

Broken Cross Surgery

Quality Report

Waters Green Medical 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

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a planned comprehensive inspection of Broken Cross Surgery, Waters Green Medical Centre on 4 December 2014.

We rated the practice overall as outstanding.

Our key findings were as follows:

- The practice was caring. Comments from patients about the practice, its staff and the care and treatment which they received were consistently and especially positive.
- The practice was responsive. The practice covered the Macclesfield town area. Though the town has a higher percentage of older people, Broken Cross Surgery has a relatively young patient population. The service given by the practice had been designed to meet the needs of its patient population.
- The practice was safe and effective. The practice had a strong focus on safety, putting patient's needs first and continually learning from incidents. There was documented evidence of a strong track record of safety over time.

- The practice was well led. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was strong leadership, governance arrangements and strategic vision within the practice.

We saw several areas of outstanding practice including:

- The services provided to vulnerable patients including those who were homeless, or facing challenges in relation to substance misuse or poor mental health received services had been tailored to deliver consistent quality of medical care to all irrespective of their personal circumstances.
- In addition to services provided the practice made exceptional arrangements to support patients including those who were homeless, or needed medical intervention and support in relation to substance misuse.
- Patients experiencing poor mental health received intervention and treatment from clinicians with particular expertise in this field and the care given had been tailored to meet individual needs.

Summary of findings

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 safe. It demonstrated over time that it had consistently ensured that staff were fully aware of their responsibilities to raise concerns and report incidents. They had received appropriate training to do so. Lessons were learned by using processes of audits and analysis of data. This was shared with staff to support continual improvement for individuals and the practice as a whole. Well managed systems were in place to assess and reduce risk. Safety information was monitored and prompt action taken where required.

Good



Are services effective?

The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. People's individual needs were assessed. Care was planned and delivered in line with legislation and the promotion of good health. Staff had received training and support. Effective multidisciplinary working was in place. There were effective working arrangements with community services and patient outcomes were carefully monitored.

Good



Are services caring?

The practice is rated as good for caring. Patients were very positive about how they were treated with compassion, dignity and respect. Patients told us they felt actively involved in care and treatment decisions and they had confidence in their clinicians. Accessible information was provided to help patients understand the care available to them.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. The practice had reviewed and identified the needs of the local population and provided tailored services accordingly. For example, it recognised the need for continuing mental health services which had been provided in the town and after the reconfiguration of in-patient mental health services the practice was mindful of the on-going needs of the community it served and provided services to meet assessed needs. This included continuing professional education for clinicians.

The practice had documented how it had reviewed the appointments system and the services it provided. It implemented changes to meet patient's needs and to be inclusive to all. The services provided to vulnerable patients including those who were

Outstanding



Summary of findings

homeless, or facing challenges in relation to substance use or poor mental health received services which had been tailored to deliver consistent quality of medical care to all irrespective of their personal circumstances.

The practice performed well in patient surveys in respect of access to the practice and appointments. They responded well to the specific needs of patients by offering length of appointment times that were suitable to their needs. The practice worked innovatively with other health and social care providers in the provision of additional services for their patients.

Complaints were responded to appropriately and there was an accessible complaints policy and procedure.

Are services well-led?

The practice is rated as outstanding for being well-led. The practice had a clear vision, set by the partners and about which staff were clear and able to articulate the practice values and vision and described their responsibilities in relation to these. There was a clear leadership structure with staff taking responsibility for lead roles in the practice. Staff were well supported by a passionate, innovative leadership team that motivated staff to deliver high quality care and services. The practice had policies and procedures in place to govern activity. A variety of regular clinical and business meetings and multi-disciplinary meetings took place and were documented. There were effective systems in place to monitor and improve quality and identify risk.

The practice provided a good environment for medical students and doctors in GP training and ensured that on-going education was encouraged for all staff.

The leadership team articulated a vision to provide extended health and social care services to all patients including those who were marginalised and in conjunction with other providers the practice sought to deliver in a care environment suitable for developing future needs.

