Brookvale Practice

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
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 Brookvale Practice on 8th September 2015.

Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed
- The practice used innovative and proactive methods to improve patient outcomes, for example, through its use of screening services and health promotion.
- There was a robust system in place to undertake audits of the operation of the practice and improve patient care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- The practice had a clear vision which had quality and safety as its top priority. There was a clear leadership structure and staff felt supported by management.

We saw several areas of outstanding practice including:

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- The practice proactively engaged patients to promote their well-being. The practice had run several events to raise patient awareness of health conditions and promote good health. For example, a talk was given to patients about mammography screening to improve mammography uptake. This event was held in the evening to promote attendance. A health promotion evening was held were male patients were invited for a range of health checks such as blood pressure, body mass index (BMI) and glucose monitoring. Information stands were available and a presentation was given by one of the GPs about prostate cancer risk. This event was well attended and helped to identify several patients who required follow up. The Fit for 15 campaign was introduced this year to increase the cardiovascular screening of patients aged 18 and over. In the last 12 months the practice had completed 478 health checks compared with 253 the previous year.
- The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers aged 35 and over. This strategy had been in place for a number of years and this work gained recognition with a prize from the International Primary Care Respiratory Group. The practice also took pulse checks at each chronic disease review and at flu clinics and had an ECG on site to identify patients at risk of atrial fibrillation. Data showed that Brookvale Practice had more patients with atrial fibrillation than other practices within the CCG. A one day event was also held were practice staff visited the homes of patients who were overdue a blood pressure check to carry out this health screening and promote patient wellbeing.
- The practice provided examples of audits to demonstrate that audit and quality improvement were central to the operation of the practice. The practice had been recognised by the RCGP Mersey faculty having won prizes for an audit of diabetes care and an audit of peripheral vascular disease.
- Home visits were undertaken to housebound patients and patients that were hard to engage. The nursing team dedicated two days per week to home visits which included long term condition reviews and immunisation. The effectiveness of this approach (together with extended hours and publicity) was shown in data demonstrating flu vaccine uptake for 2014. For example, the practice had vaccinated 61.5% of the patient population under 65 and at risk compared to 45.7% and 46.9% at two neighbouring practices with a similar patient population. Quality and Outcomes Framework (QOF) Performance also showed the effectiveness of this approach. For example, performance for diabetes assessment and care was higher than the national averages. For example, the percentage of patients with diabetes who had received foot screening was 94% when compared to the national average of 88%. The percentage of patients who had received a blood pressure reading in the last 12 months was 85% compared to the national average of 78% and the percentage of patients who had received an albumin: creatinine ratio test was 94% compared to the national average of 85%.
- The practice provided a range of services to demonstrate that it was person centred in its approach to patient care and that it recognised and respected the totality of patients' needs. The practice had close links with the Halton Carers Association and a representative from the association attended practice meetings such as the avoiding unplanned admissions to hospital and palliative care meetings so they were able to identify any support needed by carers and act promptly. A carer's register was maintained. Information publicising services for carers was available in the waiting area and on the website. Text messages were sent to carers notifying them of events and useful information. For example, carers had recently been sent a text message about a non-means tested allowance available to them for breaks. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. A Christmas present or hamper was provided to older patients with no family. The practice had signed up for the Safe in Town scheme and provided a safe haven for vulnerable people (vulnerable people were able to come to the practice and the person's carers would be contacted). In 2014 the practice was awarded a grant to develop a community garden at the practice. Patients worked to create the garden which provided exercise and reduced social isolation.

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?

Good

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 widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. We noted that the recruitment practices should be improved by recording an assessment of the physical and mental fitness of staff.

Are services effective?

Outstanding

The practice is rated outstanding for providing effective services. The practice proactively engaged patients to promote their well-being. The practice had run several events to raise patient awareness of health conditions and promote good health. For example, a talk was given to patients about mammography screening to improve mammography uptake. This event was held in the evening to promote attendance. A health promotion evening was held were male patients were invited for a range of health checks such as blood pressure, body mass index (BMI) and glucose monitoring. This event was well attended and helped to identify several patients who required follow up. The Fit for 15 campaign was introduced this year to increase the cardiovascular screening of patients aged 18 and over. In the last 12 months the practice had completed 478 health checks compared with 253 the previous year.

