

# Bramingham Park Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bramingham Park Medical Centre on 26 January 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, caring and responsive services. It was also good for providing services for all of the population groups. It required improvement for providing effective services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand but the practice needed to assure themselves that patients could contact them if they were not satisfied with the outcome of complaints.
- Patients said they found it easy to make an appointment although continuity of care was an issue which was being addressed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Importantly the provider should:

- Ensure that significant event documentation include clear details regarding who was responsible for carrying out any actions, what had been done to prevent the incident reoccurring and ensure a robust system that informs all staff of the outcomes.

# Summary of findings

- Introduce a robust process is in place for dissemination to all clinical staff of new NICE guidelines or changes in local guidance.
- Develop a programme of clinical audit and ensure engagement from the GPs as well as nursing staff.
- Introduce a more collaborative and robust strategy to manage some of the QOF clinical areas to include more involvement of the GPs.
- Amend the current process for dealing with complaints to assure themselves that patients have had an opportunity to discuss the outcome with the practice if

they are not satisfied. They should also ensure that all actions are recorded and detailed outcomes are shared with the relevant staff to ensure that lessons have been learnt.

- Ensure all relevant staff are appropriately trained and supported in the process for dealing with test results and electronic discharge letters to eliminate the potential for error.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement although the practice could ensure more clarity regarding outcomes and responsibilities of action following incidents. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Whilst staff referred to guidance from National Institute for Health and Care Excellence and used it routinely, there was some inconsistency in how new guidelines and best practice was disseminated. Some audits had been carried out but the cycle was incomplete and there was no evidence of any robust programme of audit which would evaluate and improve patient outcomes. However, it was clear that there was good leadership and commitment from the practice to address these issues and we acknowledged that the Phoenix Primary Care had taken over the practice a short time ago and had been prioritising and addressing all areas of concern. We also saw that there was a lack of clarity regarding dealing with test results and discharge letters which required a more robust approach. The practice was starting to establish multidisciplinary working and was addressing ways of gaining commitment from other agencies. There were some areas of training which staff needed to complete but we acknowledged that the practice had already started to address this.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice highly for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of its local population and engaged

Good



# Summary of findings

with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they had experienced significant improvements since the introduction of a permanent practice manager and the practice had worked with the patient participation group to address areas of concern to them. Patients found it was easier to make an appointment now and the practice was putting in place measures to improve continuity of care, by employing permanent GPs and using specific regular locums when necessary. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. There was learning from complaints with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia. It was responsive to the needs of older people and longer appointments and home visits were available for older people when needed. This was acknowledged positively in feedback from patients.

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 chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the practice were establishing links with the multi-disciplinary team to deliver a multidisciplinary approach to care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as other health promotion and screening that reflects the needs for this

Good



# Summary of findings

age group. The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as other health promotion and screening that reflects the needs for this age group.

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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments and annual health checks for people with a learning disability.

It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



## **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 had implemented a system to ensure that people experiencing dementia are called for systematically and receive an annual physical health check. The practice is establishing regularly discussions with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

**Good**



# Summary of findings

## What people who use the service say

During our inspection we spoke with 13 patients. Five patients attending the practice for appointments and eight patients from the patient participation group (PPG) who had agreed to speak with us on the day of inspection. We also looked at comment cards left by patients at the practice. We reviewed 19 comments cards. The majority of the cards we looked at reported a positive experience at the practice from the doctors and nurses they saw during their consultations but the main theme reported a lack of continuity and that they would have appreciated more permanent doctors. Patients reported that the practice was clean and that they were treated efficiently with dignity, respect although several commented that it could be difficult to get an appointment at times.

