

ELMS Pendle Valley Mill Medical Practice

Quality Report

Yarnspinners Primary Health Care Centre
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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? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 8 |
| What people who use the service say | 12 |
| Areas for improvement | 12 |
| Outstanding practice | 12 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 13 |
| Background to ELMS Pendle Valley Mill Medical Practice | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings | 16 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at ELMS Pendle Valley Mill on 23 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- 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 difficult to get through to the practice by phone and described difficulties in obtaining appointments, though they were positive about the way in which all staff cared for them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 an area of outstanding practice:

A member of staff had identified that British Pakistani women and young children felt excluded from a variety of community health promotion and exercise opportunities.

Summary of findings

She was supporting a small group of patients with weight management and had encouraged the local pool to commence women only swimming sessions, which was then extended to an additional local pool.

The areas where the provider should make improvement are:

- Complete the programme to ensure all staff have appraisals
- Review the process for sharing learning from significant events and to ensure that opportunities for learning from these are maximised.

- Provide chaperone training for all staff who undertake chaperoning duties.
- Introduce effective screening and immunisation programmes for all clinicians working with patients.
- Involve all clinicians in the planned audit programme to ensure that continual improvements to patients outcomes are monitored and shared.

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 good for providing safe services.

- There was an effective 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.
- Risks to patients were assessed and well managed, though we noted the practice did not have evidence for immunisations such as Hepatitis B for all clinicians.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice had worked to improve patient outcomes, and showed improvement in data from the Quality and Outcomes Framework (QOF) over three consecutive years. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF data for 2014-2015 showed:
 - 76% of patients with diabetes had a recent blood sugar test result which was within a normal range, which was in line with the Clinical Commissioning Group (CCG) average of 79% and national average of 78%.
 - 83% of patients with hypertension had a recent blood pressure reading which was within a normal range, which was in line with the national average of 85%.
- The practice recognised there remained room for improvement and was continuously improving systems to ensure patient outcomes were improved.
- Screening for cancer was low for all national screening programmes. 58% of eligible women were screened for breast cancer within the last three years compared with the CCG average of 68% and national average of 82%, and 49% of eligible patients were screened for bowel cancer within the last 30 months compared with the CCG and national averages of

Good



Summary of findings

58%. The practice was aware these figures were low and had plans in place to work with various local partners to improve take up of national screening programmes within the British Pakistani community.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some clinical audits had been undertaken though these had not been embedded into the practice. The practice had a clear audit plan and schedule for future audits to maximise on audit based improvement work.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had received appraisals. Appraisals for the nursing team had been completed and the practice had a plan to complete appraisals for administrative staff. All GPs were employed by the practice and their appraisals were conducted by external appraisers in line with GMC requirements. However, there was no mechanism to link GP performance to organisational objectives.
- Staff worked with a range of other health and social care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed staff interacting with patients in a sensitive and caring manner.
- 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.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. However, these figures related to surveys collected in 2015, and practice staffing had changed since then. For example, 68% of patients said that the last time they saw their GP the GP was good at treating them with care and concern This was below the CCG average of 86% and national average of 85%.
- 72% said the last GP they saw was good at listening to them, again lower than the CCG and national average of 87%.

Good



Summary of findings

- Patients we spoke to told us they were well cared for by GPs and nursing staff. Patients also told us that access and continuity of care were a concern for them.
- The practice had identified 253 patients who were carers, this equated to 2% of the practice list and offered support to those who had lost loved ones.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. This included working with local charitable organisations and the local council to engage with the British Pakistani community.
- Practice staff 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. For example, the practice introduced a community matron to work with patients aged over 75 years old as part of a CCG funded project for older patients.
- Patient feedback was that access to appointments remained difficult. The practice had reduced the numbers of routine pre-bookable appointments and increased the number of pre-bookable appointments. The practice was monitoring appointment demand and availability, and aimed to achieve a split of 33% appointments available on the day in line with advice on appointment and demand management. This had impacted upon patient satisfaction though the practice felt that some patients inappropriately requested on the day appointments which impacted upon patients who genuinely required urgent care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There were innovative approaches to providing integrated patient-centred care. For example, information on cervical screening was being sent out on coloured paper to raise awareness with patients and work was under way to review all patients who had had urgent referrals for cancer screening but no diagnosis.