The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers aged 35 and over. This strategy has been in place for a number of years and this work gained recognition with a prize from the International Primary Care Respiratory Group. A project was undertaken to encourage male patients over 65 to request aortic aneurysm screening (the national programme offers this to patients who are 65 years of age, patients older than this have to request this screening). Patients were informed about this testing via practice website, waiting room TV, consultations and mailshots. Patients were invited to the practice to discuss to discuss this screening prior to referral. Results showed that 118 scans had been requested and as a consequence six patients with aortic aneurism and an incidental cancer diagnosis had been identified.

The practice had a very good skill mix which included two nurse clinicians and a nurse practitioner who were able to see a broader

Summary of findings

range of patients than the practice nurses. In addition the practice had four practice nurses and a health care assistant which allowed for greater capacity for monitoring and reviewing patients' health. The practice provided examples of audits to demonstrate that audit and quality improvement was central to the operation of the practice. The practice had been recognised by the RCGP Mersey faculty having won prizes for an audit of diabetes care and an audit of peripheral vascular disease.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at or above national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles and there was a clear commitment towards staff learning and development.

Are services caring?

Outstanding ☆

The practice is rated outstanding for providing caring services. The practice provided a range of services to demonstrate that patients were provided with a caring service. The practice had close links with the Halton Carers Association and a representative from the association attended practice meetings such as the avoiding unplanned admissions to hospital and palliative care meetings so they were able to identify any support needed by carers. A carer's register was maintained. Information publicising services for carers was available in the waiting area and on the website. Text messages were sent to carers notifying them of events and useful information. For example, carers had recently been sent a text message about a non-means tested allowance available to them for breaks. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. A Christmas present or hamper was provided to older patients with no family. The practice had signed up for the Safe in Town scheme and provided a safe haven for vulnerable people (vulnerable people were able to come to the practice and the person's carers would be contacted). In 2014 the practice was awarded a grant to develop a community garden at the practice. Patients worked to create the garden which provided exercise and reduced social isolation.

Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment.

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Are services responsive to people's needs?

Outstanding 

The practice is rated outstanding for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. For example, extended hours services were provided Monday and Tuesday morning and evening and from 09:00 to 13:00 on Saturdays. Home visits were undertaken to housebound patients and patients that were hard to engage. The nursing team dedicated two days per week to home visits which included long term condition reviews and immunisation. The effectiveness of this approach was shown in data demonstrating flu vaccine uptake for 2014 was higher than neighbouring practices with a similar patient population. Quality and Outcomes Framework (QOF) Performance for diabetes assessment and care was higher than the national averages. There were longer appointments available for people with a learning disability and Saturday morning clinics were offered to patients with a learning disability to encourage attendance. One-stop clinics were provided to encourage uptake for health monitoring services related to specific conditions. There were disabled facilities, hearing loop and translation services available. Chairs for bariatric patients were provided in the waiting area. In response to a high number of patients being illiterate alerts were placed on staff computers to indicate assistance may be required. The practice referred patients to Wellbeing Enterprise Services, a social enterprise to support people to achieve happier, healthier and longer lives. Patients could be referred for support with a number of issues, including, debt management, housing, social isolation. A report from this service showed that patients who were referred by the practice benefitted from the interventions provided. For example, by experiencing a reduction in their symptoms of depression and improving their general well-being.

Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Are services well-led?

Good 

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. 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 and had an active PPG. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges.

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

Outstanding ☆

There were aspects of care and treatment that were outstanding that related to all population groups. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and information was held to alert staff if a patient was housebound. Home visits were made to housebound patients to carry out reviews of their health. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Older patients with complex health needs were reviewed at multi-disciplinary meetings to ensure they were receiving all necessary GP services. The practice had identified older patients who were at risk of unplanned hospital admissions and developed a care plan to support them. The practice worked with the Carers Centre to support patients who had caring responsibilities. A Christmas present or hamper was provided to older patients with no family.