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered a named GP for those patients who were 75 years and older in line with the new GP contracting arrangement. The practice also had a system for ensuring elderly patients requiring urgent care were seen on the same day. Systems were in place to support those giving care to older people.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. The practice offered a named GP for those patients with long term conditions who were considered to be 'at risk'. Systems were in place to support those giving care to people with long term conditions.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were responsive to parents' concerns and ensured children could have same day appointments if they were unwell. Child health surveillance clinics were held and infants and children received immunisations in accordance with best practice guidelines. The practice worked closely with other healthcare professionals including health visitors.

Staff were knowledgeable about protection and safeguarding arrangements for adults and children.

Good



Working age people (including those recently retired and students)

The practice is rated as good for working age people (including those recently retired and students). The practice had a range of appointments available including pre-bookable and telephone consultations. Staff told us they would try to accommodate patients who were working to have early or late appointments wherever possible and this was reflected in the surgery opening hours. The practice had made changes to the availability of appointments in response to the local survey and continued to seek on-going improvements in line with patients' feedback.

Good



People whose circumstances may make them vulnerable

The practice is rated as outstanding for people whose circumstances may make them vulnerable. The practice took steps or made

Outstanding



Summary of findings

arrangements to support patients including those who were homeless, or needed medical intervention and support in relation to substance misuse use. Extended appointments were made available for patients who needed extra consulting time.

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health received intervention and treatment from clinicians with particular expertise in this field and the care given had been tailored to meet individual needs. Extended appointments were made available for patients and carers were given help and support.

Outstanding



Summary of findings

What people who use the service say

We received 26 completed CQC comment cards and spoke with five patients at the time of our visit. Patient feedback was very positive and patients said they felt they received a good standard of care from all the doctors and nurses. Patients reported positively about their experiences with staff and many described the service as “exceptional”. These comments were from male and female patients across the all age groups.

We also reviewed the results of the 2014 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England.

- 90% of respondents find it easy to get through to this surgery by phone

Local (CCG) average: **72%**

- 97% of respondents find the receptionists at this surgery helpful

Local (CCG) average: **88%**

- 85% of respondents are satisfied with the surgery's opening hours

Local (CCG) average: **77%**

- 84% of respondents say the last appointment they got was convenient

Local (CCG) average: **91%**

- 57% of respondents usually wait 15 minutes or less after their appointment time to be seen

Local (CCG) average: **63%**

- 95% of respondents had confidence and trust in the last GP they saw or spoke to

Local (CCG) average: **96%**

Outstanding practice

We saw areas of outstanding practice. The practice had outstanding leadership and provided an outstanding responsive service. In addition to the good care to patients it provided outstanding service to people whose circumstances may make them vulnerable and for people experiencing poor mental health (including people with dementia).

- The services provided to vulnerable patients including those who were homeless, or facing challenges in relation to substance misuse or poor mental health received services had been tailored to deliver consistent quality of medical care to all irrespective of their personal circumstances.

- In addition to services provided the practice made exceptional arrangements to support patients including those who were homeless, or needed medical intervention and support in relation to substance misuse.

Patients experiencing poor mental health received intervention and treatment from clinicians with particular expertise in this field and the care given had been tailored to meet individual needs.

Broken Cross Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a Practice manager.

Background to Broken Cross Surgery

Broken Cross Surgery is located in Waters Green Medical Centre, a large healthcare facility which houses all of the six GP practices in Macclesfield. The centre opened in July 2006 and the GPs' vision was to enable them to provide care to their registered patients in high quality, purpose built premises. By coming together within one building, it would also create the opportunity for the practices to work together to make a greater range of services available to their patients within the community.

Each of the six GP practices has their own doctors and staff, and provides care to their own registered list of patients. The practice provides medical services under the terms of a Personal Medical Services (PMS) contract and participates in the Patient Participation Directed Enhanced Service (DES). Minor surgical procedures are carried out.

Broken Cross Surgery currently has a patient list size of 5742 patients.

Although Macclesfield town has a high percentage of elderly patients, Broken Cross Surgery has a relatively young population.

The practice is a partnership of three GPs. There is also one salaried GP. Two doctors are female and two are male. There are also two practice nurses.

