

Brookhouse Medical Centre

Quality Report

Whalley Range

Blackburn

BB1 6EA

Tel: 01254 287130

Website: www.brookhousemedicalcentre.co.uk

Date of inspection visit: 5 July 2017

Date of publication: 24/08/2017

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	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Brookhouse Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brookhouse Medical Centre on 5 July 2017. 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 a system in place for reporting and recording significant events. We saw that learning from significant events was communicated with staff effectively and staff were aware of any changes implemented as a result in order to minimise the risk of the event being repeated.
 - The practice had clearly defined and embedded systems to minimise risks to patient safety.
 - Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
 - Results from the national GP patient survey showed patients had rated the practice lower than others for many aspects of care. However, the survey period related to a period of transition for the practice, with a new provider taking over. Patient feedback we received as part of the inspection process indicated patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
 - Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
 - While some patients expressed concerns regarding appointment access, we saw that the practice was taking action to address these concerns and there was improved 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.
 - There was a clear leadership structure and staff felt very supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
 - The provider was aware of the requirements of the duty of candour.
- The areas where the provider should make improvement are:

Summary of findings

- Work to validate the carers list should be completed and alerts on the electronic records used to facilitate and maximise access to appropriate support services.
- Since funding has been secured, the planned work to replace carpets in clinical rooms should be completed at the earliest opportunity.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received support, truthful information, and an appropriate 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The practice had implemented appropriate measures to reduce exception reporting rates.
- Staff were aware of current evidence based guidance. Any updates and best practice guidelines were shared and discussed during weekly clinical meetings.
- Clinical audits demonstrated quality improvement and were driven by patient outcomes, meaning they were relevant to the practice's patient cohort.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Targets set in staff personal development plans reflected the development needs of the practice in relation to quality improvement targets, as well as developing individual staff members' skills.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

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 lower than others for many aspects of care. However, this survey had been completed during a transitional period for the practice, with the current provider only recently having taken over. Patient feedback provided to us as part of the inspection process was positive and reflected improvements that had been put in place.
- 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had designed a sympathy card which was sent to families at times of bereavement.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example we saw evidence of how services were planned around religious holidays to take into account the cultural background of many of the practice's patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was effective and the practice could demonstrate improved quality of patient care as a result.

Good



Are services well-led?

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

Good



Summary of findings

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The GP provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Staff told us they felt valued and recognised the positive impact the current provider had had since taking over the service in October 2016. The provider had introduced numerous schemes to improve staff morale.
- There was a focus on continuous learning and improvement at all levels.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance against the Quality and Outcomes Framework for long term conditions was either in line with or higher than local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



Summary of findings

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.

- We saw there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had implemented actions to improve the uptake of cervical screening.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours appointments.
- 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.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

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 carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% compared to the CCG average of 87% and national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff interviewed 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 2017. The results showed the practice was performing lower than local and national averages. However, the survey period related to a period of significant change for the practice, with the current provider delivering services at the practice since October 2016. The most recent survey forms had been distributed to patients in January 2017. A total of 386 survey forms were distributed and 114 were returned. This represented a response rate of 30% and was just under 2% of the practice's patient list.

- 58% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 42% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 41% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 22 comment cards, 21 of which were positive about the standard of care received. Positive comments made reference to the improvements in the service noticed by patients since the current provider took over, and many cards described how both clinical and non-clinical staff went the extra mile to ensure the needs of patients were met. As well as making positive comments about the service, three of the cards expressed some concerns, one in relation to the number of chairs in the waiting area, one regarding the turnover of clinical staff and another regarding the availability of appointments. One card which contained only negative comments expressed concern over access to appointments also.

We spoke with one patient during the inspection. They told us they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. Again, specific reference was made to improvements since the current provider had taken over the running of the practice, including increased engagement with patients, more information being made readily available to patients as well as improvements around access.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Work to validate the carers list should be completed and alerts on the electronic records used to facilitate and maximise access to appropriate support services.