People with long term conditions

Outstanding ☆

There were aspects of care and treatment that were outstanding that related to all population groups. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. Varied appointments were offered to ensure long term conditions were adequately reviewed. For example, home visits were undertaken to housebound patients or those residing in residential care or nursing homes. One-stop clinics were provided to encourage uptake for health monitoring services related to specific conditions. The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers aged 35 and over. The practice also took pulse checks at each chronic disease review and at flu clinics and had an ECG on site to identify patients at risk of atrial fibrillation. The practice had identified all patients at risk of unplanned hospital admissions, a care plan had been developed to support them and a system was in place to follow up unplanned hospital admissions in a timely manner. Clinical staff kept up to

update in specialist areas which helped them ensure best practice guidance was always being considered. Multi-disciplinary team and palliative care meetings were held where patient care was reviewed to ensure patients were receiving the support they required. The practice periodically held educational events for patients with long term conditions. For example, A COPD (chronic obstructive pulmonary disease) tea dance was held which provided information from the respiratory team, advice from the health promotion team and other services, such as benefits advice alongside bingo and line-dancing.

Families, children and young people

Outstanding ☆

There were aspects of care and treatment that were outstanding that related to all population groups. The practice is rated as good for the care of families, children and young people. The staff were responsive to parents' concerns about their child's health and prioritised appointments for children presenting with an acute illness. The extended hours' service allowed parents to bring children to appointments, avoiding them having to miss school. Staff were knowledgeable about child protection. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. Regular liaison took place with the health visitor and they attended the practice meeting every 6 weeks to discuss any safeguarding issues and to review if an appropriate level of GP service had been provided. The practice was in the process of upgrading its baby changing and breast feeding facilities.

Working age people (including those recently retired and students)

Outstanding ☆

There were aspects of care and treatment that were outstanding that related to all population groups. The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered extended access with the practice being open for 12 hours Monday and Tuesday and on Saturday morning 09:00 to 13:00. Immunisation clinics were provided on Saturday mornings to encourage uptake. Events were held at the weekend and in the evenings to encourage patients to access health screening. For example, a recent talk was given to patients about mammography screening and events have also been held to provide information to patients about health checks and health promotion for various long term conditions. A full range of health promotion and screening services were provided that reflected the needs for this age group. On-line services were also provided such as booking, amending and cancelling routine appointments and ordering repeat prescriptions.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding

There were aspects of care and treatment that were outstanding that related to all population groups. The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks were carried out for patients with a learning disability. The practice worked closely with social workers from the learning disability team and carers. Saturday morning clinics were offered to patients with a learning disability to encourage attendance. Staff had been trained to recognise signs of abuse in vulnerable adults and children and had been trained in the Deprivation of Liberty Safeguards (DOLS). Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice had signed up for the Safe in Town scheme and provided a safe haven for vulnerable people (vulnerable people were able to come to the practice and the person's carers would be contacted). The practice also referred patients to Wellbeing Enterprise Services, a social enterprise to support people to achieve happier, healthier and longer lives. Patients could be referred for support with a number of issues. Including, debt management, housing, social isolation.

People experiencing poor mental health (including people with dementia)

Outstanding

There were aspects of care and treatment that were outstanding that related to all population groups. The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services.The practice had information for patients in the waiting areas to inform them of services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing in line with local and national averages. There were 117 responses which represents 1.4% of the practice population.

- 93.5% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 91% said the GP gave them enough time compared to the CCG average of 88.7% and national average of 86.8%.
- 93.7% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 89.4% of patients found the reception staff helpful compared to the CCG average of 79.2% and national average of 86.9%.
- 75.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.8% and national average of 75.7%.
- 65.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 52.3% and national average of 74.4%.
- 68.1% patients described their experience of making an appointment as good compared to the CCG average of 62.4% and national average of 73.8%.

Patient responses about nurses being good at involving them in decisions about their care were lower than local and national averages.

- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 84%.

The reasoning behind this was being reviewed by the registered manager and practice manager.

Results from the national GP patient survey published July 2015 (based on data from July 2014 – March 2015) showed that patient's satisfaction with access to care and treatment was comparable to or above local averages and comparable to or slightly below national averages. For example:

- 75.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.8% and national average of 75.7%.
- 65.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 52.3% and national average of 74.4%.
- 68.1% patients described their experience of making an appointment as good compared to the CCG average of 62.4% and national average of 73.8%.
- 39.4% of patients felt they don't normally have to wait too long to be seen compared to the CCG average of 54.9% and national average of 57.8%.

