

# Brownhill Surgery

## 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?

Good 

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 Brownhill Surgery on 27 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

We saw three areas of outstanding practice:

One staff member was a trained Carer's champion who offered face to face and telephone support to patients and the local community, advising them on the available avenues of support.

# Summary of findings

The patient participation group (PPG – Friends of Brownhill Surgery) held community events to raise awareness of various medical conditions and relevant support organisations, for example; they had organised a dementia awareness event to provide advice about the different types of dementia, the treatments and support available. More recently there was a cancer awareness event and patients can access the presentation slides on the practice web site. These events were held in the Parish hall and were also open to people who were not patients at Brownhill surgery.

There were two nurse prescribers at the practice who helped to free up GP time and improved patient access. The practice submitted evidence to demonstrate for the period 2014-2015 Brownhill Surgery had the lowest

non-elective emergency hospital admissions and the lowest accident and emergency attendance for both adults and children within the Blackburn with Darwen CCG area.

The areas where the provider should:

- Ensure the decision made not to hold Benzylpenicillin on site is appropriately risk assessed.
- Ensure audit activity is formally documented to clearly demonstrate improvements in governance arrangements.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, however a risk assessment to support the practice decision not to have Benzylpenicillin available was not undertaken. (Benzylpenicillin is an antibiotic medicine administered in circumstances where meningitis is suspected).

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement however, not all audit activity was formally documented.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Practice staff and the patient participation group (PPG – Friends of Brownhill Surgery) engaged with local charities for example they supported the local hospice by raising funds for them during their organised events.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 83.61% which was above the CCG and National average of 78.44% and 77.54% respectively.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 88.68% compared with the CCG and national averages of 85.28% and 83.65% respectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 low for all standard childhood immunisations. For example, rates for 68.3% 43.8%

Good



# Summary of findings

with the CCG average 93.5% to 96.3% and 72.5% to 94.1% respectively. The practice informed us that there had been issues with the submission of data to Public Health England, which was being investigated. Following the inspection the practice provided evidence from Public Health NHS England that the current immunisations rates were in fact better than the CCG average. The children's immunisation clinics were flexible and the practice had in-house anti-natal and post-natal clinics.

- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 84.1% comparable to the CCG and National average of 80.44% and 81.83% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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. For example, the 2016 national GP survey indicated that 95.34% of patients were able to get an appointment to see or speak to someone the last time they tried which was higher than the CCG average of 74.52% and a national average of 76.06%.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a dedicated carers champion and there was an information folder in the waiting room that provided information and contact details for local carers groups.

## 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).

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG and national average of 87.53% and 84.01% respectively.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months which is above the CCG and national average of 92.17% and 88.47% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing better than local and national averages. 286 survey forms were distributed and 112 were returned. This represented 39.2% response rate.

- 87.94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95.34% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96.96% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 92.47% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 68 comment cards which were all positive about the standard of care received. Comments included; attentive, excellent staff, efficient, respectful caring and knowledgeable.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

# Brownhill 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 specialist adviser and a second CQC inspector.

## Background to Brownhill Surgery

Brownhill surgery is part of the Blackburn with Darwen Clinical Commissioning Group (CCG). The practice provides services for 4196 patients under the terms of the NHS Personal Medical Services contract.

Information published by Public Health England rates the level of deprivation within the practice population as six on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy is 78 and 83 which is better than the CCG average of 76 and 80 and comparable to the national average of 79 and 83 respectively.

The practice is located in a row of converted residential properties close to the town centre. There is easy access to the building and disabled facilities are provided. Consultations rooms are on the ground floor and are accessible for people with limited mobility. There is on street parking at the front of the building and on the nearby side streets.

The practice consists of two male GP partners, a male sessional GP and a male GP registrar. In addition there is a nurse practitioner, who is also a partner, two practice

nurses and a team of eight administration/reception staff. The practice is a training practice and provides placements for medical students, trainee GPs and F2 trainees (qualified doctors in the second year of their foundation training).

The practice is open between 8am and 6pm Monday to Friday. Appointments times are available between 8am and 12.30pm and 2.30pm and 6pm. Extended hours appointments are offered on Mondays until 8.30pm. Outside of practice opening hours patients were directed to the out of hour's service.