- Since funding has been secured, the planned work to replace carpets in clinical rooms should be completed at the earliest opportunity.

Brookhouse Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a GP specialist adviser.

Background to Brookhouse Medical Centre

Brookhouse Medical Centre is situated close to the centre of Blackburn at Whalley Range, BB1 6EA. It delivers primary medical services to a patient population of approximately 6200 patients via a general medical services (GMS) contract with NHS England. The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). The premises has a car park with disabled spaces nominated, as well as a ramp to facilitate access to the building for those patients experiencing mobility difficulties.

The average life expectancy of the practice population is slightly below the national averages (77 years for males and 81 years for females, compared to 79 and 83 years respectively nationally).

The practice has a higher proportion of younger patients than the average practice both locally and nationally. For example, 20% of the practice population are aged between five and 14 years, compared to the local average of 14% and national average of 12%. The proportion of patients under the age of 18 years at the practice is 33%, compared to the local average of 25% and national average of 21%. Conversely, the practice caters for a lower proportion of older patients; for example just 5% are aged over 65 compared to the local average of 14% and national average of 17%.

Information published by Public Health England estimates that 70% of the practice's patient cohort is of Asian ethnic background.

Information also published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by the GP provider (male) along with three long term locum GPs (one female and two males). In addition the practice employs two advanced nurse practitioners, two practice nurses and a health care assistant. Clinical staff are supported by a practice manager and a team of nine administrative and reception staff.

The practice is a teaching and training practice, taking medical students as well as registrars.

The practice is open between 8am and 6.30pm each weekday apart from Monday, when extended hours appointments are offered until 7.30 in the evening. Surgeries are offered throughout the practice's opening times.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111, offered locally by the provider East Lancashire Medical Services.

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

Detailed findings

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 such as the clinical commissioning group and NHS England to share what they knew. We carried out an announced visit on 5 July 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, a nurse practitioner, reception and administration staff and spoke with patients who used the service.
- Observed how staff interacted with patients in the waiting area.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform 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).
- From the sample of three documented examples we reviewed in detail we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received appropriate support, truthful information, a suitable apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after it had been raised that urgent referrals to secondary care had been taking an inappropriate amount of time, the practice had implemented streamlined procedures to improve the process, which resulted in patients receiving the care they needed in acceptable timeframes.
- The practice maintained a log of significant events in order to monitor trends and evaluate any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. Flowcharts were displayed in staff areas of the premises which clearly outlined who to

contact for further guidance if staff had concerns about a patient's welfare. The GP provider was lead member of staff for safeguarding. We were told that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The lead GP had also devised a safeguarding questionnaire for staff based around hypothetical scenarios in order to consolidate staff understanding of the issues and to supplement the formal training completed.
- Notices in the practice 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 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. There were cleaning schedules and monitoring systems in place. We noted that these schedules did not include the carpets that were in some clinical rooms. However, the practice was able to provide evidence that funding had been secured to replace these carpets with hard flooring in line with infection prevention and control best practice. Work was due to be carried out to this end in the near future. The practice's treatment room already had hard flooring laid.
- One of the practice nurses was the 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 IPC protocol and staff had received up to date training. A recent IPC audit had been undertaken in conjunction with the local IPC lead nurse and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow non-prescribing nurses to administer medicines in line with legislation. The health care assistant were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed two personnel files for recently recruited staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular tests of fire safety equipment. We saw that actions identified as part of the fire risk assessment process had been actioned swiftly, for example the installation of additional smoke detectors.
- Electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We did note that the calibration certificates did not wholly match the equipment used by the practice so it was not fully clear that all equipment had been tested appropriately, although all equipment had a calibration sticker attached. The practice manager informed us that an asset register would be drawn up to ensure this issue was addressed in the future.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. We did note that not all clinicians had received anaphylaxis training as part of their basic life support training, but the practice provided evidence shortly after the inspection that this had been completed by all relevant staff members.
- 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.

Are services safe?