All of the 18 patient CQC comment cards we received were positive about the service experienced. We also spoke with five patients on the day of our inspection. They told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they were able to get an appointment when one was needed, that appointment times were convenient and repeat prescriptions were generally well managed.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice proactively engaged patients to promote their well-being. The practice had run several events to raise patient awareness of health conditions and promote good health. For example, a talk was given to patients about mammography screening to improve mammography uptake. This event was held in the evening to promote attendance. A health promotion evening was held were male patients were invited for a range of health checks such as blood pressure, body mass index (BMI) and glucose monitoring. Information stands were available and a presentation was given by one of the GPs about prostate cancer risk. This event

was well attended and helped to identify several patients who required follow up. The Fit for 15 campaign was introduced this year to increase the cardiovascular screening of patients aged 18 and over. In the last 12 months the practice had completed 478 health checks compared with 253 the previous year.

- The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers aged 35 and over. This strategy had been in place for a number of years and this work gained recognition with a prize from the European International Respiratory Journal. The practice also took pulse checks at each chronic disease review and at flu clinics and had an ECG on site to identify patients at risk of atrial fibrillation. Data showed that Brookvale Practice had more patients with atrial fibrillation than other practices within the CCG. A one day event was also held were practice staff visited the homes of patients who were overdue a blood pressure check to carry out this health screening and promote patient wellbeing.
- The practice provided examples of audits to demonstrate that audit and quality improvement were central to the operation of the practice. The practice had been recognised by the RCGP Mersey faculty having won prizes for an audit of diabetes care and an audit of peripheral vascular disease.
- Home visits were undertaken to housebound patients and patients that were hard to engage. The nursing team dedicated two days per week to home visits which included long term condition reviews and immunisation. The effectiveness of this approach (together with extended hours and publicity) was shown in data demonstrating flu vaccine uptake for 2014. For example, the practice had vaccinated 61.5% of the patient population under 65 and at risk compared to 45.7% and 46.9% at two neighbouring practices with a similar patient population. Quality and Outcomes Framework (QOF) Performance also showed the effectiveness of this approach. For example, performance for diabetes assessment and care was higher than the national averages. For example, the percentage of patients with diabetes who had received foot screening was 94% when compared to the national average of 88%. The percentage of patients who had received a blood pressure reading in the last 12 months was 85% compared to the national average of 78% and the percentage of patients who had received an albumin: creatinine ratio test was 94% compared to the national average of 85%.
- The practice provided a range of services to demonstrate that it was person centred in its approach to patient care and that it recognised and respected the totality of patients' needs. The practice had close links with the Halton Carers Association and a representative from the association attended practice meetings such as the avoiding unplanned admissions to hospital and palliative care meetings so they were able to identify any support needed by carers and act promptly. A carer's register was maintained. Information publicising services for carers was available in the waiting area and on the website. Text messages were sent to carers notifying them of events and useful information. For example, carers had recently been sent a text message about a non-means tested allowance available to them for breaks. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. A Christmas present or hamper was provided to older patients with no family. The practice had signed up for the Safe in Town scheme and provided a safe haven for vulnerable people (vulnerable people were able to come to the practice and the person's carers would be contacted). In 2014 the practice was awarded a grant to develop a community garden at the practice. Patients worked to create the garden which provided exercise and reduced social isolation.

Brookvale Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP and practice manager specialist advisors.

Background to Brookvale Practice

Brookvale Practice is located in the Runcorn area of Halton. It is responsible for providing primary care services to approximately 8100 patients. The practice is based in a more deprived area when compared to other practices nationally. The number of patients claiming disability living allowance and with health related problems in daily life is higher than average when compared to other practices nationally. The practice population is younger than average when compared to other practices.

The staff team includes four partner GPs, two salaried GPs, a nurse clinician who is also a partner, a further nurse clinician, one nurse practitioner, four practice nurses, a health care assistant, practice manager and reception and administrative staff. The practice has two GP registrars working for them as part of their training and development in general practice.

The practice is open 07:00 to 19.00 Monday and Tuesday, 08:30 to 18:30 Wednesday and Thursday, 07:30 to 18:30 Friday and from 09:00 to 13:00 on Saturday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours services provided by UC24 and Halton Clinical Commissioning Group.