The surgery is located in the heart of Macclesfield town close to the railway station. Car parking is available. The surgeries operate from a common purpose building and are all accessible by a lift.

This is a training practice and usually has a fully qualified 'trainee' GP attached to the practice, as well as a regular secondment of medical students.

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

Out of hours are provided by Cheshire GP out of hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

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 4 December 2014. During our visit we spoke with a range of staff including GPs, the practice nurse, the practice manager, the reception manager, reception staff, and five patients who used the service. We reviewed 26 completed CQC comment cards where patients 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record

The practice had systems in place to identify, monitor and assess the safety of care and treatment provided by in depth analysis of a range of information. The practice had an open culture which included openness to learning from any incidents. Systems used included the monitoring of safety alerts, significant event analysis (SEA), monitoring of patients' outcomes and analysis of clinical audits. Consideration had been given to national patient safety alerts and feedback from patients. The outcomes of such analysis evidenced lessons learned and changes were implemented accordingly such as improved communication within the practice.

Arrangements were in place to identify patients who required annual reviews of on-going care and treatment to ensure it continued to be safe and effective.

Staff told us that they could raise any concerns with the clinicians or with the practice manager directly. They could also raise concerns through their meetings. For example, staff could also report any matters of safety concerns. Therefore processes were in place which enabled reporting to external agencies if appropriate.

The performance of individual staff was monitored through a system for clinical supervision and annual appraisal.

The practice had a whistleblowing policy which all staff were familiar with. Staff we spoke with were confident about how they could escalate any concerns and demonstrated their knowledge of who concerns must be reported to.

Learning and improvement from safety incidents

The practice had comprehensive and clear systems in place for reporting, recording and monitoring significant events. We spoke with staff who were able to explain to us their responsibilities regarding reporting and recording events. We looked at the records of significant events reported for the previous 12 months. In each case any key risk issue was clearly identified together with any specific actions taken. Learning outcomes and actions were recorded. There was evidence that significant events were discussed at practice meetings and a log was kept which ensured learning was shared within the practice team. Actions implemented as a

result were recorded. All staff were able to describe to us the system for raising issues to be considered at the meetings. If outcomes or events were not as anticipated, patients were involved in this feedback and a record kept.

We saw the practice had processes in place to ensure patient safety alerts were identified and acted upon.

Reliable safety systems and processes including safeguarding

There were suitable arrangements in place to protect and safeguard adults and children. The processes used by the practice were aligned to the local authority safeguarding processes. The staff we spoke with were able to tell us about their responsibilities and their roles in relation to safeguarding. All staff had received training fitting to their role. One of the doctors was identified as the safeguarding lead. That doctor was correctly trained for safeguarding and for working with children, young people and /or their parents/carers. This level of training is known as level three training as it is for professionals who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding / child protection concerns.

Practice policies were comprehensive and relevant and review dates were identified. A whistle blowing policy was in place and staff were able to tell us how they would alert relevant authorities to concerns if such a situation came about.

There was a comprehensive and detailed chaperoning policy in place and that policy and the associated procedure were clearly identified in the practice. Clinicians and non-clinical practice staff acted as chaperones and had been trained to act as chaperones.

Patients' records, electronic or paper were kept securely.

Medicines management

The practice had systems in place to manage the safe prescribing of medicines. Treatments followed best practice guidance. Patients who received regular repeat medicines had their condition reviewed regularly by either a GP or a practice nurse.

We saw the cold chain policy in place at the practice. The "cold chain" is a system of transporting and storing vaccines within a recommended temperature range of +2 to +8 degrees Celsius (°C). Practice staff had received

Are services safe?

training on the delivery, storage and stock-rotation of vaccines. We saw that all medicines and vaccines were safely stored. Fridges for storing vaccines were temperature controlled. Regular checks on the reading of temperatures were in place.

The practice had processes for the safe disposal of medicines.

We checked emergency medicines kept at the practice. We saw that these were in date and ready for use. Medicines kept for use in an emergency were securely stored but accessible to all.