- 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 comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff as well as alternative premises arrangements should the building become unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. Clinicians told us how updated best practice guidance was discussed as part of the weekly clinical meetings.
- The practice monitored that these guidelines were followed through audits and informal case discussion.

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). It is important to note that the most recent published results (for year 2015/16) for the practice related to the previous provider, before the current provider took over the practice in October 2016. The most recent published results were 98.7% of the total number of points available, with a 15.8% exception reporting rate for clinical domains (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).

The practice's QOF achievement compared to the CCG's average of 98% and national average of 95%, although the exception reporting rate was approximately 5% higher than both local and national averages. During the inspection visit the GP provider demonstrated awareness that the previous QOF results included exception reporting rates that were higher than desired, and was able to describe how the practice procedure around QOF reviews had been updated, improved and was being more closely monitored in an effort to reduce this rate. The practice was currently in

the process of recalling all previously excepted patients for review and the GP anticipated reduced exception reporting when updated results were ratified and published later in the year.

Data from 2015/16 showed:

- Performance for diabetes related indicators was either in line with or higher than the local and national averages, although in some cases the practice exception reporting rate was high. For example:
 - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 87% compared to the clinical commissioning group (CCG) average of 79% and national average of 78% (with an exception reporting rate of 34%).
 - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 87%, compared to the CCG average of 80% and national average of 78% (exception reporting 8%).
 - The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 80% compared to the CCG average of 83% and national average of 80% (exception reporting 18%).
 - The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 97% compared to the CCG average of 96% and national average of 95% (exception reporting 29%).
 - The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 93% compared to the CCG average of 94% and national average of 89% (exception reporting 3%).
- Performance for mental health related indicators was generally higher than the local and national averages, with exception reporting in line with local and national averages for the three indicators listed below. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who

Are services effective?

(for example, treatment is effective)

had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92% compared to the CCG average of 94% and national average of 89%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 98% compared to the CCG average of 93% and national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% compared to the CCG average of 87% and national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 83% compared to the CCG average of 85% and national average of 83%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 79%, compared to the CCG average of 79% and national average of 76%.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits completed since the provider took over the running of the practice. Both of these were completed audits where the improvements made were implemented and monitored. We saw evidence demonstrating that audit was being driven by clinical outcomes of the patients the practice was serving in order to improve the quality of care being delivered to them.
- Findings were used by the practice to improve services. For example, recent action taken as a result included posters being displayed in all consultation rooms to remind clinicians of appropriate medication doses for diabetic patients.

Information about patients' outcomes was used to make improvements. For example, following a significant event analysis, an audit was carried out around the prescribing of omeprazole (a medicine to reduce the amount of acid in the stomach) and naproxen (a nonsteroidal

anti-inflammatory drug used to treat pain or inflammation). An updated practice protocol was devised and after two months, in June 2017 a follow up audit indicated improved and safer prescribing of the medicines. Also, following a complaint relating to the availability of vitamin B12 injections (given to treat patients with vitamin B12 deficiency), the practice had conducted an audit and updated its protocol around vitamin B12 management to ensure treatment was being offered effectively. The audit indicated that many patients were being prescribed medication inappropriately and follow up action reduced the number of patients receiving B12 injections from 293 to 132.

The practice shared evidence with us demonstrating how it had improved prescribing since the current provider had taken over delivery of the services in October 2016. For the year 2015/16 the practice had overspent its prescribing budget by £30,000. However, the practice had carried out a thorough review of its prescribing trends and updated processes so that for the year 2016/17 the practice had underspent on prescribing by £171,000 which represented the highest saving in the CCG.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This allowed for time to review key policy documents, as well as covering such topics as information governance 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.
- 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 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 ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. We saw that targets identified as part of staff personal development plans were in line with the practice strategy for quality improvement. For example, we saw that in recognition of the low uptake of cervical smear screening, members of the clinical team had been assigned specific targets designed to increase uptake rates.

- 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.
- We saw that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. Patients who offered feedback to us corroborated that onward referrals were carried out swiftly and appropriately.

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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice was making a

proactive effort to improve the quality of end of life care being offered, and had arranged for a GP with special interest in this area to give a presentation to practice staff to raise awareness.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- 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.
- Smoking cessation advice was available on site at the practice.

The practice's uptake for the cervical screening programme was 64%, which was lower than the CCG average of 80% and the national average of 81%. Again, this figure referred to data collected in 2015/16, prior to the current provider taking over the running of the practice. The provider explained that since taking over the practice in October 2016, nursing capacity had been increased with the appointment of a new practice nurse and nurse practitioner and therefore the practice was able to offer an increased number of appointments to facilitate uptake of cervical screening. Clinics were also planned with the patient demographic in mind, to take into account cultural factors such as religious holidays such as Eid. The practice offered more appointments immediately before and following such holidays in recognition that during the holiday period itself patients would not accept appointments. There was a policy to offer telephone or written reminders for patients who did not attend for their

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

cervical screening test. Reception staff had responsibility for completing this task on a monthly basis. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice informed us that unverified data for the current reporting period indicated it had already achieved a 67% uptake, which demonstrated an improvement. There were failsafe systems 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, and had invited external practitioners to attend at the practice to deliver “call for a kit” clinic sessions for bowel cancer screening.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 92% to 96% and five year olds from 85% to 96%.

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 our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Of the 22 patient Care Quality Commission comment cards we received, 21 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. One card which contained only negative comments expressed concern over access to appointments.

We spoke with one patient who was also a member of the patient participation group (PPG). They told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Numerous patients who offered feedback to the inspection team noted the positive improvements made to the practice since October 2016, when the current provider took over the service.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below local and national averages for its satisfaction scores on consultations with GPs and nurses. However, feedback for this survey was gathered during a transitional period for the practice, with survey forms distributed three months after the current provider took over the service. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 86%.
- 82% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local and national averages of 91%.
- 58% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The practice was aware of and monitored trends of feedback gathered from survey results as well as from the NHS Choices website. The practice had analysed the survey results from the 2016 GP Patient survey results when the current provider had taken over the service, and had developed an action plan based on the areas of concern highlighted by patients. For example, the practice had planned and followed through recruitment activity to increase clinical capacity at the practice in order to improve continuity of care and patient experience.

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

Are services caring?

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.

Patients told us that children and young people were treated in an age-appropriate way and recognised as individuals.

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, but survey feedback had been collected at a time of significant change for the practice, with survey forms distributed three months after the current provider had taken over the service. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice management team were optimistic that changes that had been implemented since the current provider had taken over the service would improve the patient experience, and planned to liaise closely with the newly formed patient participation group in order to monitor this and gather further feedback around patient experiences.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice had identified 258 patients as carers (4% of the practice list). However, on viewing a small sample of these patient's records we saw that alerts were not being utilised on the computer system to flag this up to staff in order to better facilitate them being signposted to relevant support services. The practice manager informed us that work was being undertaken to validate the practice's carers list, as it was felt patients may have inadvertently identified themselves as carers by mistake using the new electronic self check in device in the waiting area. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, the practice sent them a sympathy card. This card had been designed by the children of practice staff and reminded patients that the practice was available to offer support. Patients were offered a consultation at a flexible time and location to meet the family's needs and/or were given advice on how to find a support service as appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice demonstrated awareness of the cultural and religious background of many of its patients and planned services accordingly. For example, additional capacity for cervical screening appointments was planned before and following religious holidays such as Eid in recognition of the poor uptake for these appointments during the holiday period itself. This was contributing to a reported increase in uptake for these appointments.
- The practice offered extended hours on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided a range of online facilities, such as repeat prescription ordering.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- Many practice staff were multilingual. Other facilities to improve patient's access to services were also planned, for example we saw evidence that funding had been secured to purchase a hearing loop in the near future.
- Consultation and treatment rooms were all situated on the ground floor, so access for those patients with mobility difficulties was facilitated.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm each weekday apart from Monday, when extended hours appointments were offered until 7.30 in the evening. Surgeries were offered throughout the practice's opening times. Patients were also able to access additional extended hours appointments, which were offered from another local practice premises by the local GP federation between 5pm and 9pm on weekday evenings, and between 8:45am and 2:15pm on weekends.