The members of the PPG told us about the on-going difficulties they had experienced in the past but the practice had been taken over by Phoenix Primary Care in Dec 2013 and these had started to be addressed, although this was still in its early stages. They reported that since the recent appointment of a new permanent practice manager considerable improvements had taken place and that the practice was working with the PPG in a more proactive and productive way to improve services and respond to patient concerns. They told us that several improvements and changes had been made in the short time they had been in post, such as appointment of permanent doctors and more appointments.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should ensure that significant event documentation include clear details regarding who was responsible for carrying out any actions, what had been done to prevent the incident reoccurring and ensure a robust system that informs all staff of the outcomes .
- The practice should introduce a robust process for dissemination to all clinical staff of new NICE guidelines or changes in local guidance.
- The practice should develop a programme of clinical audit and ensure engagement from the GPs as well as nursing staff.
- The practice should introduce a more collaborative and robust strategy to manage some of the QOF clinical areas to include more involvement of the GPs.
- The practice should add to the current process for dealing with complaints to assure themselves that patients have had an opportunity to discuss the outcome with the practice if they are not satisfied. They should also ensure that all actions are recorded and detailed outcomes are shared with staff to ensure that lessons have been learnt.
- The practice should ensure all relevant staff are appropriately trained and supported in the process for dealing with test results and electronic discharge letters to eliminate the potential for error.



# Bramingham Park Medical Centre

## 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.

## Background to Bramingham Park Medical Centre

Bramingham Park Medical Centre provides primary medical services to patients in the area of Bramingham, Icknield, Saints, Limbury and Barton Hills. The practice operate as part of a larger organisation called Phoenix Primary Care who provide services under an alternative primary medical services (APMS) contract. The practice serves a population of approximately 5,600 patients who are predominantly white British, with a higher than average number of patient aged over 65.

The practice operates from a single storey building which has been refurbished and modernised since Phoenix Primary Care took over the practice in December 2013. The practice employs three permanent GPs, two female and one male and uses two regular locum male GPs. The GPs and clinical staff at the practice are supported by a clinical director who works across three practices in the organisation visiting the practice weekly or more often if necessary. The practice employ the services of an independent nurse practitioner and employ a practice

nurse and health care assistant. There is a new practice manager who has been in post since November 2014. They are supported by a team of reception and administrative staff.

Phoenix Primary Care was awarded the contract for the practice in December 2013 at which time clinical performance was recorded as poor in terms of the Quality and Outcomes Framework (QOF). The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. There were deemed to be areas of concern regarding quality and leadership, for example, no practice manager and insufficient clinical staff. Therefore, it is noted that the practice inherited numerous significant issues which required urgent attention and have been required to prioritise and address these in a timely and appropriate manner. It was also noted that the QOF information referred to is historic and reflected the period up to March 2014 for which they would only have been responsible for the period January to March 2014.

The CQC intelligent monitoring placed the practice in band 1. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

When the practice is closed primary care services are provided via the NHS 111 service.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

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.

## How we carried out this inspection

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

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

- Is it well-led?

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2015. During our inspection we spoke with a range of staff, GPs, the advanced nurse practitioner, the practice manager, administration and reception staff and two directors from Phoenix Primary Care. We spoke with patients who used the service which included patients who were members of the patient participation group (PPG). We observed how staff dealt with patients and their relatives and carers who attended the practice on the day. We reviewed comment cards where patients shared their views and experiences of the service and we looked at the practice survey and national survey.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, we saw that they had a system for recording significant events and incidents as well as comments and complaints from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. The practice had included the outcomes of significant events in meetings but the details and who was responsible for any actions was not always clear from the minutes or the recording. However, staff were aware of their responsibilities. As the practice had only been taken over 12 months prior to our inspection we were only able to demonstrate that the practice had introduced systems which had enabled them to manage risk since taking over the practice, but insufficient time had elapsed to show a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. We saw minutes showing that significant events was an item on the practice meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff, but it was not always clear who was responsible for carrying out actions. It was also not clear how the outcome of investigation was cascaded to staff outside of the meetings. Staff we spoke with, including receptionists, administrators and nursing staff knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We saw that incidents were numbered and referenced in the practice meetings and completed in a comprehensive and timely manner. We saw that the learning from events had been discussed but the evidence of action taken about how it would be prevented from happening again was not always clearly documented. However, staff told us they had learnt from significant events.