The practice has a Personal Medical Service (PMS) contract. The practice offers a range of enhanced services including minor surgery, flu and shingles vaccinations and learning disability health checks.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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

Detailed findings

• 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 our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 8th September 2015. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face during the inspection, we looked at survey results and reviewed CQC comment cards completed by patients. We spoke with representatives from the Patient participation Group (PPG). We spoke to clinical and non-clinical staff. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was a comprehensive system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were a standing item on the agenda and were discussed in order to cascade any learning points. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Meetings with the health visitor to discuss any concerns relating to children were held every 6 weeks. Children's attendance at accident and emergency departments was also monitored.
- Notices were displayed advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- 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 displayed for staff to refer to. The practice had up to date fire risk assessments and regular checks were made of fire safety equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse clinician was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. A refresher training course had been arranged for all staff to attend. The practice took part in annual external audits from the local community infection control team and acted on any issues where practical. The last audit carried out in August 2014 showed the practice was compliant.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that the recruitment practices should be improved by recording an assessment of the physical and mental fitness of staff

Good

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received basic life support training and a system was in place to ensure staff were kept up to date. There were emergency medicines available which were in date and held securely. The practice had access to a defibrillator and oxygen with adult and children's masks. There was also a first aid kit and accident book 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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. Practice templates were created to reflect new guidance and facilitate implementation into practice. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

The practice had developed a number of initiatives to proactively engage patients to promote their health and well-being. We were provided with several examples of this:-

- A one day event was held were practice staff visited the homes of patients who were overdue a blood pressure check to carry out this health screening. This initiative was presented and commended at a recent Public Health meeting.
- A talk was given to patients about mammography screening to improve mammography uptake. This event was held in the evening to promote attendance. A health promotion evening was held were male patients were invited for a range of health checks such as blood pressure, body mass index (BMI) and glucose monitoring. Information stands were available and a presentation was given by one of the GPs about prostate cancer risk. This event was well attended and helped to identify several patients who required follow up. An asthma event was held for teenagers to encourage exercise and give advice about asthma. A COPD (chronic obstructive pulmonary disease) tea dance was held which provided information from the respiratory team, advice from the health promotion team and other services, such as benefits advice alongside bingo and line-dancing.
- The most recent health promotion event has been for the Fit for 15 campaign. The aim of this being to increase cardiovascular screening of patients aged 18 and over. In the last 12 months the practice had completed 478 health checks compared with 253 the previous year.
- Home visits were undertaken to housebound patients and patients that were hard to engage. The nursing team dedicated two days per week to home visits which included long term condition reviews and immunisation. The effectiveness of this approach was shown in data demonstrating flu vaccine uptake for 2014 was higher than neighbouring practices with a similar patient population. Quality and Outcomes Framework (QOF) Performance for diabetes assessment and care was higher than the national averages.
- A project was undertaken to encourage male patients over 65 to request aortic aneurysm screening (the national programme offers this to patients who are 65 years of age, patients older than this have to request this screening). Patients were informed about this testing via the practice website, waiting room TV, consultations and mailshots. Patients were invited to the practice to discuss this screening prior to referral. Results showed that 118 scans had been requested and as a consequence six patients with aortic aneurism and an incidental cancer diagnosis had been identified.
- A social care worker employed by the CCG attended practice meetings to enable patient need to be addressed quickly.

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with smoking cessation and alcohol services and staff told us these services were pro-actively recommended to patients. Health checks for patients aged 40–74 were offered. New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment.

Quality and Outcomes Framework (QOF) information showed the practice was meeting its targets regarding

health promotion and ill health prevention initiatives. For example, 83.2% of eligible women had received cervical screening in the preceding five years compared to the national average of 81.88%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 90.74% compared to the national average of 88.61%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 98.3% to 100% compared to the CCG average of 96.6% to 98.7%.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results. Information such as NHS patient information leaflets were also available.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Exception reporting was 8.3%. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was higher than the national averages.
- The percentage of patients aged 75 or over with fragility fracture who are currently treated with an appropriate bone-sparing agent was slightly less than national average.
- Performance for mental health assessment and care was higher than the national averages.
- The dementia diagnosis rate was much higher than the national average. The practice value was 96.3% compared to the national average of 83.82%.

The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers aged 35 and over. This strategy has been in place for a number of years and this work gained recognition with a prize from the International Primary Care Respiratory Group. The practice also took pulse checks at each chronic disease review and at flu clinics for all patients aged 60 and over to identify patients at risk of atrial fibrillation. Data showed that Brookvale Practice had more patients with atrial fibrillation than other practices within the CCG. Glucose checks were periodically offered to patients with a body mass index higher than 30 to help identify patients at risk of diabetes.