There is also a branch surgery located within Barbara Castle Way Health Centre, Simmons Street, Blackburn. We did not visit the branch as part of this inspection.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting Brownhill Surgery, 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 27 July 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, the nurse practitioner, a practice nurse and reception/administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with three patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Safety alerts were received by the nurse practitioner/partner and administrator via email. The alerts were printed and circulated to relevant staff, with staff signing to confirm they have had sight of them. We saw evidence that when medicines alerts were received, resulting searches and updates to medication prescribing were recorded so there was an audit trail that the appropriate action had been taken.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events (SEA). SEAs were discussed with staff at team meetings, or as and when they arrived if urgent changes were required. We reviewed the minutes from a practice meeting in November 2015 where significant events had been discussed with all staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, There was an incident where the two week referral system had not worked effectively and a patient did not receive a hospital appointment. The practice changed their processes in response to this and patients were now contacted to check they had received their appointment

within the agreed timescales, if they had not the practice followed this up with the hospital. The incident record contained the investigations undertaken and the action taken to avoid the situation happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the designated lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2 and reception/administration staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All non-clinical staff had received informal chaperone training from the nurse practitioner at a practice meeting. We saw detailed meeting minutes from October 2015 where content of training was documented; all staff had signed as either present or as having read the minutes. All staff and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice employed a cleaner who worked to a room specific cleaning schedule, which we saw. We saw appropriate waste disposal contracts were in place with a registered waste carrier. Infection prevention and control audits were completed annually. We saw the most recent audit was carried out in March 2016. The nurse practitioner was the infection control clinical lead. As the CCG did not have an infection

## Are services safe?

prevention and control lead the nurse practitioner liaised with the local NHS England team if there were any queries. There was an infection control protocol in place and staff had received up to date training.

- The practice used disposable privacy curtains in the consulting rooms, these were dated and we saw they had been changed in June 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. These included Beta 2 inhalers, anti-depressants, analgesics, hormone replacement therapy (HRT) and contraceptives. All repeat prescriptions were processed by the nurse practitioner and practice nurses. The last issue date of prescriptions was checked and if a particular medication was not requested this prompted the nurses to query this with the patient. Where a patient was discharged from hospital nurses were responsible for adding or removing medicines in accordance with changes made by a hospital consultant.
- The practice had support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example a Hydroxyzine (a sedative) audit was carried out in June 2015 and an audit of antibiotic prescribing in urinary tract infections (UTI) was undertaken for the period December 2015 to May 2016 with re-audit due 2016-2017.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found There was a comprehensive system in place to monitor and regularly check whether clinicians maintained up to date professional registration.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The fixed electrical appliance certificate expired in April 2016 this was discussed with one of the partners who immediately arranged for an electrician to carry out the required checks at 1pm 28 July 2016. On the 29 July 2016 the practice submitted a copy of the electrical installation safety certificate.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, for example, some reception/administration staff worked part time which ensured appropriate cover each day and the ability to cover holiday and sick leave. The practice nurses did not book leave at the same time to ensure there was sufficient nurse cover.
- A fire risk assessment was in place and was updated annually, this was last updated in March 2016. There was evidence that the fire alarm and emergency lighting was serviced every 6 months, the most recent service was conducted on 9 June 2016. Weekly fire alarm tests were carried out however, fire evacuation drills were not routinely carried out.
- Portable appliance testing (PAT) was completed in June 2016 and equipment such as; blood pressure monitors and scales were calibrated in March 2016.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- There was an instant messaging system on the computers and a panic button in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Medicines for use in the event of a medical emergency were found to be in date and appropriate checks were documented to ensure stock levels were monitored. However, there was a limited range of medicines held. For example, the practice did not keep any Benzylpenicillin on site (this is used when bacterial meningitis is suspected). The partners told us they had assessed the need for this medicine and decided it was not required. However, there was no documentary evidence to demonstrate a risk assessment had been carried out to identify that this medicine was not suitable for the practice to stock.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice had an automated electronic defibrillator (AED) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This document was stored electronically. We discussed with two of the partners how easily accessible this would be in the event of an emergency. Following discussion a copy was printed and given to two members of staff to be held off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available.

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

- Performance for diabetes related indicators were better than the national average. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 98.11% compared to the CCG and National average of 96.71% and 94.45% respectively.
- The percentage of patients with high blood pressure in whom the last blood pressure reading measured in the preceding 12 months was within target range was 88.68% compared to a national average of 83.65%.
- Performance for mental health related indicators was higher than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 88.47%.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 90.99% which was comparable to the CCG and national average of 93.17% and 89.9% respectively.

There was evidence of quality improvement including clinical audit.

- We reviewed clinical audits completed in the last two years; these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. There had been seven clinical audits completed in the last two years, these were completed audits. However they did not identify changes that needed to be made or where improvements had been implemented and monitored. We saw audit-type activity that had not been documented as an audit. For example regular searches of patient records to ensure food prescriptions for celiac patients were in line with current best practice guidance.
- A Legionella risk assessment had been carried out and we saw the logs maintained for the weekly flushing of infrequently used water outlets.
- A medicines audit had been carried out in line with the Medicines Optimisation Scheme. Data supplied by the practice showed Brownhill Surgery was the lowest antibiotic prescribing practice within the Blackburn with Darwen CCG area.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

# Are services effective?

## (for example, treatment is effective)

conditions. Non-clinical staff had been allocated additional responsibilities such as; carers champion and smoking cessation for which they received additional training.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Appraisal was undertaken for all staff annually, with two staff due an appraisal at the end of July 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Following training staff were given a questionnaire to complete to identify what was learnt and how/if this would change practice.
- New staff were able to shadow colleagues and allowed a phased uptake of their responsibilities.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There was a system in place to follow up all two week referrals to ensure patients received an appointment in a timely manner. The practice retained a copy of all referral faxes sent out.