### Reliable safety systems and processes including safeguarding

We found that the practice had systems to manage and review risks to vulnerable children, young people and adults. Staff we spoke with told us that they had received safeguarding training at the appropriate level and we looked at training records which confirmed this. The practice had allocated a specific GP to lead in child and adult safeguarding and we saw that they had undertaken the higher level of training required to carry out this role.

Nurses we spoke with were able to demonstrate an understanding of how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. We saw posters in clinical rooms alerting staff about following up children who constantly did not attend for appointments and immunisations. Contact details were easily accessible and we saw reference on flowcharts showing appropriate actions.

There were posters in the practice advertising that a chaperone was available for patients undergoing intimate examinations. These were visible in the waiting room and consultation rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception staff would act as a chaperone if nursing staff were not available. There were no records available to confirm that the staff had received chaperone training. The practice manager told us that staff had attended in house training at one of the organisations other surgeries. However, they confirmed that further training was being arranged to take place in the protected learning session in May 2015. Staff understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. They had also received the appropriate disclosure and barring checks.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take

# Are services safe?

in the event of a potential failure. We saw evidence from a significant event recording that staff had checked the refrigerators and taken appropriate action when the readings were not within the correct range.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

## **Cleanliness and infection control**

We saw there were cleaning schedules in place and were in every room. The schedules were recorded on a wipe clean poster which recorded all cleaning for the week which were on every room in the practice. We saw that the cleaning schedule had been completed and recorded appropriately and we noted that the practice was clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice nurse was the lead for infection control and they told us they would be undertaking infection control training which had been arranged for the following week to enable them to provide advice on the practice infection control policy. Staff had received induction training about infection control specific to their role and received annual updates. We saw evidence that an infection control audit had been undertaken recently and the appropriate actions had been implemented to address areas where change was required. We saw minutes of the practice meeting which showed that the findings of the audits were discussed and confirmed that actions had been completed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example,

personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury. We noted that the new sharps boxes were stored along with the full completed sharps boxes and pointed this out to the practice during our inspection. The practice identified a suitable clean area and removed them immediately.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed that a legionella risk assessment had been carried out by an external contractor. The practice manager was also trained in the management of legionella and ensured that regular checks were carried out in line with the policy to reduce the risk of infection to staff and patients.

## **Equipment**

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly by an external contractor and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment such as blood pressure measuring devices and the spirometer.

## **Staffing and recruitment**

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice told us that references are kept at the organisations head office. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff and we saw this. We saw that when

# Are services safe?

Phoenix Primary Care took over the practice that they had identified in their compliance assessment that DBS checks were out of date and had actioned this and applied for renewal of all staff DBS checks which were out of date.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had assessed the number of staff when taking over the contract and had employed additional staff to provide improved access to patients. The practice employed regular locums but had also now employed two permanent GP to improve continuity of care. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave and the practice had a policy which only allowed two staff to be off at any one time.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

## **Monitoring safety and responding to risk**

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative which was the practice manager.

Identified risks were included within their own policy but had been also been identified on the compliance register. For example, the infection control audit, fire and building risks. Therefore, risks had been identified and mitigated.

We saw that any risks were discussed at within team meetings. For example, the practice nurse had shared the completion of work as a result of an infection control audit with the team.

## **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia and oxygen. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills. We saw that a fire drill had been carried out a few weeks prior to our inspection and that fire equipment had been assessed by an external contractor.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We spoke with the GPs and nursing staff who could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance and were able to demonstrate best practice based on guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. However, from discussions with the GPs there was no evidence to demonstrate that there was a robust process for dissemination of new NICE guidelines or changes in practice following discussions from the clinical commissioning group (CCG). We acknowledged that the appointment of the medical director had been recent and the GPs reported that they were now meeting with them weekly they were still prioritising areas for action. The GPs told us that the input from the medical director was very helpful and supportive and that they had access to them by email or telephone at any time. The practice also acknowledged that this is an area that they need to work on. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines.

We saw that there was a lead GP for palliative care and that other chronic diseases, such as diabetes, chronic obstructive pulmonary disease, asthma and dementia were led by the practice nurse and the advanced nurse practitioner. The nurses were open about asking for advice and had access to the GPs and practice manager at any time.

The GPs told us that they attended the local CCG meetings and the practice took part in local benchmarking to ensure they were performing in line with similar practices in the CCG. The GPs and practice manager reported back the practice's performance for areas such as antibiotic prescribing. We saw that the prescribing advisor had attended the practice meeting to update them on prescribing issues. The practice had recently completed a review of case notes for patients with COPD and those on bronchodilators to determine the appropriateness of the management pathway and if they had received a six monthly review.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and medicines management. The GPs in the practice told us that they had not been engaged in any clinical audit in the practice and we saw no evidence of any complete audit cycles to date by them. However, some short clinical data audits had been carried out by the practice nurse and medical director in COPD medicines and cancer but these were recent and sufficient time had not elapsed to allow them to be revisited to complete the audit cycle. We did see a planned review date on the audit. There was no programme of planned clinical audit which involved the GPs available at the time of our inspection. During our feedback the practice acknowledged that they had already identified this is an area for development.

We saw that the practice was working to improve their quality and outcomes framework (QOF) achievement since taking over the contract. (QOF 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 and for the implementation of preventative measures). The practice nurse and the advanced nurse practitioner were working from lists of patients identified as needing reviews and follow ups. For example, patients with dementia and those with long term conditions. We saw that the QOF was discussed at the practice meetings but lacked input from GPs and appeared to be generally led by the nursing staff and practice manager. However, the nursing staff were trained in chronic disease management and aware of the need to refer to the GPs when required.

The practice QOF achievement had been below the average in 2013/4 prior to when Phoenix Primary Care had taken over but they had put measures in place such as more appropriately trained staff to improve achievement. The clinical data in the practice at the time of our inspection showed that achievement was already significantly higher this year.

# Are services effective?

## (for example, treatment is effective)

The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around how quality improvement had become more of a priority since the new leadership.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice were starting to develop relationships with the multidisciplinary team (MDT) and had had one meeting at the time of our inspection and had scheduled the next one. The practice manager told us that they were working with members of the MDT team to establish monthly meetings and put in place means of communication for when people were unable to attend in order to allow the meeting to continue.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar practices in the area. This benchmarking data was not available to us at the time of inspection, but the practice demonstrated a commitment to improving outcomes. This was also evident in the organisations development plans for the practice.

### Effective staffing

The practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support training. We noted that the practice had recently employed a nurse with skills in chronic disease management and an advanced nurse practitioner as well as a health care assistant and two permanent GPs. We saw that the nurses had undergone additional training in management of diabetes and held diplomas in asthma and chronic obstructive pulmonary disease and diabetes (COPD). Practice nurses were expected to perform other defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology.

All GPs were up to date with their yearly continuing professional development requirements and all either have

been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Staff we spoke with confirmed that the practice was proactive in providing training and access to e-learning and they told us that the practice and the organisation were supportive.

### Working with colleagues and other services

Since August 2014, the practice had introduced a new clinical system called SystmOne which improved communication with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the NHS 111 service both electronically and by post. We spoke with GPs at the practice and noted that whilst they had a system for dealing with test results and communications from other care providers, this was not consistent or robust and left the potential for delay in reporting to patients and carrying out actions. For example, GPs were not aware that results entered the system three times each day and if they checked in the morning there was no system to ensure that another check was made later in the day. This meant that results could be waiting on the system until the following day or even longer if the GP was off the following day.