The practice provided reviews and health checks for most chronic conditions and continued to update its programme in accordance with good practice guidelines. For example, the practice was currently reviewing patients with psoriasis who needed a regular cardiovascular disease risk assessment.

The practice provided examples of audits to demonstrate that audit and quality improvement were central to the operation of the practice. The practice had been recognised by the RCGP Mersey faculty having won prizes for an audit of diabetes care and an audit of peripheral vascular disease. We saw that audits of clinical practice were regularly undertaken and that these were based on best practice national guidelines. The GPs told us clinical audits were often linked to medicines management information, safety alerts, clinical interest or as a result of Quality and Outcomes Framework (QOF) performance. All the clinicians participated in clinical audits. We discussed audits with GPs and found evidence of a culture of communication, sharing of continuous learning and improvement. Recent audits included antibiotic prescribing, management of atrial fibrillation and urinary tract infections. Records showed how improvements had been made to patient care as a result of audit findings.

Effective staffing

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

Outstanding ☆

Are services effective?

(for example, treatment is effective)

needs of its patient population and provided the staffing required to meet these needs in an effective and responsive way. The practice had a very good skill mix which included two nurse clinicians and a nurse practitioner who were able to see a broader range of patients than the practice nurses. In addition the practice had four practice nurses and a health care assistant which allowed for greater capacity for monitoring and reviewing patients' health.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. The practice had a strong commitment to learning and had funded degree courses and diplomas for clinical staff.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The practice provided a range of services to demonstrate that it was person centred in its approach to patient care and that it recognised and respected the totality of patients' needs. The practice had close links with the Halton Carers Association. A representative from the association attended practice meetings such as the avoiding unplanned admissions to hospital and palliative care meetings so they were able to identify any support needed by carers. One of the practice staff was a carer's champion. Staff identified carers in need of support and referred them to support organisations. A carer's register was maintained. Information publicising services for carers was available in the waiting area and on the website. Text messages were sent to carers notifying them of events and useful information. For example, carers had recently been sent a text message about a non-means tested allowance available to them for breaks.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. A Christmas present or hamper was provided to older patients with no family. The practice had signed up for the Safe in Town scheme and provided a safe haven for vulnerable people (vulnerable people were able to come to the practice and the person's carers would be contacted). In 2014 the practice was awarded a grant to develop a community garden at the practice. Patients worked to create the garden which provided exercise and reduced social isolation. The practice referred patients to Wellbeing Enterprise Services, a social enterprise to support people to achieve happier, healthier and longer lives. Patients could be referred for support with a number of issues, including, debt management, housing, social isolation.

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting 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.

All of the 18 patient CQC comment cards we received were positive about the service experienced. We also spoke with five patients on the day of our inspection. They told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Data from the National GP Patient Survey July 2015 showed from 117 responses that performance was mostly in line with local and national averages, for example,

- 93.5% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 91% said the GP gave them enough time compared to the CCG average of 88.7% and national average of 86.8%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.3%.
- 93.7% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 89.4% of patients found the reception staff helpful compared to the CCG average of 79.2% and national average of 86.9%.

Patient responses about nurses giving them enough time and patients having confidence and trust in the nurses were slightly lower than local and national averages.

- 90.3% said the nurse gave them enough time compared to the CCG average of 92.9% and national average of 91.9%.
- 93.6% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.7% and national average of 97.2%.

The reasoning behind this was being reviewed by the registered manager and practice manager.

Care planning and involvement in decisions about care and treatment

Outstanding ☆

Are services caring?

Patients we spoke with on the day of our inspection were very positive about the care and treatment they received from the GPs and nurses. They told us they felt health issues were discussed with them, they felt listened to and involved in decision making about their care and treatment.

Data from the National GP Patient Survey published in July 2015 showed patients responses were generally in line with local and national averages For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Patient responses about nurses being good at involving them in decisions about their care were lower than local and national averages and patient responses about nurses being good at explaining tests and treatments were slightly lower than local and national averages.

- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 84%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 89%.