- The practice were able to electronically access patients pathology lab results from Blackburn hospital. An example of where this process enabled the practice to identify a condition that had not previously been picked up.
- The practice continued to offer NHS health checks for the period when this service had been contracted out to community services; therefore their patients were being offered the service by the GP without the practice being paid.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

One of the practice nurses was trained to insert and remove contraception implants. The nurse worked extended hours which offered an accessible service to patients who worked.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. One of the GP partners gave examples of where they had worked with a patient to enable them to remain at home in accordance with the principles of the MCA. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The staff we spoke with had a good understanding of the Fraser guidelines and Gillick competence.
- The process for seeking consent was monitored through patient records audits.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. A smoking cessation clinic was held at the practice and this was open to non-patients. At the time of the inspection two people attending the smoking cessation clinics were not patients at the practice. Three members of the practice staff facilitated the smoking cessation clinic, the nurse practitioner, practice nurse and the senior receptionist. Monthly multi-disciplinary team meetings (MDT) were held to discuss patients on the admission avoidance register.

84.1% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) compared to the CCG and national average of 80.44% and 81.83% respectively. The practice demonstrated how they encouraged uptake of the screening programme by offering telephone reminders for patients who did not attend for their cervical screening test. A female sample taker was always available. There were systems in place to ensure results were received for all samples sent for cervical screening. The practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data published by the National Cancer Intelligence Network (NCIN) in 2015 showed the practice had a higher than average uptake for bowel and breast cancer screening. For example;

- 72.1% of females, 50-70, screened for breast cancer within 6 months of invitation which was higher than the CCG average of 66.4%.
- 59.3% of people aged 60-69, were screened for bowel cancer within 6 months of invitation with the CCG average of 49.4%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68.3% to 70.7% and five year olds from 43.8% to 100%. Following the inspection the practice provided additional verified data (Public Health NHS England) that the current immunisations rates were better than the CCG average. The children's immunisation clinics were flexible and the practice had in-house anti-natal and post-natal clinics.

In addition to recording in the patient electronic records a paper record was kept that showed at a glance all the milestone vaccinations and immunisations a child had received.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35-74. (NHS health checks were usually for people aged 40-74 the lowered age range of 35-74 was a local initiative). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. The practice used disposable privacy curtains and we saw these had been changed in June 2016.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 68 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94.6% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.4% and the national average of 89%.
- 89.7% of patients said the GP gave them enough time compared to the CCG average of 88.1% and the national average of 86.6%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.2% and the national average of 95.2%.
- 89.02% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.29% and the national average of 85.34%.
- 85.71% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89.38% and the national average of 90.58%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88.2% and the national average of 86.8%

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

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

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

- 82.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.6% and the national average of 86%.
- 87.72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.61%.
- 90.31% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85.9%.

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

- 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. In addition some GPs also spoke Urdu and Gujarati.

## Are services caring?

- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as

carers (2.2% of the practice list). One of the administration staff was the practice carer's champion who met with the local carers group. Written information was available in the practice to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would contact family to offer support as needed, an appointment would be offered if necessary at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had a system in place to assess if requests for home visits were clinically necessary or if the need for medical attention was urgent. If there was an urgent need for a home visit that cannot wait until after surgery the practice would fax the patient's details to the acute home visiting service (AVS) who would carry out home visit. (AVS is a CCG initiative aimed at reducing the numbers of avoidable hospital admissions. They provide two dedicated GPs to visit patients in the borough to assess their clinical need and provide treatment or referral).
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- There was a dedicated carers champion who supported carers and was a key contact for disseminating information within the practice. They worked with the PPG to organise and facilitate community events and attended open days at the carers service where various professionals such as; solicitors and utility providers gave advice. They met regularly with the integrated care team (ICT) and Blackburn with Darwen carers service to discuss carers' experiences and had developed a folder

containing information about support services in the area. This folder was regularly reviewed and updated to ensure the most current information was available in the practice. The role included contacting patients over the age of 85 to establish if they were carers and offer support and practical advice. In July 2016 the practice and the carer's champion were recognised in the carer's newsletter for their contribution and efforts to identify and support carers within the practice.