The procedure for handling the electronic discharge letters was also not robust as GPs did not always check these daily and reported that they had been told that discharge letters could wait for up to two weeks. This meant that, for example, if a patient called at the practice following admission for a repeat prescription, any update of medication may not have been made. Whilst we did not see any examples of any results or discharge summaries that were not followed up appropriately the potential for error was evident. Since our inspection the practice manager informed us that they had already started working to develop safe and appropriate protocols for staff to follow regarding both discharge letters and test results.

# Are services effective?

## (for example, treatment is effective)

The practice was commissioned to provide a new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the advanced nurse practitioner was the lead person in this area and was responsible for actioning hospital communications but that a more collaborative work approach was required for these patients.

The practice had started to establish multidisciplinary team (MDT) meetings and at the time of our inspection had held one meeting but had encountered difficulty in achieving attendance from all members of the MDT. From discussions with the practice manager we noted a commitment from the practice to proceed with MDT meeting and saw that they were trying to put measures in place to ensure communication from members who could not attend. They had communicated with the community matron and the MacMillan nurse to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. We saw minutes of the first meeting which was attended by the practice nurse, midwife, community matron and two doctors.

### Information sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record called SystmOne to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice used several electronic systems to communicate with other providers. As well as SystmOne which they used to share information with the local GP out-of-hours provider to enable patient data to be accessed in a secure and timely manner, they also made referrals using the Choose and Book system. (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). Staff reported that this system was easy to use.

### Consent to care and treatment

We spoke with staff and found that they were aware of the principles of the Mental Capacity Act 2005 (MCA) and their

duties in fulfilling it. They had not received any formal training in the MCA. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. Staff we spoke with were able to demonstrate how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

We spoke with all clinical staff who were able to demonstrate the need for consent and appropriate recording prior to any treatment or procedure, but the practice did not carry out minor surgery procedures.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

### Health promotion and prevention

The practice had met with the local CCG to discuss the implications and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area. This information was used to help focus health promotion activity.

It was practice policy to offer a health check with the health care assistant to all new patients registering with the practice. Any health concerns detected were referred to the GP in a timely way. Following discussion with the nurses we noted that they took opportunities to offer additional services such as smoking cessation advice to smokers. The nurse also gave an example of when they identified a carer and provided them with information on support services and recorded them on the computer.

We saw that the practice had included NHS health checks in its plans to implement in the next phase of development. The practice had ways of identifying patients who needed



# Are services effective?

## (for example, treatment is effective)

additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and were working to offer annual physical health checks to all these patients. The practice had also been identifying the smoking status of patients over the age of 16 and actively offered nurse-led smoking cessation advice to these patients.

The practice nurse told us that they were working through patients at risk of dementia and had been actively calling in patients using a systematic approach. These patients were offered a 20 minute appointment and the nurse use a criteria set out in the national guidance for assessment.

The practice offered cervical screening which was carried out by the nurses. The practice's performance for cervical smear uptake was 80%.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The practice nurse told us that the uptake for flu vaccinations had been good. They also told us that they carried out home visits to provide the flu vaccinations for those patients who were housebound and those in care homes who could not attend the surgery.

The doctors provided medical health checks for babies at 8 weeks prior to their first immunisation. The practice also offered checks for oral contraception with the practice nurse.

We found that patients over the age of 75 and those patients at risk of unplanned admission were given a named GP. Home visits were carried out for all older patients who could not attend the surgery. The practice also had a register of patient who had been identified as being high risk of admission to hospital as they had participated in the admission avoidance enhanced service. Multi-disciplinary team meetings had been introduced recently to discuss patients with complex care needs.

The practice nurse explained their approach to long term conditions and told us that they were working systematically to review all patients on disease registers and were also searching list for patients who had been admitted to hospital to identify any who may have been missed.

Patients had commented that the extended hours at the surgery were particularly helpful for patients who were working and families with children at school during the daytime.

We saw from the practice clinical information that mental health checks were being undertaken showing a significant improvement this year.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We spoke with 13 patients during our inspection and also reviewed comments from 19 patients. The majority of patients we spoke with told us that they were treated with respect and dignity. They told us that the staff were generally very helpful and polite. Some patients told us that there had been an issue with rude staff in the past but that the practice had rectified that with training and had since improved significantly.

We reviewed the results of the national patient survey 2013/14 and also the patient survey undertaken by the patient participation group (PPG) in March 2014. The evidence from both of these sources demonstrated that patients felt they were generally treated with respect, dignity and compassion. For example 78% and 77% of patients respectively, reported that the GP was good at listening to them and 71% reported a welcoming reception from staff in the practice survey.

The majority of CQC comment cards which patients completed told us that patients were treated with respect and dignity but there were some who reported that the certain staff were rude when trying to make appointments. This was confirmed by the PPG who had advised us that this had been addressed by the practice and training had been provided. Some patients commended staff on remaining helpful and positive throughout considerable changes they had experienced at the practice.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. There was a privacy poster in the reception advertising that patients could speak in private if they needed to.

We also saw that a sign in reception advertising a chaperone if required for intimate examinations. Staff told

us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

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

The national and practice patient survey information we looked at showed 62% and 73% of patients, respectively, felt involved in decisions about their care. Patients we spoke with told us that the doctors explained their care and did involve them and felt satisfied with their involvement. Some patients commented on the benefit of good eye contact from the doctors and confirmation that they understood their treatment. We noted that in the national survey 90% of patients had confidence and trust in the GP they saw.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

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

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

The survey information we reviewed showed patients were positive about the emotional support provided by the practice at the time of consultation but expressed concern at often not being able to see the same GP again. We noted that the practice had already started to address this issue by employing permanent GPs and using specific locums to try to ensure more continuity. The patients we spoke with on the day of our inspection and the comment cards we received were also confirmed this.

We saw notices in the patient waiting room which informed patients how to access a number of support groups and

## Are services caring?

organisations for example, MIND. The practice's computer system alerted GPs if a patient was also a carer. We saw that there was information advertising carers support and the nurse we spoke to gave an example of when they identified a carer, recorded it appropriately and signposted the patient to the service available.

Staff told us that if families had suffered bereavement and requested an appointment then they would be seen, but they would not routinely be contacted. We did not speak with any patients who had had bereavement on the day of our inspection.

The advanced nurse practitioner saw patients who required dementia screening and offered a 20 minute appointment to ensure that they have sufficient time to deal with any concerns patients may have regarding this condition.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We noted from the QOF achievement, patient survey and information from the provider, that when they took over the contract in December 2013 they were faced with significant challenges regarding meeting the needs of patients. For example, insufficient staff, instability of workforce, the appointment system and access and inadequate premises. We saw evidence that over the last 12 months the practice had made considerable progress in putting systems in place to address these issues. For example, we saw that they had introduced a new clinical system to enable better management of patients and their conditions, online appointment booking, recruited permanent GPs to help to improve continuity and employed more nursing staff. The practice had also carried out considerable building work inside the practice to improve the premises and make them fit for purpose as well as suitable to allow future development of services such as minor surgery. The needs of the practice population were understood and the practice was working with the medical director to develop and deliver ways to meet these needs.

The GPs told us that the practice engaged in the Clinical Commissioning Group (CCG) and attended meetings monthly with other practices to discuss local needs and service improvements that needed to be prioritised. The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example, there was a now a booking in screen in place in the reception area.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services, for example a higher than average number of people over 65 years. There was a choice of male and female GPs for those patients who had a gender preference. We saw from training records that the practice provided equality and diversity training through e-learning and staff we spoke with confirmed this.

The practice was a single storey building and had been adapted to meet the needs of patient with disabilities, for

example, there had been a ramp installed to allow easy access for patients using wheelchairs or mobility aids and there were electronic automatically opening doors at the entrance.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby-changing facilities.

The practice population was predominantly English speaking, however, the practice had access to translation services should patients need them. We saw that this was advertised in the reception area.

### Access to the service

Appointments were available from 8am to 8pm on Monday, Wednesdays and Thursdays and from 7.30am to 8pm on Tuesdays and Fridays. The practice also opened on Saturdays and bank holidays from 8.30am until 12.30pm.

Comprehensive information was available to patients about appointments on the practice website and in the practice leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. Patients we spoke with confirmed this and that they could make a double appointment if needed to. The nurse also confirmed that longer appointment times were allocated for more complex issues, for example patients for dementia screening. Home visits were made to local care homes when requested. These requests were triaged by the advanced nurse practitioner and referred to the doctor for a visit when necessary.

Patients we spoke with and members of the PPG told us that the appointment system had improved recently and they were generally satisfied with the appointments system. The success of the recent appointment of more

# Are services responsive to people's needs?

## (for example, to feedback?)

permanent GPs could not be evidenced at the time of our inspection as insufficient time had elapsed to evaluate this. However, we spoke with patients who had experience of the named GP scheme for those patients who were at increased risk of admission to hospital. They reported that the named GP system had worked well for them and they accessed their named GP very quickly when they needed to.

Patients reported that they could see a doctor on the same day if they needed to, but overall the problem for them was with continuity of care as the practice had employed so many locum doctors. We noted that this was being addressed by the practice by the recent appointment of two permanent GPs and the commitment to use specific locums wherever possible. Since our inspection the practice manager has confirmed another permanent GP has been appointed.

Patients we spoke with reported that the availability of appointments from 8am to 8pm and Saturday opening was particularly good for them and other patients who worked during the day.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in

line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, for example in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at a range of complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. We also saw that complaints were discussed with the team at meetings although without detail of the event. The practice collated their complaints in a table format to identify trends and themes. We looked at the table for the last review and noted that there was no evidence to demonstrate how learning had been shared and what had been done to prevent things happening again but staff confirmed they learned of the outcomes. For example we noted two common themes for which we could not determine what action had been taken to address this. The system also did not provide an opportunity for complainants to respond if they were not satisfied with the outcome or allow the practice to assure themselves that the complainant was satisfied and close the loop.

# Are services well-led?

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

## Our findings

### Vision and strategy

During the last 12 months the practice had experienced considerable change in leadership. We saw that there was a clear vision which had been cascaded to the practice staff. The vision included a commitment to delivering high quality health care, which was patient centred, continuing and responsive to patients' needs and preferences.

We spoke with six members of staff who told us that they were clear about what they were trying to achieve in their role and had noticed considerable improvement in all aspects of the practice since the appointment of a permanent manager and the change of ownership.

### Governance arrangements

We saw that the practice had introduced a governance system which identified a variety of areas for example, significant events, serious untoward incidents, complaints, patient feedback and quality audits. We saw from minutes of meetings that these areas were discussed when they arose. The staff told us that they could access policies and procedures from their computers in the practice and we saw that this was the case. We looked at a selection of the policies such as whistleblowing, needle stick injury, infection control and chaperone policies saw they were in date and reviewed at appropriate intervals.

There was a clear leadership structure with named members of staff in lead roles. For example, the practice nurse was the lead for infection control and one of the GPs was the lead for safeguarding. We spoke with six members of staff and they were all clear about their own roles and responsibilities and knew who to go to if they needed support. They all told us they felt better supported over the last few months and expressed that all aspects of the practice were improving. The nursing staff told us they felt well supported by the management and had contact with other sites within the Phoenix Primary Care group.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The practice were able to show us their achievement up to the date of our inspection which showed considerable improvement and a higher achievement than the year end of March 2014. We

looked at minutes from practice meetings and saw that QOF and plans of how to improve achievement was discussed. The plans included involvement of all clinical staff and the practice manager.

The practice had carried out some audits but these were mainly concerning improving the data collection on the clinical system, for example ensuring that patients using bronchodilators are correctly coded and have been receiving the appropriate medication reviews. There was no evidence of an ongoing programme of clinical audits, for example, in response to changes in NICE guidance or prescribing guidelines. It was also evident from discussions with the GPs that they did not engage or undertake audit at the practice. The audits we saw were conducted by the medical director and the practice nurse.

The practice had arrangements for identifying, recording and managing risks. The practice showed us the compliance register which demonstrated that they had identified any risks and their actions against essential standards but there was no formal risk log collating all risks which could be reviewed on a regular basis. We saw that the risks were discussed at team meetings and updated in a timely way. For example, we saw that the nurse had completed the actions from the infection control audit and updated the team. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented, for example application for renewed DBS checks.

The practice held monthly meetings where governance issues were discussed. We looked at minutes from the last meeting and found that performance, quality and risks had been discussed.

### Leadership, openness and transparency

We saw from minutes that clinical team meetings were held weekly, which showed that significant events and complaints had been discussed. Staff we spoke with told us that there was an open culture within the practice and they felt they could go to the practice manager and raise any issues at any time. They reported that the practice manager was approachable and supportive. GPs told us that the clinical director visited the practice once a week to provide direction and support. The GPs confirmed that they felt this was a supportive process and provided an opportunity to discuss clinical issues and the practice manager told us that they had access to the medical director at all times.



# Are services well-led?

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

Nursing and administrative staff we spoke with reported a 100% improvement in leadership in recent months and were more settled in their role as a result. All clinical and administrative staff accessed the protected learning afternoon once a month where they had opportunities to carry out additional training or discuss practice issues without interruption.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, including health and safety, business continuity and recruitment and staff could access these from their computers at any time.

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

During our inspection we spoke with the members of the patient participation group (PPG). They told us that the practice had improved significantly since the appointment of a permanent practice manager. They reported that the practice manager attended all of the meetings and sought their feedback on issues within the practice which affected patients. They told us that the practice had made changes in response to patient suggestions in many areas, for example the recruitment of permanent GPs, but there was still work to be done which the practice were working with them to address. For example, they expressed that they would like more information regarding the organisational structure of the practice.

The practice had gathered feedback from patients through comment cards in reception and the patient surveys. They had also responded to a survey from the local Health Watch and we saw a copy of the actions undertaken to address the areas identified. For example, they had identified a room to allow confidential discussions with patients and signage in reception to notify patients of the translation service.

We looked at the results of the patient survey carried out by the PPG and saw that the practice had introduced online booking of appointments and repeat prescriptions in response to difficulty in getting through on the telephone. The results and actions agreed from the survey were available on the practice website.

Staff told us they felt they could discuss any concerns or issues with colleagues and management. One member of staff told us that the practice was supportive of their training needs and were encouraged to participate in e-learning which was available to them.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff we spoke with told us that the practice supported them to maintain their clinical professional development through training. We saw that training records for staff which showed they had accessed a variety of training appropriate to their roles. For example, cardio pulmonary resuscitation, conflict resolution and equity and diversity. The staff told us that they had received appraisal and we saw records to demonstrate this. Staff told us that the practice was very supportive of training and felt that they had opportunities to develop if they wanted to.

The practice had a reporting system and completed reviews of significant events and other incidents and we saw minutes of meeting to demonstrate that these had been shared with staff at clinical meetings. However, whilst they were clearly reported and reviewed, the action points and staff responsible for the action points was not clearly documented. Staff we spoke with were aware of the significant event reporting process and knew how to report these.

Phoenix Primary Care organisation had developed performance indicators which were shared with the practice to provide direction and guidance and ensure a standard of care. We saw that they included key performance indicators, QOF, complaints and significant event monitoring, enhanced services, clinical meetings and practice business reports. The practice told us that the outcomes of these were to be used as a learning tool to improve services to patients.