Good



Summary of findings

- A member of staff had encouraged a local swimming pool to offer ladies only swimming sessions to meet the needs of the British Pakistani community.
- The practice had recognised the risks which high patient demand had placed on their service and consistently reviewed access to clinical care to ensure that patients who needed urgent care received it.

Are services well-led?

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

- The practice team was open about the challenges it had faced, the improvements it had already made and the areas where it felt improvements could still be achieved.
- 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 felt 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 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 voice 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

Good



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.
- The practice employed a community matron and health care assistant (HCA) who provided care for patients aged over 75 years old through a Clinical Commissioning Group (CCG) funded scheme.
- The practice had 1,180 patients on the register of patients aged over 75 years old and all these patients had received an assessment of their needs since the scheme commenced in 2015.
- All patients who reached 75 years of age were sent a health check invite.
- Since 2015, 50 advanced notices had been completed which would ensure patients were given the care they preferred at this later stage of their lives (advanced notices are written statements which cover an individual patient's preferences over what care and treatment they wish to receive in the later stages of life including hospital admission and cardio pulmonary resuscitation).

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance in long-term condition management was similar to national average. For example, 97% of patients with diabetes had an influenza immunisation the previous 'flu season, above the national and CCG average of 95%.
- 86% of patients with diabetes had a recent cholesterol test which was within a normal range, which was above the CCG average of 84% and national average of 81%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.
- The practice had trained nurses and health care assistants in management of long-term conditions and they had produced helpful lifestyle advice leaflets for their patients.

Families, children and young people

Good



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 relatively 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.
- 72% of eligible women had a cervical screening test carried out in the previous five years, which was below the CCG and national average of 82%. The practice nurses recognised the cultural and linguistic barriers to improving take-up. The practice was looking to raise awareness amongst the British Pakistani patients with coloured leaflets and using Urdu and Punjabi speaking staff to contact patients who did not attend.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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.

Summary of findings

- 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.
- A range of family planning services were available.
- Travel vaccination clinics were offered by nurses.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with drug and alcohol linked conditions were supported by the local community substance misuse service, which worked closely with a GP. Shared clinics were offered where appropriate.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had recently been visited by the CCG to review arrangements for safeguarding looked after children and had received initial feedback which recognised the good work which ELMS Pendle Valley Mill was doing.
- 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 provided primary care services through the zero tolerance scheme (this was a CCG funded scheme caring for patients who had turned away from other practices due to aggressive behaviour) and built up good communication and relationships with patients identified within this scheme.

People experiencing poor mental health (including people with dementia)

Good



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

Summary of findings

- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%
- 82% of patients with severe mental health conditions had received a face to face review in the previous 12 months which was below the CCG and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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 published in January 2016 showed the practice was performing slightly lower than local and national averages. 401 survey forms were distributed and 110 were returned, 38%. This represented 0.5% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice was aware of low patient satisfaction responses and actively trying to engage with more patients and address the concerns raised about access and telephone systems.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Whilst patients were highly positive about their experience of staff and clinicians, describing them as excellent, brilliant and caring, five mentioned the difficulty in getting through by phone and obtaining an appointment.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, though several mentioned lack of consistency with GPs and the problems they found getting an appointment.

The practice shared recent friends and family test (FFT) results for the last four months. They had only had 40 responses, Only 35% of these responses said that they would recommend the practice. This did not correlate to the patients we spoke with or the comment cards we received on the inspection.

Areas for improvement

Action the service SHOULD take to improve

- Complete the programme to ensure all staff have appraisals
- Review the process for sharing learning from significant events and to ensure that opportunities for learning from these are maximised.
- Provide chaperone training for all staff who undertake chaperoning duties.
- Introduce effective screening and immunisation programmes for all clinicians working with patients.
- Involve all clinicians in the planned audit programme to ensure that continual improvements to patient outcomes are monitored and shared.

Outstanding practice

We saw an area of outstanding practice:

A member of staff had identified that British Pakistani women and young children felt excluded from a variety of community health promotion and exercise opportunities.

She was supporting a small group of patients with weight management and had encouraged the local pool to commence women only swimming sessions, which was then extended to an additional local pool.

ELMS Pendle Valley Mill Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to ELMS Pendle Valley Mill Medical Practice

ELMS Pendle Valley Mill is a GP practice within East Lancashire Clinical Commissioning Group (CCG) with a personal medical services (PMS) contract with NHS England. The service is provided by ELMS Federated Practices.

ELMS Pendle Valley Mill Practice provides primary care services for 20,306 patients at four branch sites. The four sites are all located within property managed by NHS Property Services. ELMS Federated Practices took over the contract and responsibility for ELMS Pendle Valley Mill in April 2013.

The four branch sites are:

- ELMS Pendle Valley Mill, in the town of Nelson in East Lancashire.
- The Horsfield Practice, based in Colne Health Centre, Colne
- Eagle Medical Practice, based at the Acorn Health Centre in Accrington
- Brierfield, based in Brierfield Health Centre in Brierfield.

The main practice site, ELMS Pendle Valley Mill is located in Yarnspinners Primary Health Care Centre which is owned by Community Health Partnerships (CHP). The site also hosts four other practices and a variety of community services including podiatry, dietician and podiatry clinics. This property is maintained and serviced by NHS Property Services Ltd.

Staffing is shared throughout the four practices, with some staff being based primarily at ELMS Pendle Valley Mill. There is one registered manager for all the ELMS locations.

Out of hours provision is provided by East Lancashire Medical Services (ELMS).

Within ELMS Pendle Valley Mill the clinical team includes eight GPs who are employed by the Federation (one of whom is the newly appointed lead clinician), six nurse practitioners, (one of whom leads the nursing team), seven practice nurses, one triage nurse and eight health care assistants (HCAs).

There is a nursing team for patients aged over 75 years of age which comprises a community matron and one of the HCAs, this team is shared between all four branch sites. There is also a clinical pharmacist. The practice has two GPs trainers and one branch site is accredited to deliver training to trainee GPs.

The practice is supported by a business manager and practice manager, four site supervisors and 29 administrative staff including receptionists and secretaries. The ELMS Federated practice senior management team provides management support for human resources, information technology, health and safety, facilities and other mandatory employer responsibilities.

The practice is open Monday to Friday 8am until 6.30pm.

Detailed findings

Patients can attend any site, although they have a nominated branch. There are around 12,000 patients at the ELMS Pendle Valley Mill site with almost 1,900 at the Eagle Medical Practice site, 2,200 at the Horsfield site and 3,500 at the Brierfield site. Around 25% of the practice population are Pakistani or British Pakistani, although around 50% of the Brierfield site population are British Pakistani. Eagle Medical and Horsfield have a higher percentage of white British patients. The practice had also seen an increase in the diversity of the population recently.

Age ranges are broadly in line with national averages though the practice has more patients aged 0-9 years old than average. Male and female life expectancy is around three years below East Lancashire Clinical Commissioning Group (CCG) and national averages.

Information published by Public Health England rates the level of deprivation within the practice population as two on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest).

East Lancashire has a range of health inequalities and generally has a higher prevalence of Chronic Obstructive Pulmonary Disease (COPD, a disease of the lungs), cardiovascular disease (associated with the heart and circulatory system) smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

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 23 June 2016. During our visit we:

- Visited the main branch site, ELMS Pendle Valley Mill at Yarnspinners Primary Health Care Centre in Nelson and the Brierfield branch site.
- Spoke with a range of staff which included three GPs, two nurse practitioners, three nurses, one health care assistant, reception staff, the Chief Executive, Business Manager, Practice Manager and Personnel Manager and other administrative and support staff.
- Spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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).

Detailed findings

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 their supervisor or the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- Management of significant events and incidents was overseen by the clinical governance team which covered all of ELMS Federated Practices. There were systems in place to ensure that issues identified were assessed and where actions were required these were taken.
- 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. We were told that they were discussed in clinical meetings to share learning, although these were not routinely minuted.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We saw evidence that the practice discussed incidents which affected patient safety at team meetings, for example, when patient information was not forwarded to the correct clinical team.

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 included:

- Arrangements to safeguard children and vulnerable adults 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. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible 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.

- East Lancashire Clinical Commissioning Group (CCG) had recently undertaken a review of safeguarding procedures for looked after children at ELMS Pendle Valley Mill and given initial feedback which recognised that systems were in line with best practice.
- GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2 and nurse practitioners to level 3. Three clinical staff had recently joined the practice and we were informed further training was scheduled to ensure they were trained to the required level.
- A notice in the waiting room advised patients that chaperones were available if required. This had also been printed in additional languages to meet the needs of the population. Two staff we spoke to who acted as chaperones told us they had not been trained for the role but 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 barred 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. One practice nurse was acting as interim infection prevention and control (IPC) clinical lead who liaised with the local infection prevention 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. We were informed that annual infection control audits were undertaken, although we were unable to view these for all four branch sites. We saw evidence that action was taken to address any improvements identified in the audits.
- 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).
- The practice had recently recruited a clinical pharmacist, which had resulted in improvements in patient safety with regard to repeat prescribing including the review of high risk medicine prescribing. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Many of the nurse prescribing team had qualified as independent non-medical prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the 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.

- We reviewed four personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that for some clinical staff who had moved from another ELMS managed service, references had not been received. We discussed the need for the practice to ensure that they carried out adequate due diligence checks as an employer in line with legislation.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and an ELMS health and safety advisor. The branch site at Pendle Valley Mill 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water

systems in buildings). We noted that some blinds had pull cords which had not been risk assessed during the inspection. The practice raised this with building management.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited and provided further training to a variety of additional clinical staff, including developing nurses as practice nurses and increasing skills within the health care assistants' team to try to relieve some pressure from GPs and nurse practitioners. The practice had also recruited a clinical pharmacist who had taken on a role supporting staff and patients with medication and repeat prescribing safety.
- We noted that not all clinical staff had up to date vaccination records for Hepatitis B

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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.
- We noted that emergency equipment and medication were also available at the Brierfield branch site.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. We saw evidence that this had been discussed and reviewed following heavy snowfall which had prevented some staff from travelling to work in a previous winter.

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 95.5% of the total number of points available, with 14% 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 described patient outcomes in QOF as an area they had made significant improvements in and information from health and social care information centre (HSCIC) showed that the practice had shown consistent improvement since being taken over by ELMS Federated Practices.

For 2014-2015, there was variable performance for some QOF and other national clinical targets. Data showed:

- Performance for diabetes related indicators was similar to the national average. For example, 76% of patients with diabetes had a recent blood sugar test which was within a normal range, which was similar to the CCG average of 79% and national average of 78%.
- 97% of patients with diabetes had an influenza immunisation during the previous flu season, which was higher than the CCG and national average of 95%.

- Performance for mental health related indicators was lower than the national average. For example, 82% of patients with serious mental health conditions had a care plan review in the previous 12 months, which was below the CCG and national average of 88% and 77% of patients with dementia had an annual face-to-face review in the last 12 months, which was also lower than the CCG average of 82% and national average of 84%.

Local data for 2015-2016 showed an improvement in outcomes for patients with chronic kidney disease and dementia, though this data was not validated at the time of our visit.

The practice was identified as prescribing more antibacterial items compared with the CCG and national average, and had a higher number of emergency admissions, 28.65 per 1,000 patient population, compared with the CCG average of 20.4 and England average of 14.6.