Cleanliness and infection control

The practice had identified a named person who had lead responsibilities for cleanliness and the management and audit of infection control measures. A clear and useful detailed policy was in place. We spoke with staff who explained to us how they were trained in infection control processes.

There were sufficient hand washing facilities and alcohol gel available throughout the premises. There were sufficient quantities of gloves and aprons available. The consulting couches had paper rolls protecting them.

The premises were visually clean and tidy throughout. There had been no reported incidents from sharps injuries or spillage.

We saw written details about systems, policies and training for cleaning, infection prevention and control. Quality assurance systems (sometimes called governance) were clear and enabled audits to be conducted.

The estates department who managed the premises, ensured regular testing and investigation of legionella (bacteria found in the environment which can contaminate water systems in buildings) took place.

We saw clinical and other waste was managed appropriately

Equipment

All equipment was tested and maintained regularly and we saw equipment maintenance logs, contracts and other records that confirmed this. The estates department who managed the premises had contracts in place for annual checks of fire extinguishers and 'portable appliance testing'. We saw that annual calibration and servicing of medical equipment was up to date.

The premises were managed and maintained under contract by the estates department of the local NHS trust. We saw evidence in the form of contracts, service level agreements, risk assessments, compliance matrix and maintenance and check logs of the estates department ensuring the premises were well maintained and managed and that all statutory duties in respect of healthcare premises were undertaken. The estates department subcontracted some duties and these were also monitored effectively to ensure the premises were safe. Regular monitoring meetings took place with the practices located in the medical centre.

Staffing and recruitment

The practice had arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. Procedures were in place to manage planned absences, such as annual leave, and unexpected absences through staff sickness.

A recruitment policy was in place and up-to-date. Pre-employment checks were completed for successful applicants before they could start work in the service. We looked at a sample of staff files. We saw copies of proofs of identity, references from previous employers and saw that these checks had been carried out before staff took up their posts. These included, for example, in the case of clinical staff criminal records checks via the Disclosure and Barring Service (DBS).

The recruitment procedure ensured appropriate staff were employed. We saw that as part of the clinical governance processes the provider checked the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists each year to make sure the doctors and nurses were still deemed fit to practice. As part of the on-going governance arrangements the practice was to carry out further DBS checks for existing clinicians and for non-clinician staff if they chaperone patients.

The practice independently checked the suitability of locum doctors as well as reviewing the NHS performer's lists.

The practice had developed clear lines of accountability for all aspects of care and treatment. The clinical team had allocated lead roles such as for infection control, respiratory disease, mental health, learning disability and the Mental Capacity Act 2005.

Are services safe?

Monitoring safety and responding to risk

The practice had a variety of systems, processes and policies in place which were used to manage and monitor risks to patients, staff and visitors to the practice. These risks included dealing with emergencies such as a fire or someone becoming seriously ill at the practice. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and we saw that the practice had undertaken a health and safety risk assessment.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments.

The practice had arrangements in place to manage emergencies. We saw records which showed all staff had received regular training in basic life support. We saw a fire risk assessment had been undertaken. Staff told us that the fire alarms were tested regularly. We saw records confirming annual staff training for fire safety.

Arrangements to deal with emergencies and major incidents

The building accommodated six separate surgeries. The practice had given detailed consideration to the coordination of emergency and incident management to patients, staff and the public within this shared building. The practice had specific processes in place to deal with any emergencies which might occur affecting patients whilst in the practice. The practice had an in-depth business continuity plan. Staff had received training in basic life support and fire evacuation procedures. Emergency equipment was available including an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records shown to us confirmed these were checked regularly.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff told us how they made use of guidelines from the National Institute for Health and Care Excellence (NICE) and other expert and professional bodies and local specialist healthcare staff. They also explained to us how these guidelines were discussed in their monthly clinical meetings and how their use informed best practice.

Clinicians told us how the practice helped patients with long term conditions to manage their health. There were regular clinics held where patients were booked in for appointments. These steps ensured patients had routine assessments and tests, such as blood or lung function tests to monitor their condition.

The practice had clinicians leading in different specialist clinical areas such as diabetes, asthma, coronary heart disease, lung disease and mental health which allowed the practice to focus on and maintain expertise in specific conditions.

We reviewed the most recent Quality and Outcomes Framework (QOF) results for the practice available to us at the time. Quality and Outcomes Framework is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually. Practices are rewarded for the provision of quality care. Broken Cross Surgery achieved a practice value QOF points score of 98.455. The practice average across England was 96.4436. The lowest practice in England scored 42.524 and the highest practice in England scored 100.

There were systems in place to ensure referrals to secondary care were made in line with national standards.

We found no evidence of discrimination when making care and treatment decisions. Interviews with GPs and nurses showed that the culture in the service was that patients were treated on need and that age, sex or race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

A doctor in the surgery carried out minor surgical procedures in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. They also regularly carried out clinical audits on their results and used that in their learning.

The practice had a system in place for completing clinical audit cycles. Clinical audit being the assessment of clinical practice against best practice. For example, clinical guidance. This measures whether agreed standards are being achieved, and to make recommendations and take action where standards are not being met. Examples of clinical audits carried out at the practice included a minor surgery audit. The Primary Care Dermatological Society released 'Skin Surgery Guidelines' stating that wound infection occurred in five percent of all case of minor surgery. The practice audit revealed that in the case of Broken Cross Surgery only two percent of their patients needed treatment with antibiotics. Other analysis included audits of particular named prescribed medication. In these audits the use, efficiency or side effects were considered and where appropriate changes were made to administration or patients were referred for further review.

A further example of an audit carried out by the practice was a programme of audit conducted and reviewed over a three month period. This looked at practice patients' attendance at the local accident and emergency department. The audits considered what led to the attendance, what the outcome of the attendance was and if anything could have been done to avoid the attendance at hospital.

The outcomes sought best interest for the patients and suggested different and relevant solutions to the problems. For example a new protocol to allow uncomplicated blood transfusion. Another example was new smoking cessation advice.

The practice also compared its care and treatment to the outcomes of those from other practices. This took place at cluster group meetings in the clinical commission group (CCG) and helped the practice to maintain effective monitoring and best outcomes for patients.

Are services effective?

(for example, treatment is effective)

Effective staffing

Practice staffing included, full and part time personnel comprising four doctors, two nurses, one practice manager, one reception manager and seven administrative staff.

The clinical staff were able to evidence that they were up to date and, where necessary, had revalidated their registrations and so were fully eligible to practice.

Learning needs had been identified through a well-developed system of formal annual appraisal. A comprehensive training matrix for the whole team was in active use and was up to date and staff were encouraged and given opportunities to develop. The practice kept one afternoon per month as protected time to provide all staff with learning time. The annual appraisal policy was supported with a clear process and underpinned by self-assessment tools for use by both clinical and administrative staff. The outcome of the annual appraisal was recorded in writing.

Procedures were in place for the management of variable staff performance should that be necessary.

Peer support was in evidence at the practice and clinical supervision was delivered through the management structure. The doctors and nurses demonstrated that they reflected personally and were able to liaise with other professionals outside the practice or within the clinical commissioning group (CCG) to reflect on the delivery of effective care and treatment in order to secure a cycle of continuous improvement.

Working with colleagues and other services

The practice had systems in place to enable receipt, recording and communication of results, notifications and referrals. Systems were also in place for important information such as incoming blood tests ensuring that they were promptly reviewed.

There were protocols in place to enable follow up of patients that had been referred to other services or discharged from hospital. Protocols ensured that clinicians communicated with patients to keep them informed.

Clinicians had access to processes to ensure other services were quickly notified of events which would impact or affect patient care. This included updating the out of hours service in relation to patients receiving or needing palliative care.

The practice had access to information in relation to bereavement which was to help families and friends.

There was opportunity for patients to use a 'choose and book' system and its use and uptake was monitored.

Clinicians were well acquainted with joint and multidisciplinary working across healthcare. The practice worked cooperatively with other surgeries in the building.

Information sharing

Information helping clinicians to deliver effective care and treatment was managed, securely kept and clearly communicated to relevant clinicians or other healthcare providers in a timely manner if that related to patient referral or transfers.

There was good management of safe, but effective patient information between paper and electronic systems and between relevant clinicians.

The practice participated in a cancer care gold standard framework (GSF) meeting quarterly with palliative healthcare staff. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist care providers.

Computer logs were kept for individuals in a range of identified groups. This helped the practice, and its staff, identify patients with certain needs in order to help to meet those needs. For example, vulnerable adults, patients with carers, patients with mental health needs, patients who were homeless, patients who had certain clinical conditions, patients with learning disabilities and looked after children.

Same day appointments were offered to individuals in identified groups including young children.

The practice had a named GP for all patients aged 75 or over and for any patients considered 'at risk'.

Consent to care and treatment

Staff told us about their understanding of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in relation to patient care as directed by this legislation. Clinical staff understood the key parts of the legislation and they were able to describe how they applied it in their practice. They gave examples of when best interest decisions were made and mental capacity was

Are services effective?

(for example, treatment is effective)

assessed. Clinical staff demonstrated a clear understanding of the Fraser and Gillick competencies. These help clinicians to identify children aged under 16 who have the capacity to consent to medical examination and treatment.

There were practice documents including policy, protocols and consent forms for specific treatments, immunisations or investigations. For example, for all minor surgical procedures and joint injections a patient's written consent was obtained and documented in the patient notes.

Health promotion and prevention

The practice demonstrated a strong and clear commitment to promoting general health and well-being. The practice offered literature, advice and participated in national screening programmes, vaccination programmes and long term condition reviews. The practices' health education programme also included diabetic education and a substance clinic. Patients newly diagnosed and using these services for the first time had an initial 40 minute appointment.

The practice offered useful support to patients by 'signposting' or directing them to other relevant services for particular health and social care needs and support. This included self help and support groups.

Within the medical centre and used by all the practices, a voluntary group called the Friends of Waters Green Medical Centre operated. This group as well as advising and signposting to support services advised in health promotion. They would often hold awareness and health promotion events for diseases such as breast cancer, bowel cancer and for smoking cessation. Staff we spoke with were knowledgeable about advisory and support services and how to access them.

The practice used the coding of health conditions in patients' electronic records and disease registers to plan and manage services

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent GP Patient Survey data available for the practice on patient satisfaction. Of the 106 patients who replied;

- 94% say the last GP they saw or spoke to was good at giving them enough time
- 86% say the last GP they saw or spoke to was good at treating them with care and concern
- 94% say the last GP they saw or spoke to was good at listening to them
- 95% had confidence and trust in the last GP they saw or spoke to

In the two weeks before our visit we invited patients to completed comment cards to provide us with feedback on the practice. We received 26 completed CQC cards; the comments were very positive and included such descriptions of the practice as fantastic, exceptional, top class and spot on. Patients said they were treated well and described clinical and administrative staff as friendly, efficient, caring and experienced. A number gave examples of how they or their family had been helped by the prompt intervention and professionalism of named clinical staff. We also met with four patients on the day of inspection whose comments were also very positive.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Patients requiring intimate examinations were offered a chaperone. Patient's privacy and dignity were maintained.

The reception staff area was open to the patient's waiting area. Music was played in reception which helped to reduce open conversations being heard. Patients who wanted to speak privately to reception staff could be taken to a vacant room.

Care planning and involvement in decisions about care and treatment

Patients told us that doctors and nurses clearly communicated with them in terms they could understand

in relation to their diagnosis, investigations, care, treatment and treatment options. Patients told us that doctors and nurses took time to ensure that patients understood the treatment options available to them. These comments were further supported by the patient feedback as recorded in the local satisfaction survey carried out in 2013/2014. It recorded that 93.2% said the doctor explained tests and treatments and 95.5% of the patients said the doctor listened to them.

Some patients did not have English as their first language. Where patients needed a translation service arrangements were made for them.

Various registers were kept. These computer registers included logs of patient's carers, older people, patients suffering from mental health conditions or learning disabilities, chronic conditions, dementia or cancer. These were kept and used to provide effective communication and support.

The practice had a data protection and access to records policy that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records. Information was available for patients on the practice website.