Staff told us during the visit that pre-bookable appointments could be booked up to three months in advance. However, we noted the practice website stated that these could be booked one week in advance. Urgent appointments were also available for patients that needed them. On the day of inspection, the next available pre-bookable routine appointment was in three days' time.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. However, we noted that on taking over the practice in October 2016 the provider had drawn up an action plan to address patient concerns around access. We saw that action had been taken against this plan, including increased clinical capacity at the practice. However, at the time the GP Patient Survey forms were distributed to patients, these actions were too recent to be fully embedded and the results reflect the significant change underway at the practice at that time.

- 56% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 43% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 71%.
- 51% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 46% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 42% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 30% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Two of the 22 comment cards we received from patients expressed some frustrations regarding accessing appointments. However, the patient we spoke to on the day of the visit told us that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Details of the request were noted by the reception staff and then the GP was tasked to triage these requests to allow for an informed decision to be made on prioritisation according to clinical need. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A poster was displayed in the patient waiting room.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned 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, an audit had been completed around vitamin B12 management to improve the effectiveness of treatment in response to a patient complaint.

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 current provider had moved swiftly on taking over the practice to assess the needs of the practice population in relation to the service provided and had produced an action plan to address any gaps or shortfalls identified. We saw evidence that this action plan was regularly monitored and actions were being followed through appropriately. Staff were able to articulate the vision and values of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The practice had also nominated a member of staff as patient liaison officer to facilitate the gathering of feedback from patients and the implementation of learning outcomes from this.
- Practice specific policies were implemented and were available to all staff. Although not all policies we viewed were dated to note when they were created / reviewed, we saw that the practice was in the process of merging documentation onto a new electronic system and were being systematically reviewed as they were uploaded onto this. Those that had already been stored on this new system were dated appropriately.
- A comprehensive understanding of the performance of the practice was maintained, and appropriate action taken to address any shortfalls identified. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. Staff we spoke to demonstrated they had an understanding of the practice's performance and of areas the provider had identified to focus on improving. Staff told us how the lead GP and practice manager were proactive in managing areas identified for

improvement. For example, a member of the administration team told us how they reported to the lead GP on a weekly basis around work undertaken to improve cervical screening uptake rates.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. These audits were driven by the needs of the patient population specific to the practice, for example we were shown examples that had been undertaken following significant events and complaints.
- On taking over the practice in October 2016, the provider had quickly identified gaps in the management and mitigation of risks and had taken swift and appropriate action to address these. There were now appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Staff we spoke with confirmed that learning was disseminated at meetings and were able to discuss specific examples with us, including the changes to practice implemented as a result.

Leadership and culture

On the day of inspection the GP provider at 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 GP provider and the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 lead GP encouraged a culture of openness and honesty. From the sample of examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people appropriate support, truthful information and a verbal and written apology.

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw minutes to confirm this.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the GP and management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The GP provider had taken action to improve staff morale on taking over the practice. This included a review of the practice's pay structure, facilitating regular team outings as well as offering additional time off around religious holidays. The GP had also implemented schemes such as a bonus payable to staff if they attend work for three months without time off sick.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the newly set up patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a member of the PPG told us how the practice had changed the seating layout in the waiting area to make better use of space following patient feedback, and now also utilised a television screen in the waiting area to more effectively put across information to patients after this was suggested by the PPG.
- The NHS Friends and Family test, complaints and compliments received
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. One of the nurse practitioners told us how they had made a suggestion to the lead GP regarding how learning disability annual reviews were completed, and how this recommendation had been implemented by the practice.

Continuous improvement

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. In recognition that the practice had a low prevalence of atrial fibrillation (abnormal heart rhythm), the lead GP was arranging for a consultant cardiologist to visit the practice to provide support and training.