In 2015-2016 the practice had made improvements to these figures, working with the CCG pharmacists in a local incentive scheme. The practice had achieved four out of five targets for 2015-2016 including a 46% reduction in CCG value for money prescription items and a 36% reduction in antibiotic prescribing. The practice remained aware they had further work to do to bring prescribing in line with local and national averages.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits of prescribing where the improvements made were implemented and monitored.
- Other audits included a review of patients with hypertension, a review of the use of chaperones, an audit on patients aged over 75 years of age and an audit on patients with blood sugar levels which could indicate they had pre-diabetes. The practice shared an audit plan which they had recently produced when they recognised that clinical audits had not been embedded within the improvement process.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying over 300 patients who needed additional intervention for pre-diabetes.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as the initial audit of the community matron service for patients aged over 75 years. One case study was shared with the team which showed that between 2015 and 2016 the numbers of contacts or visits for one patient from a GP was reduced from 22 to two. The community matron had made contact with this patient 39 times and reviewed the process for identifying the patients who were seen as high risk.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses and health care assistants had been supported to attend courses in diabetes and other long-term conditions. One GP who carried out minor surgery was trained in these procedures, although we noted that the GP who worked with the local substance misuse service had not previously completed training in substitute prescribing. We were informed that they would shortly be undertaking a post graduate course which included substitute prescribing.
- 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.
- The practice had recognised that it needed to develop its own clinical team and increase support available to GPs. They had recruited nurses and supported them to complete accreditation in practice nursing, including cytology and management of long-term conditions. The nursing team had all received appraisals and those we spoke with told us of the support and encouragement they had been given by ELMS Pendle Valley Mill to undertake additional training. However, not all administrative staff had received an appraisal. GPs

attended external appraisal in line with GMC guidance, but we noted that as they were all employed, there did not appear to be a formal performance process to link their developmental objectives and performance to that of the practice..

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- 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.

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 had recently agreed with the information technology provider that a local shared drive would be set up which all branch sites could access. They hoped this would make a further improvement in communication to improve patient outcomes.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice held palliative care meetings every six weeks, and had developed a "clinical navigation hub", which was a team which coordinated referrals with a wide range of health and social care partner organisations. Reviews for more complex patients took place when patients were referred to, or after they were discharged from hospital. We were unable to see minutes from multi-disciplinary meetings though we were shown details which demonstrated that these took place.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring lifestyle advice, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A review of patients with cancer had been undertaken and at the time of our inspection they were being invited to annual reviews to look at whether their needs were being met. A member of staff had also identified concerns with patients who had been given referrals under the "two week wait" system (this is the system which allows GPs to refer patients into a fast track diagnosis scheme where there is a possibility of cancer). The practice planned to call in patients who had attended screening but not been diagnosed with cancer, to ensure that the concerns with their health were adequately addressed.
- A health care assistant had noted that some women and children attending for blood tests found it difficult to engage in wider exercise and weight loss programmes due to cultural and religious beliefs. This staff member had suggested alternative ways to support patients, began encouraging them to walk more and encouraged them to come in regularly for weight checks. They had also spoken with local swimming pool management and discussed the need for a "ladies only" swimming session which had been started and then taken up by a second local pool.

The practice's uptake for the cervical screening programme was 72% which was lower than the CCG average of 82% and the national average of 82%. Nursing staff told the inspection team of the work they had already done to increase the numbers of women attending for screening, which had been 70% in 2013-2014 according to figures the practice shared with us. The practice had begun sharing more information on the reasons for cervical screening and using brightly coloured paper for reminders to women who had not attended. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and try to explain in their own language where appropriate. 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 national screening programmes for bowel and breast cancer screening. Patient cases of cancer were lower than CCG and national averages, yet attendance at screening was consistently lower than average. For example, 58% of eligible women had attended breast screening, which was below the CCG average of 68% and the national average of 72%. 48% of eligible patients had attended bowel cancer screening, which was also lower than the CCG and national average of 58%. The practice had met with local community organisations and the council and were looking at how to increase cancer and screening awareness and had plans to offer awareness clinics in the community supported by staff who spoke Urdu and Punjabi.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 95% and five year olds from 86% to 98%.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Patients told us staff were kind and caring to them.

- 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 45 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.

We spoke with 14 patients during the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, though several mentioned issues with the telephone system and obtaining an appointment. Some patients said there was limited continuity with GPs and they did not get to choose which GP they saw.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, although again several mentioned the appointment and telephone system as a problem to them.

Results from the national GP patient survey showed lower numbers than the national average felt they were treated with compassion, dignity and respect. The practice was below average for a number of scores on consultations with GPs and nurses. For example:

- 72% 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%.
- 70% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.

- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%. However, only 8% of patients said they found the receptionists unhelpful, which was lower than the CCG average of 13% and national average of 11%.

Patients we spoke with during the inspection were positive about how they were treated by GPs, nurses and reception staff. We discussed the GP patient survey results with the practice who informed us that the actions they were taking to improve the patient experience included:

- A review of the access system which included more routine pre-bookable appointments.
- The recruitment of additional nursing staff and a clinical pharmacist to offer patients care in different ways.
- Additional training and guidance for staff answering incoming calls.
- Work with the telephony provider to plan a switch system to allow more staff to answer calls at peak times.

The practice discussed with us the changes they had made since ELMS took over and the high demand from patients for on the day access to GPs. The practice team described the work they had done with outside support to review demand and capacity and to address the challenges of dealing with a complex multi-cultural population group.

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.

Are services caring?

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 below local and national averages. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% 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 themes identified from the national GP patient survey results were discussed with staff and patients during the inspection. Patients told us staff were very caring and they were happy with the care they received. They informed us that the issue lay with accessing appointments.

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

- Several GPs and staff spoke other languages, this included Urdu and Punjabi, Polish and Russian. Staff

told us that translation services were also available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- Information leaflets were available in other languages if required.

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. When the practice identified patients as carers, they offered them influenza vaccinations. Written information was available to direct carers to the various avenues of support available to them.

There was a comprehensive bereavement policy in place with GPs contacting patients' next of kin and offering consultations at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The practice had reviewed communication systems to ensure prescription requests were cancelled and other providers informed when a patient passed away.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice we visited were part of a larger federated group of practices (ELMS Federated Practices) that worked closely with East Lancashire clinical commissioning group (CCG). The practice worked with NHS England and the CCG to secure improvements to services where these were identified. For example, a community matron service had been introduced which covered services for ELMS Pendle Valley Mill alongside the other ELMS practices.

- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All patients aged over 75 years old had been offered an assessment of their health needs, and those housebound patients assessed as high or medium risk of hospital admission were given additional support by the community matron.
- The practice adapted information for patients in languages and formats appropriate to the population.
- Practice staff were aware of performance and patient outcomes and looked for ways in which they could work with community services and groups to meet the needs of patients from a Pakistani background.
- The practice provided care for patients under the local zero tolerance scheme (this was a scheme which the CCG funded, for patients who were turned away from other practices due to aggressive behaviour) at an agreed location. One GP and individual staff members had built up good relationships with patients included in the scheme and ensured that appointments were made available when requested.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments were from 8.30am until 12pm every morning and 2pm until 6pm daily and appointments with other clinicians were available from 8am daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice told us they had previously offered extended hours appointments but that they were unpopular with patients and they had ceased to offer appointments outside of core hours.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78%.
- 61% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 37% said that they always or almost always saw or spoke with the GP they preferred, which was in line with the CCG and national averages of 36%.

People told us on the day of the inspection that they found it hard to access appointments and that the telephone system made it difficult for them to get through to the practice. They also told us that it was not easy to get an appointment and there was lack of consistency in which GP they saw. Some patients acknowledged this had improved recently and others explained they had experienced poor care with locum clinicians previously.

The practice recognised the exceptionally high demand on incoming telephones between 8am and 10am and had obtained costings for changes to the telephony system which would increase the numbers of staff able to answer incoming calls at peak times.

The practice vision was to ensure that patients saw "the right person at the right time". This recognised that GPs were not necessarily the right clinician for a patient to see each time, for example if a patient required diagnostic tests. The practice had adapted the call handling systems, increased access to the nurse practitioner team, increased skills of nursing and health care assistants and introduced a clinical pharmacist who could review medication and

Are services responsive to people's needs?

(for example, to feedback?)

prescription requests. They had also developed staff answering incoming calls to try to explain to patients that nurses, nurse practitioners and pharmacists could help with a range of medical treatment.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The triage nurse telephoned all patients requesting home visits to ensure a clinical assessment of their condition was made and informed the GP of relevant information.

The practice management team explained to the inspection team that the independent consultant who had reviewed their appointment access system had said it may take up to two years for patients to understand and appreciate it. The patient voice group had been consulted throughout the process and meeting minutes showed that they were supportive of the work the practice was doing to resolve patient access.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The clinical governance team was responsible for dealing with all complaints within the practice.

- We saw that information was available to help patients understand the complaints system. This had also been produced in Urdu, Punjabi and Polish to meet the needs of the population group.
- The practice had invited the patient voice group to review all complaints once they had been responded to and the practice complaints analyses were reviewed by the patient voice group.
- There were two responses highlighted by the patient voice reviewer as lacking in empathy and understanding, although the others were endorsed by this independent review.
- Verbal complaints as well as written complaints and details of all interaction with individuals who complained were recorded.

We looked at nine complaints received in the last 12 months and found these were fully reviewed and investigated and patients kept informed of the progress of their complaint if it took longer than 20 days to complete the investigation.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had responded to complaints regarding specific clinicians appropriately, and patients were aware of actions taken to improve their care. We spoke with patients during the inspection who had made complaints and were satisfied with the way in which they had been dealt with.

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 mission statement was

“With patient’s needs at the heart of everything we do, ELMS Federated Practice is committed to providing caring, innovative and high quality practice to promote good health and well-being whatever a patient’s medical condition. We strive to work in partnership with our patients and our Patient Participation Group to provide patient focused medical care.”

- Staff knew and could describe how they worked to meet the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- A flat management structure with an executive board and senior management team to support staff.
- A clear staffing structure with staff who were aware of their own roles and responsibilities.
- Practice specific policies which were implemented and were available to all staff.
- A meetings schedule which ensured all staff were effectively communicated with.
- A clinical governance team.
- A comprehensive understanding of the performance of the practice.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the directors and management 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 managers were approachable and always took the time to listen to all

members of staff. There was an emphasis on inclusivity within the four branches, although the more distant sites led to logistical challenges, for meeting attendance for example.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The directors and management 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 verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- We saw meetings schedules which included clinical meetings, nursing team meetings, branch meetings and meetings for vulnerable patients and staff confirmed they attended these meetings and that relevant information was shared with them.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management team 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 had gathered feedback from patients through the patient voice group and through surveys and complaints received. The patient voice group met

Are services well-led?

Good 

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

regularly, and reviewed developments and changes with practice management. The patient voice group reviewed patient complaints once they were concluded. There was evidence of the review taking place, although it was not clear how the practice reflected upon this review when the reviewer felt the practice's response could have been better.

- The practice had gathered feedback from staff through the varied team meetings and one to one discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw examples of staff suggestions being taken forward, for example in improving communication and information regarding cervical screening and in offering health promotion support to women and children from the British Pakistani community. Staff told us they felt involved and engaged in improving how the practice was run.

Continuous improvement

The practice had been run by ELMS since April 2013, and the practice team shared with us the challenges which had been faced when the practice was first taken over. The practice described the range of improvements which they had introduced including supporting and developing staff and introducing policies and procedures to ensure patients received high quality care. They recognised the work they still had to do and celebrated the progress they had made to date.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, this included introducing their own community matron for patients aged over 75 years old and encouraging staff to develop new initiatives to improve care for patients.

The practice had one branch site which was accredited to deliver GP training and was working toward accreditation for a second branch site.