Patient/carers support to cope emotionally with care and treatment

Staff knew how to recognise patients and carers who might need additional support to cope emotionally with their care and treatment. Staff were able to give support directly or refer to other health and social care professionals, peer support networks and self-help groups as necessary.

The practice ensured that it made the out of hours service aware of patients who may have out of hours needs, such as patients receiving end of life care.

Clinical staff identified those patients or their carers who might need support through the flag system in the electronic medical records. The voluntary group, (Friends of Waters Green Medical Centre), were present in the centre every day. They were able to provide support and signposting patients to other groups including bereavement support.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a patient participation group (PPG) and representatives from each of the PPGs from surgeries in Waters Green Medical Centre met together on a bi-monthly basis. We met with a representative of the PPG and heard that the practice was responsive and supportive to the work of the PPG and of that carried out in collaboration with the combined PPG across the surgeries.

In addition to the feedback for the PPG the practice had made use of the quality outcomes framework (QOF) data and the local satisfaction survey for 2013/2014 in order to inform itself of its performance. The practice was using these sources of information to plan its services and to deliver them in ways which respected individuals, coordinated care with other agencies and providers and promoted health and well-being. The practice regularly attended CCG led events including neighbourhood meetings.

We reviewed the most recent GP Patient Survey data available for the practice on patient satisfaction. Of the 106 patients who replied;

- 90% find it easy to get through to this surgery by phone
- 80% describe their experience of making an appointment as good
- 84% would recommend this surgery to someone new to the area

Young children were triaged as a priority by the duty GP and seen on the same day if they were unwell.

The practice made exceptional arrangements to see patients with poor mental health and in poor social circumstances on an individual basis to maintain contact with and provide support to patients experiencing poor mental health, homelessness and / or substance misuse in order that necessary care and treatment was received by patients in need. We saw evidence of individual arrangements which had been made to provide support and interventions which were safe and appropriate for patients and clinicians despite the challenges which might be presented to clinicians by patients with behaviours which could put a clinician at risk. The practice had, over many years, maintained its commitment to providing best practice services for patients with enduring and complex poor mental health.

Tackling inequity and promoting equality

The practice partners were committed to ensuring equal opportunities for access to the practice its services and treatments to all patients and avoiding discrimination on the grounds of age, gender, physical or mental disability, status, orientation, race or religion.

The doctors went out to patients who were housebound or whose condition needed medical attention at home.

Vulnerable patients or patients who might place doctor's safety at risk could be seen in a more secure part of the building. This ensured privacy for patients and that medical care could be given safely. It meant that patients were not excluded from care and treatment.

Clinical records identified patients with caring responsibilities as well as those being cared for so that staff were alerted to any special support or assistance they may need. Carers were given age and care related advice and support. Telephone appointments were available.

The services provided by the practice took into account patient's age disability and provided for pregnancy and maternity services and appointments reflected their needs.

Homeless patients and those with substance misuse issues were also registered at the practice.

Access to the service

The local satisfaction survey for Broken Cross Surgery was carried out in November and December 2013. The practice received a total of 223 completed questionnaires and the results were analysed by an external company licensed to offer an analysis service. A summary of the survey results for Broken Cross Surgery was produced and was compared with the results from the 2011-12 and 2012-13 surveys as a comparison. An action plan was produced and implemented. For example in relation to improving telephone access to the surgery it was decided to revisit the appointment protocol to avoid asking patients to call back to access appointments which are embargoed in the system. Also to approach the telephone provider to ascertain whether it is possible to play a message advising the line is engaged rather than hear an engaged signal. Furthermore consideration was given to an extra incoming line to the surgery. The practice responded to feedback regarding appointments and had implemented changes addressing increasing appointments to match capacity



Are services responsive to people's needs?

(for example, to feedback?)

with demand. Appointment protocols were also changed and there were no longer any embargoed appointments. Patients were offered the next available appointment at the time of calling the surgery.

The local survey also found that there was a request to reinstate chairs of varying heights to the waiting room. As a result the practice provided four chairs of varying heights.

The practice was open from 8am to 6.30pm Monday to Friday with GP appointments up to 8pm Mondays and from 7am on Wednesday mornings.

Listening and learning from concerns and complaints

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

The practice had received five complaints in the last year. All were responded to in a timely manner. The records confirmed that lessons were learned and such learning from complaints was shared with staff.

Are services well-led?

Outstanding



(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 strong learning practice. It had a clear vision to support patients and to provide a high quality service delivered in a friendly and caring manner. The opening words on the practice website being: "With patient's needs at the heart of everything we do". This had been clearly communicated with staff and was reflected in the team culture and team behaviours. Staff were able to articulate the vision and values of the practice. The practice took steps to ensure that all patients who needed a service, irrespective of the challenges they faced socially to access services were provided with quality healthcare services in their community.

The practice strategy was reviewed regularly by the partners. The GP partners worked well together to develop short and long term planning. This was reflected in the business plan strategy.

The practice was aware of future NHS developments and any pressures which might affect the quality or range of service and was forward thinking in identifying ways to manage their impact. There was considered and constructive engagement with staff and a high level of staff satisfaction.

The partners were very committed to developing a culture of teaching and learning across the practice. This meant that all staff had learning opportunities made available to them. This was a teaching practice for medical students and for qualified doctors undertaking GP training.

Practice leaders explained and promoted values with staff. An emphasis was placed on patient experience. Staff could tell us about the values promoted to them from interview, induction, training and continuous articulation patients first.

There was a practice agreement in place between the partners.

Governance arrangements

There were systems in place addressing governance arrangements in the practice. These systems included management arrangements, meetings, the production and analysis of data, staff development and team performance. They ranged across the different aspects of the practice; clinical and non-clinical. This included clinical governance

and programmes of clinical audit. Clinical governance is how an organisation makes sure that it carries out care and treatment safely and effectively. Clinical audit offers clinicians the best way of assessing the quality of the care which they had given and which they should strive to give.

Staff were clear about their roles and everyone had a job description. All staff understood what they are accountable for and who they were accountable to. The practice manager and GPs actively encouraged staff to be involved in shaping the service. Staff were able to tell us clearly how they were aware of the decision making process.

We found that staff felt comfortable to challenge existing arrangements and looked to continuously improve the service being offered.

There were comprehensive systems extensively documented concerning the identification, assessment and management of 'risk' in all aspects of the practice.

Leadership, openness and transparency

There was visible and transparent leadership from the partners underpinned by the systems used by the practice and its management team which reflected their vision and values statements. The partners demonstrated a good understanding of the practice's strengths and those areas of service needed by the local community and its population groups.

Staff had opportunities at the monthly meetings to contribute their ideas and suggestions and thereby influence how things were done at the practice. The partners had thanked staff in writing and recorded their appreciation in a letter of praise to staff. Staff told us they felt supported by the management and leadership team and that the practice team worked well together. Meetings were held regularly and were recorded.

Staff appraisals, objectives and personal development plans were in place and contributed to the quality of service and to the development of a succession planning strategy.

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

The practice had established a patient participation group (PPG). This small group usually met 'virtually' rather than face to face. The PPG felt well supported and valued by the practice.

Are services well-led?

Outstanding



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

There was a whistleblowing policy in place. Staff told us they had no concerns about reporting any issues internally. They gave examples of reporting incidents openly and believed there was a no-blame culture at the practice, which encouraged reporting and evaluation of incidents and events. The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff said they would not hesitate to give feedback and discuss any concerns or issues with their line manager. Monthly meetings were held at which staff had the opportunity and were happy to raise any suggestions or concerns they had. A suggestion box was evident to encourage anyone to put their views forward.

Management lead through learning and improvement

Staff had a good understanding about the importance of managing and learning from significant incidents. Information was shared within the practice. The practice was a training practice for medical students and for qualified doctors undertaking GP training. In addition to offering supervision and mentoring the practice also sought learning from feedback from the trainees or students.

Staff spoke positively about the leadership at the practice. They said the partners were visible and approachable and all staff were encouraged to express their views openly. Clinical staff said that the practice supported them to maintain their professional development through personal development planning.