- All staff were trained dementia friends.
- The practice had identified a lack of smoking cessation provision available in the local community so had broadened their service to include people who were not registered with the practice.

### Access to the service

The practice opening hours were between 8am and 6pm Monday to Friday. Appointments times were available between 8am and 12.30pm and 2.30pm and 6pm. Extended hours appointments were offered on Mondays until 8.30pm. Outside of practice opening hours patients were directed to the out of hour's service. Pre-bookable appointments could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. In addition Patients were able to access appointments at the branch surgery located within the Barbara Castle Way Health Centre, Simmons Street, Blackburn.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than the local and national averages.

- 86.13% of patients were satisfied with the practice's opening hours compared to the CCG average of 82.77% and national average of 78.3%.
- 87.94% of patients said they could get through easily to the practice by phone which was comparable to the CCG average of 73.35% and the national average of 73.26%.

People told us on the day of the inspection that they were able to get appointments when they needed them. At 2:30pm on day of the inspection we asked when the next available appointment would be. We saw a routine pre-bookable appointment was still available for 4:50pm that same day.

The practice had a daily duty GP who provided both telephone and email consultations, urgent prescriptions and a triage service. This service had enabled the practice

# Are services responsive to people's needs?

(for example, to feedback?)

to increase the amount of routine same day appointments for patients. There were two nurse prescribers at the practice who helped to free up GP time and improved access. The practice submitted evidence to demonstrate for the period 2014-2015 Brownhill Surgery had the lowest non-elective emergency hospital admissions and the lowest accident and emergency attendance for both adults and children within the Blackburn with Darwen CCG area.

The practice had a system in place to assess:

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

This was done by a GP who telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system for example in the practice complaint leaflet which contained contact details of other organisation patients could contact if they were unhappy with the practice response. These included NHS England, Patient Advice and Liaison Services (PALS) and the Parliamentary Health Service Ombudsman.
- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We looked at one complaint received in the last 12 months that had been sent directly to NHS England. We found this was dealt with appropriately and the patient was sent a written apology. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we saw staff meeting minutes from November 2015 where details of this complaint were fed back to staff, although no learning points or changes to practice identified in minutes.

Verbal and informal complaints were recorded in a notebook at the reception desk and this was monitored for trends. For example, a previous trend that had been identified from this was the attitude/manner of one of the trainees. This was addressed via discussion with the GP in question.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was support across the staff team and a common focus on improving the quality of care and patients experiences.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice recognised that the continuing development of staff skills, competence and knowledge was a key factor in providing patients with high quality care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included; management of chronic health conditions, prevention screening, coordinating clinics such as ante-natal and baby clinic, carers champion, smoking cessation and liaison for medical student placements at the practice.
- Staff were given protected time to complete on line training or attend training sessions and meetings. For example, the practice nurse forum or carers group meetings.
- Practice specific policies were implemented and were these were available to staff via the shared drive on any computer within the practice.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements; however, they did not always formally document these audits.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the decision not to stock Benzylpenicillin on site had not been recorded.
- Systems were in place to alert GPs when patients were due their annual review. Only clinical staff were responsible for note summarising this enabled them to identify and record any specific needs patients may have.
- Repeat prescriptions were processed by clinical staff to ensure patients were not ordering too soon and having their medicines reviewed in a timely manner.
- GP partners had additional lead roles for example; one GP was the local lead for mental health and worked with specialist workers to support patients more effectively. Another GP partner was a part time lecturer in Population Health Sciences at the University of Central Lancashire and was lead practice trainer for medical students.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

# Are services well-led?

Good 

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

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

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

- Staff told us the practice held weekly clinical meetings and monthly administration staff meetings. In addition a monthly practice meeting was held and staff signed the minutes to demonstrate they had read the content.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team went out socially for meals to celebrate special occasions.
- Staff said they felt respected, valued and supported particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners gave all members of staff an opportunity to have a say and help improve the service for patients.
- The practice arranged regular quizzes for staff to test knowledge of topics such as; information governance to assess the teams understanding of current best practice.
- **Seeking and acting on feedback from patients, the public and staff**

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG – Friends of Brownhill Surgery) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

management team. For example, the PPG had thus far arranged two patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. They have an information board displayed in the practice advising patients of any events or work the group has achieved.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion and via the annual staff survey. The staff survey demonstrated satisfaction with roles and responsibilities. There was evidence to show the partners responded to comments in the staff survey, for example, staff did not like the old uniforms and these were replaced.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- There was a suggestion box in reception and a practice patient survey in addition to the NHS Friends and Family test (FFT this is a national feedback tool to ask patients if they would recommend the practice to their family and friends).

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local events to improve outcomes for patients in the area.
- They encouraged staff to develop their skills, for example an administrator was completing AMSPAR training with the aim of becoming a practice manager. (AMSPAR is The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists).