillage.

The areas where the practice should make improvements are:

- Undertake a legionella risk assessment to determine the correct level of legionella control regime required.
- Review the use of chaperones, the local policy and national guidance to determine whether current procedures are in line with best practice.
- There should be an auditable record of cleaning and management checks of the premises.
- Review the use of clinical audit to include full audit cycles and demonstrate continuous quality improvement in patient outcomes.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although the majority of risks to patients were assessed and well managed, there were some areas which required attention. There was no risk assessment and no operating procedures for the storage and use of liquid nitrogen which was stored in an internal cupboard without exterior ventilation. The practice began to assess this immediately following the inspection.
- The practice obtained safety data sheets for cleaning materials during the inspection which had not been available previously, these needed discussing with cleaning staff and there were two containers of bleach in the cleaning cupboard which there was no risk assessment for.
- The practice had recently received water sample results to show there was no legionella in the hot water system, although the practice had not undertaken a legionella risk assessment, which was required to ensure the control regime implemented was appropriate.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- The practice was aware of their population and had low chronic disease prevalence compared with other practices in the clinical commissioning group.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Good



# Summary of findings

- For example, 99.5% of patients with diabetes received an influenza vaccination during the last flu season, which was higher than the CCG and national average of 95%.
- The practice diabetic nurse facilitated diabetes education events for patients, and had developed a pre-diabetes screening system to help people reduce their risk of diabetes through lifestyle changes. This work had been audited and showed that between September 2014 and August 2015, 141 patients has been invited to an assessment, of which 106 (76%) had improved over a twelve month period, six had been diagnosed as having type 2 diabetes (4%) and 29 (20%) continued to be monitored.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used audit as a method of reviewing services for patients which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice used a donations account to purchase equipment to improve medical care.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- For example 95% of patients said that the last GP or nurse they spoke to was good at treating them with care and concern, above the CCG and national averages of 85% and 92% respectively.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had actively tried to increase the number of patients who were identified as carers and had a dedicated carers notice board in the waiting area.

Good



# Summary of findings

- The practice worked with local carers organisations and invited them into annual flu clinics to raise awareness of support for carers locally.
- In 2015 the practice reviewed their identification of carers and increased the numbers of patients registered as carers from 104 in September 2015 to 124 in January 2016. The practice had identified 185 carers at the time of the inspection.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice highlighted the rural location and worked with community partners to ensure as many services as possible were provided within the practice premises. This included hosting health visitor clinics for all local children, accommodating the district nursing team and staff from the increasing access to psychological therapies (IAPT) team.
- The practice delivered treatment room services from Monday to Friday during practice opening hours. This service was open to anyone, including non-registered patients and reduced the need for them to travel to hospitals in local towns. In the year preceding the inspection, 554 patients had accessed this service.
- The practice was aware of the needs of its population and reviewed services working with the CCG and other providers to ensure that local services met local needs.
- Blood testing was available for patients prescribed high-risk medication within the practice, which ensured regular appropriate tests were carried out and reduced the need for them to travel to other local services.
- The practice worked closely with the local care home and a residential home for people with severe mental health conditions.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered evening appointments on a Monday to improve access for patients who were unable to attend during the main working day.
- The practice offered minor surgery, joint injections, sexual health and travel advice as well as long lasting reversible contraceptive device fitting.
- The practice offered dispensing services to eligible patients at both the main practice site and the branch site in Sabden. A weekly delivery services was offered to patients who were unable to collect their medication in person.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff gave examples of how they had been supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice valued communication and had a comprehensive meeting schedule including individual team meetings, multi-disciplinary meetings and full staff meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged 75 years and older were offered screening appointments with the nursing team and support from the wellbeing team in their homes including fire safety checks.
- The practice delivered medication to housebound patients.
- The dedicated community matron who visited all over 75 year old patients at risk of hospital admission was based in the practice.
- A pharmacist reviewed medication for patients aged over 75 years old to ensure that patients who may be at risk from complex medication interactions were monitored and risks reduced where possible.
- The practice offered dispensing services to 4,500 patients locally including a weekly home delivery service for those who were too frail to obtain medication themselves.

Good



### People with long term conditions

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

- The practice diabetes nurse was able to initiate insulin for newly diagnosed diabetic patients, and also ran a regular education session for patients at risk of developing diabetes to help them make lifestyle changes. This work was monitored and showed that 106 out of 141 patients seen (76%) identified as “at risk of diabetes” had improved and reduced their risk over a twelve month period.
- The practice diabetes nurse had also updated a CCG patient diabetes record card to include insulin information. This booklet had been adopted in the clinical commissioning group to share with other practices.
- The practice had also arranged training for local care home staff in the management of diabetes care which helped ensure that patients with diabetes could be given appropriate support with their condition.

Outstanding



# Summary of findings

- Nursing staff were highly trained in the management of chronic diseases including cardiac and respiratory conditions.
- The practice offered blood testing for patients on high risk medications and could loan home monitoring equipment to patients to use at home so they could improve the management of their conditions.
- Patients at risk of hospital admission were identified as a priority.
- All five indicators for patients with diabetes were in line with or above the local and national averages. For example, 84% of patients with diabetes had a recent blood sugar test result which was within a normal range, which was above the Clinical Commissioning Group average of 79% and the national average of 78%.
- 77% of patients with asthma had an annual review recorded in the previous 12 months, which was in line with the CCG average of 76% and national average of 75%.

95% of patients with chronic obstructive pulmonary disease (COPD, a lung condition) had an annual review recorded which was above the CCG and national averages of 90%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of eligible women had a cervical screening test within the last three years which was comparable with the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

- The practice ensured that children under two years old were seen the same day, as were older children where parents were concerned.
- The practice had changed baby clinics following a staff suggestion to improve patient care and experience, and now two nurses facilitated this jointly.
- We saw positive examples of joint working with midwives, health visitors and school nurses including in-house ante-natal and baby clinics.
- The practice offered family planning advice, sexual health advice and fitting of long lasting reversible contraception.
- The practice had arranged training for reception staff on recognising sick children as part of the learning from an incident.
- The waiting room was sensitively arranged with wipe clean toys for children and a fish tank which patients appreciated.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered evening appointments on Mondays for patients who could not attend during normal working hours.
- Telephone consultations were available for patients who were unable to attend the practice during the working day.
- Patients were encouraged to carry out blood pressure monitoring themselves where appropriate.
- The practice offered a range of minor surgery and injections on the premises.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and an annual review.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For the most vulnerable patients, the practice made referrals to the local integrated neighbourhood team which coordinated health and social care for individual patients.
- Weekly prescriptions were introduced for patients who may be at risk of overusing medication and the practice signposted patients to the local substance misuse service.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered patients self-referral to the local improving access to psychological therapies team (IAPT) and GPs made referrals for patients with more complex mental health needs.
- IAPT clinics were available at the practice for counselling support.
- The practice supported patients living in one care home in Whalley, and worked closely with the care home advanced practitioner for this care home.
- The practice was able to admit patients directly into the local community hospital if they required rehabilitative care.

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and had invited a local memory assessment service to review the low prevalence to ensure that there were no clinical coding errors affecting diagnosis and patient care.
- Patients were offered dementia screening and referral to the local memory assessment service if they or GPs were concerned about their memory or dementia risk.
- The practice carried out advance care planning for patients with dementia.
- The practice provided general medical services support to around 80 patients living in a local psychiatric unit with GPs attending weekly and nurses attending to carry out long-term condition reviews.

Good



# Summary of findings

- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Of 239 survey forms distributed, 119 were returned, which was a response rate of 42%. This represented 2% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the CCG average of 92% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice which was above the CCG average of 77% and the national average of 79%.

The practice regularly reviewed patient feedback from both the national GP survey and the friends and family

test (FFT) and published results from the FFT on the practice website. In the six months between March and August 2016, 287 patients had responded to the FFT, of whom 265 (92%) said they would be extremely likely or likely to recommend the practice to their friends and family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were highly positive about the standard of care received. Patients described the care as prompt, understanding and sympathetic and said that they had very good access to appointments when required. Many patients described staff and the care as excellent, and named individual staff for positive comments and thanks.

We spoke with seven patients during the inspection, three of whom were members of the patient participation group (PPG). All seven said they were satisfied with the care they received and thought the surgery gave good access. They described staff as staff helpful, kind and caring.

## Areas for improvement

### Action the service MUST take to improve

- Liquid nitrogen storage and use must be risk assessed and clear operating protocols should be in place to cover: filling containers, hazard signage, safe disposal, use of personal protective equipment and action to take in event of an emergency or spillage.

### Action the service SHOULD take to improve

- Undertake a legionella risk assessment to determine the correct level of legionella control regime required.

- Review the use of chaperones, the local policy and national guidance to determine whether current procedures are in line with best practice.
- There should be an auditable record of cleaning and management checks of the premises.
- Review the use of clinical audit to include full audit cycles and demonstrate continuous quality improvement in patient outcomes.

## Outstanding practice

The practice nurse who specialised in diabetes care actively screened for pre-diabetes and developed

interventions to help patients at risk of developing diabetes reduce their risk. Patients were encouraged to

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attend education sessions which reviewed lifestyle choices and gave patients ways to reduce their blood sugar levels and risk of diabetes. Of 141 patients screened during a twelve month period, 106 (76%) had their risk significantly reduced. In addition to this, the nurse had adapted CCG diabetes record card to include insulin monitoring and management information. This booklet had been rolled out by the clinical commissioning group (CCG) to other local practices.

The treatment room service was open to registered and non-registered patients throughout the working day and data shared by the practice demonstrated that over 550 patients had used the service in the previous 12 months.

# Sabden & Whalley Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector. Dispensary documentation was reviewed by a CQC pharmacist inspector as part of the inspection.

## Background to Sabden & Whalley Medical Group

Sabden and Whalley Medical Group provides primary medical care services to around 12,149 patients in the rural villages of Sabden and Whalley under a general medical services (GMS) contract with NHS England. The practice is located within East Lancashire and is part of East Lancashire Clinical Commissioning Group (CCG) and has formed a local federation with two local practices.

The main site is Whalley Surgery, High Street, Whalley, Clitheroe BB7 9SL. This is a purpose built primary health care building which has been extended three times to expand with the population. There are nine consulting rooms, a treatment room and minor surgery suite and a dispensary. The branch surgery in Sabden has one consulting room, a treatment room and a dispensary. Both buildings are owned by the GP partners and were visited as part of this inspection.

The practice clinical team consists of five GP partners three male and two female, two salaried female GPs; four female

practice nurses and two female health care assistants. The clinical team is supported by a practice manager, 10 administrative and reception staff and six dispensary staff. The practice is also a training practice for trainee GPs.

The practice is open Mondays 8am until 8pm and Tuesdays to Fridays 8am until 6.30pm.

The practice population differs from an average practice population, with fewer children aged 9 and under than average, more 10 to 19 year olds and far less 20 to 39 year olds than average. There are considerably more patients aged 44 to 54 years and 65 to 69 years old than average. The practice has a very low mix of ethnicities with the vast majority of patients being white British. The practice has a low prevalence of many long-term conditions and has undertaken work to validate and review chronic disease prevalence.

Life expectancy is higher for patients at this practice than local and national averages, with an average male life expectancy of 80 years, which is above the CCG average of 77 years and England average of 79 years. Female life expectancy is 84 years, which is also above the CCG average of 81 years and England national average of 83 years. The practice has a low deprivation rate, recorded in NHS England data as ten on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). The practice population in 2014-2015 was recorded as 63% in paid work or education, which is above the CCG average of 57%.

Out of hours treatment is provided by East Lancashire Medical Services Ltd which patients access by calling 111.

# Detailed findings

## 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 September 2016.

During our visit we spoke with four GPs, three nurses, dispensary and administrative staff and the practice manager. We also observed how staff interacted with patients, and we spoke with patients and members of the patient participation group. As well as collating and reviewing comment cards where patients and members of the public shared their views and experiences of the service, we also reviewed an anonymised sample of the personal care or treatment records of patients and reviewed practice data on patient care and prescribing.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and a form was filled in where appropriate, though this had often been done by the practice manager. Although the incident recording did not mention reporting notifiable incidents under the duty of candour, the evidence showed that the practice was aware of this duty. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We reviewed a number of incidents which had been reported and reviewed by the practice. The practice recognised positive incidents and all staff were involved in discussing how to implement learning from incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, which were reviewed by the GP partners, nurses and at practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice arranged additional training on checking test results following an incident.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP was identified as the lead for safeguarding. GPs attended safeguarding meetings sometimes and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people banned from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The cleaners recorded areas cleaned each week on a white board and a cleaning schedule was followed, though there were no auditable management checks in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored the practice improved systems to monitor their use during the inspection.
- One of the nurses had qualified as an independent non-medical prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the

## Are services safe?

practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice had undertaken work with the local CCG medicines manager pharmacist to review prescribing and could show consistent improvements. There were clear systems in place for prescribing and dispensing of high risk medications to ensure that medical conditions were appropriately reviewed prior to issuing further medications. The practice was aware of high numbers of prescription issues with a local pharmacy including over ordering of medication. The practice was working with the pharmacy to encourage patients to register for on-line prescribing and reduce missing prescriptions and prescription errors.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Patients who were unable to collect prescriptions were able to have them delivered once a week.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. These had been updated following a recent visit from NHS England to highlight in the registers when stock checks were undertaken. There were arrangements in place for the destruction of controlled drugs, we saw the destruction record at the Sabden branch.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment including proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the corridor which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice obtained safety data / control of substances hazardous to health (COSHH) for cleaning products during the inspection. These were to be discussed with cleaners and the practice manager assured the inspection team they would review the necessity for bleach and consider replacing with a suitable alternative product. In the factual accuracy submission, that practice stated that COSHH data sheets had available at the time of the inspection, although they were not provided to the inspection team when requested.
- There was an infection prevention and control audit undertaken annually, and staff completed hand hygiene training. One of the practice nurses had also developed a booklet to remind staff what the risks and issues relating to equipment cleaning and safety which was shared with all staff. The practice had received confirmation there was no legionella in water samples tested recently, though there was no risk assessment to ascertain the control regime required (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Liquid nitrogen for cryotherapy (treatment by means of freezing) was stored in a cupboard in a corridor and there was no risk assessment in place regarding ventilation or operating procedures for the use of this substance at the time of the inspection. There was no hazard warning signage on the cupboard that liquid nitrogen was stored there, although there was hazard warning signage for the oxygen which was also stored in the cupboard with the emergency medication and equipment. We were informed that only GPs filled the smaller flasks but no instructions or guidance information was available. The practice began to conduct risk assessments following the inspection although further work was required to ensure that the

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

## Are services safe?

risks posed by the storage and use of liquid nitrogen were adequately addressed. Comprehensive risk assessment and local guidance were submitted to CQC as part of the factual accuracy process.

- The practice had arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. They had recruited additional nursing staff and GPs recently and were planning to increase capacity to respond to the growing local population.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available on the emergency trolley which was located in a secure cupboard. There were also emergency medicines available at the branch site at Sabden.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available at both branch sites and oxygen with adult and children's masks. A first aid kit and accident book were available. Although there was an oxygen hazard sign at the main Whalley site, there was no hazard warning sign on the room where the oxygen was stored at the Sabden site. The practice assured us this would be rectified immediately.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This had been utilised and updated recently when the broadband connection had been cut accidentally. In December 2015 Whalley was flooded. The practice was used as a hub for efforts to help the local community as it had been built slightly higher than other buildings in the street.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 8% clinical exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than the national average.
- 99% of patients with diabetes had received a seasonal influenza vaccination during the previous 'flu season, which was above the Clinical Commissioning Group (CCG) and national average of 95%.
- 83% of patients with diabetes had a recent blood pressure test which was within a normal range, which was above the CCG average of 80% and the national average of 78%.
- Performance for mental health related indicators was also above local and national averages. For example, 94% of patients with severe mental health conditions

had received a comprehensive care plan review within the last 12 months, which was above the CCG average of 89% and national average of 88%. 95% of patients with dementia had a care plan review in the previous 12 months, which was also above the CCG average of 82% and national average of 84%.

- 95% of patients with chronic obstructive pulmonary disease had a recent care plan review, which was above the CCG and national averages of 90%.
- 98% of patients with atrial fibrillation (AF, a heart condition) had a recent assessment of their stroke risk and were prescribed medication accordingly which was comparable to the local and national averages of 98%.

During the inspection the practice explained that they were aware of having low prevalence for several long term conditions and had undertaken data validation exercises and requested support from specialists, such as the dementia diagnosis memory assessment centre. The practice was satisfied with the outcome which showed that they were not missing potential dementia diagnoses but continued to proactively offer memory screening where appropriate.

The practice nursing team was committed to good quality care for patients with long term conditions, and also trying to help patients make lifestyle changes to avoid developing conditions such as diabetes. The practice used a risk algorithm to identify patients who might be at risk of diabetes, and invited them in for testing. During the period September 2014 to August 2015, 141 patients had been tested, and following support and intervention, 106 of these (76%) had their risk reduced and were no longer considered at risk. Patients who were diagnosed with diabetes who were considered suitable for injectable insulin therapy were offered this service within the practice. The practice diabetes nurse ran structured diabetes educational events regularly for local patients.

The practice shared evidence of ongoing continuous improvement. There had been a range of single cycle clinical audits completed in the last two years. These included audits carried out by trainee GPs and reviews of training facilitated as well as patient access, clinical care and Identifying patients who were carers. There

# Are services effective?

## (for example, treatment is effective)

were also a range of continuous medication audits carried out by the CCG medicines manager pharmacist which showed continuous improvement against CCG prescribing incentive scheme targets.

These included:

- Statin prescribing for patients with chronic kidney disease.
- Co-prescribing of clopidogrel (a medication used for prevention of blood clots which can lead to stroke or heart attack) with medications which can lead to adverse drug interactions.
- Reviewing end of life care.

The practice gave anecdotal evidence that working with the integrated neighbourhood team had resulted in a reduction in the demand on services from some patients with complex mental health and anxiety conditions, though we were unable to see data to demonstrate the impact this had on patients.

The practice also participated in national research by the university of Birmingham.

The practice engaged with patients and had a donations account which was used to purchase equipment which could be loaned to patients to improve diagnosis and self-management of conditions. Items purchased during the last two years included:

- 24 hour ambulatory blood pressure monitors
- Baby scales
- Cryopen and cartridges
- Thermoscan thermometer
- Coagucheck Professional Care Kit.

The practice participated in the dispensary services quality scheme and in the previous year, clinicians recorded over 500 dispensing reviews of use of medication (DRUMS) in patient notes.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for new appointed staff. This covered such topics as safeguarding, infection prevention and control, health and fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. One practice nurse was able to offer insulin initiation for diabetic patients who were suitable, which offered this service closer to home. This nurse also facilitated a local diabetes structured programme for patients to improve self-management and an education programme to the local nursing home to support staff caring for patients with diabetes. Other nurses were trained in the management of respiratory and cardiac conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. One nurse had not completed vaccinations and immunisations since 2014, although completed an on-line refresher the day following the inspection.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, coaching and mentoring, facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, although employed GPs did not have an appraisal undertaken locally, but did participate in the national GP appraisal scheme.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice proactively developed staff and had a supportive approach to funding for continuous professional development. One health care assistant had commenced as a receptionist and had been supported to attend training to develop her skills including supporting nurses with long-term condition management.

# Are services effective?

## (for example, treatment is effective)

- The practice offered in-house training and development events on a range of topics which supported GP and nurse continuing professional development.
- The practice diabetes nurse was supported by the practice to apply for the Queens Nursing Award which is awarded to nurses who are committed to high standards of practice and patient-centred care and can demonstrate the impact they are making on patient lives.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice recognised its rural location impacted on services available to patients and worked closely with other health and social care professionals to meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Health visitors ran a weekly baby clinic at the practice, district nurses used a room in the practice as a base and midwives offered ante-natal appointments from the practice. The practice worked closely with partners and the integrated neighbourhood team to coordinate care for particularly vulnerable patients. This included the advanced nurse practitioner who visited patients in the local care home and the practice based GP community matron who worked to support housebound patients. Information sharing took place when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis, the practice invited additional organisations if they thought they could contribute to improved patient care. The practice reviewed patient care plans with partners during these meetings and comprehensive information sharing ensured these patients were offered the best shared support possible.

The practice invited partner staff to meet with the inspection team who were positive about how the practice worked with them to provide good patient care.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with learning disabilities. The practice recognised one of the main lifestyle factors affecting their patients was smoking and ensured that a smoking cessation clinic was available in the practice each week. Counselling services were also offered at the practice premises two days a week.

One practice nurse undertook ongoing testing for early signs of diabetes and facilitated regular patient education events which looked at how people could make lifestyle changes to reduce the likelihood of developing type 2 diabetes. Data she had kept since 2014 demonstrated that this was making a difference and 76% of patients originally identified as at risk during 2014 – 2015 had significantly reduced their risk and no longer showed signs of high blood sugar in blood tests.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend

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

national screening programmes for bowel and breast cancer screening. Practice data published by the National Cancer Intelligence Network for march 2015 showed an uptake of 78% of eligible women for breast cancer screening, which was above the CCG average of 68% and national average of 72%. 61% of eligible patients had attended bowel cancer screening which was also above the CCG and national averages of 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. There

appeared to be inconsistencies in nationally reported data but the practice provided local data which showed that all childhood immunisations since 2014 had achieved over 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Staff told us they felt that the practice went out of their way to help individual patients and they enjoyed making a difference to patient lives.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They described the help and care given by individual clinicians.

We spoke with seven patients, three of whom were members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients emphasised that staff were kind, caring and helpful.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice recognised its population mix and aimed to provide them with a friendly local service based on the traditional values of family medicine.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language and the website included the facility to translate into other languages. However, staff could not recall any instances where translation services had been required.
- GPs and nurses carried out medication reviews with patients to ensure that patients were aware of what their medication was prescribed for and that they were taking it in line with guidance. Over 500 reviews had been recorded in the previous 12 months at the time of our visit.
- Patients were able to complete referrals to secondary care at the reception desk which allowed them a choice of where to go for secondary care appointments.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 185 patients as carers (1.5% of the practice list). There was a range of information on display to direct carers to local support services and the local carers support organisation had attended a recent Saturday flu clinic which was attended by 175 patients. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice was compiling a letter and support information to send to patients at the time of our inspection.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. This included working with the local health visiting team and district nurses to ensure that services continued to be provided in the village to reduce the need for patients to travel to local towns.

- The practice offered a dispensary service at both branch sites for patients who did not live close to a pharmacy and arranged home delivery once a week for vulnerable or housebound patients.
- The practice opened until 8pm each Monday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered minor surgery for patients which reduced the amount of travel required for this care.
- Patients were able to receive a range of travel vaccinations and advice available on the NHS and the practice was a yellow fever centre.
- There were disabled facilities and translation services available.
- There was a range of helpful information displayed in eye-catching formats around the practice.
- The Whalley branch had a small area for children including wipe clean toys and a fish tank which made the waiting area feel relaxed and welcoming.
- The practice was able to admit patients directly to the local community hospital for rehabilitative care.
- All patients had a named GP and were able to see a GP of their choice.

### Access to the service

The practice was open between 8am and 8pm on Mondays and 8am and 6.30pm Tuesday to Friday. Appointments were from 8.30am to 11am every morning, over lunchtimes and from 2.30pm to 5.30pm daily. Extended hours

appointments were offered on Monday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for people that needed them.

The practice delivered treatment room services under an incentive scheme with the local CCG from Monday to Friday during practice opening hours. Services offered included near patient testing (for monitoring conditions where medication can lead to complications); D-Dimer tests (a test to help rule out blood clotting), contraceptive fitting, tissue viability and complex leg ulcer dressings as well as treatment of minor injuries. This service was open to anyone, including non-registered patients and reduced the need for them to travel to hospitals in local towns. In the year preceding the inspection, 554 patients had accessed this service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. Patients and staff told us in that access to routine and urgent appointments was very good at the practice.

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The reception staff took details of requests for home visits and these were passed to GPs each morning. GPs made the decision to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England.

## Are services responsive to people's needs? (for example, to feedback?)

- The practice manager was the designated person for handling complaints in the practice.
- There were leaflets available and information in the waiting area as well as displayed on the practice website to help people understand the complaints system.

We looked at six complaints received in the last 12 months and found that acknowledgements were made in accordance with the practice policy, although sometimes

where a complaint was dealt with verbally records were not kept of all details addressed. We saw that explanations and apologies were given, that patients were offered the opportunity to meet with the practice to discuss their concerns and staff were involved in reviewing how care could be improved. Lessons were learnt from individual concerns and complaints and from suggestions made by patients in the suggestions box.

# 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. The practice had a development plan which included the ability to increase services as the local population increased in the future.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The framework included the following aspects:

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies had been implemented and were available to all staff.
- The partners and manager had a comprehensive understanding of the performance of the practice and looked to make consistent improvements.
- Quality improvement and clinical audit was used to improve patient outcomes.
- The practice had arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although there were some risks where further work was required.
- Weekly clinical meetings which offered the opportunity for reflection and support.
- GPs supported well trained dispensary staff to maintain quality.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen and thank them for their work.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of some verbal interactions as well as written correspondence. The practice manager advised us that she would implement a cover sheet for complaints management to ensure that records consistently showed verbal interactions.

There was a clear leadership structure in place, GPs had lead responsibilities and staff felt supported by management.

- The practice held regular team meetings and staff training events.
- The practice had introduced a weekly lunchtime “wind down” session.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff were invited to an annual social event.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. We were given examples of compassionate leave and care for staff as well as other ways in which the staff felt they were appreciated by GPs
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients’ feedback and engaged patients in the delivery of the service. The practice also reviewed national GP survey and patient satisfaction scores and where appropriate reviewed services. For example, the practice had introduced lunchtime surgeries to offer improved care.

- The practice had a patient participation group which met roughly quarterly. A range of information was

# Are services well-led?

Good 

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

shared with patients at these meetings and patients were asked to contribute where appropriate. Patient representatives we spoke to during the inspection felt they were communicated to well, and had for example discussed the planned new housing developments with the practice in 2015.

- The practice had a suggestions box and kept a list of “you said, we did.. “ responses although the time of our inspection these were not displayed to patients.
- The practice gathered feedback from staff on an ongoing basis. Staff told us they were happy to give feedback and discuss any concerns with colleagues and management. Staff gave us examples of care and safety which had been improved following their suggestions. For example, an additional stock check system had been introduced to help monitor dispensary stock and help avoid dispensing out of date items to patients. Nursing staff had also suggested and implemented changes to the baby vaccination clinics, which were now jointly run by two practice nurses to improve the patient care and experience.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

The practice was committed to developing future GPs and two of the GPs were GP trainers. The practice was committed to supporting clinical and non-clinical staff and had helped some staff develop from having joined the practice as receptionist to being highly trained health care assistants supporting practice nurses with long-term condition management. Both salaried GPs had joined the practice as employees after having previously been trainee GPs in the practice.

The practice worked closely with all health and social care providers in the local area and had led in the development of a local federation involving two of the practices within the locality.

The practice was also engaged with NHS England and the local council in relation to planned housing developments which would lead to increases in the local population and demand on local healthcare provision.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The practice had not risk assessed the storage and use of liquid nitrogen. We were told only GPs filled flasks from the dewar (large storage tank), although the practice could not provide any documents on safe handling to avoid asphyxiation or burns from this substance.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>