The reasoning behind this was being reviewed by the registered manager and practice manager.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as dementia assessments, avoiding unplanned admissions to hospital and providing tests for patients at the practice to avoid delays in care and hospital appointments.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Records and a discussion with staff and PPG representatives showed that the practice had responded to patient feedback by making changes to the operation of the practice and facilities provided. For example, patient toilets had been refurbished and a separate baby change/breast feeding room had been established. The appointment system had been reviewed to reduce waiting times and increase capacity. To improve telephone access staff working hours had been altered to ensure more staff were available at busy periods, a call queuing facility had been introduced and an automated system introduced to book, cancel and amend appointments. Representatives from the PPG told us they felt listened to and involved in the operation of the practice.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Extended hours services were provided Monday and Tuesday morning and evening and from 09:00 to 13:00 on Saturdays.
- There were longer appointments available for people with a learning disability and Saturday morning clinics were offered to patients with a learning disability to encourage attendance.
- Immunisation clinics were provided on Saturday mornings to encourage uptake.
- The practice held a number of health promotion events to encourage uptake of health screening services such as blood pressure checks and mammography.
- A one day event was held were practice staff visited the homes of patients where there was no up to date blood pressure checks on record. This was presented and commended at a recent Public Health meeting.
- Home visits were undertaken to housebound patients, those residing in residential care or nursing homes and to hard to engage patients. This included home visits to undertake long term condition reviews and immunisations. Cervical cytology was also offered at home for agoraphobic (a condition in which a person avoids a number of otherwise ordinary activities and places) patients. The nursing team dedicated two days per week to carrying out home visits.
- One-stop clinics were provided to encourage uptake for all monitoring services related to specific conditions.
- The practice had strategies in place to identify long term conditions early and therefore improve patient care. For example, to identify patients at risk of chronic obstructive pulmonary disease (COPD) spirometry was offered to smokers aged 35 and over.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Chairs for bariatric (a branch of medicine that deals with obesity) patients were provided in the waiting area.
- In response to a high number of patients being illiterate alerts were placed on staff computers to indicate assistance may be required.
- Reception staff had received training in dementia awareness to assist in identifying patients who may need extra support.
- The practice referred patients to Wellbeing Enterprise Services, a social enterprise to support people to achieve happier, healthier and longer lives. Patients could be referred for support with a number of issues, including, debt management, housing, social isolation. A report from this service showed that patients who were referred by the practice benefitted from the interventions provided. For example, by experiencing a reduction in their symptoms of depression and improving their general well-being.

Access to the service

Results from the national GP patient survey published July 2015 (based on data from July 2014 – March 2015) showed

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

that patient's satisfaction with access to care and treatment was comparable to or above local averages and comparable to or slightly below national averages. For example:

- 75.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.8% and national average of 75.7%.
- 65.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 52.3% and national average of 74.4%.
- 68.1% patients described their experience of making an appointment as good compared to the CCG average of 62.4% and national average of 73.8%.
- 39.4% of patients felt they don't normally have to wait too long to be seen compared to the CCG average of 54.9% and national average of 57.8%.

The practice had been responsive to patient feedback regarding access to the service and had as a result introduced many changes over the last 12 months. This included longer appointment times of 15 minutes to reduce waiting times, introducing an automated system whereby patients could book, cancel or amend their routine appointments 24 hours a day and reviewing the appointment system to better target resources. The practice had carried out an audit of telephone waiting times since introducing changes to the service and had seen an improvement in patient access. A plan was in place to undertake a survey to assess the outcome of the full range of changes made on patients' experiences.

We received 18 comment cards and spoke to five patients. Patients said they were able to get an appointment when one was needed, that appointment times were convenient and repeat prescriptions were generally well managed.

The practice was open 07:00 to 19.00 Monday and Tuesday, 08:30 to 18:30 Wednesday and Thursday, 07:30 to 18:30 Friday and from 09:00 to 13:00 on Saturday. The extended hours opening times provided flexibility to meet patient needs. The practice offered pre-bookable appointments up to four weeks in advance, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The

Complaints' policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been four formal complaints in the previous twelve months which had been satisfactorily dealt with.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had the following mission statement:

"Brookvale Practice strives to provide a safe, caring and effective service which is equitable to all of our practice population."

The mission statement was displayed in the waiting areas. Staff we spoke with knew and understood the values of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of its vision and 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.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements was in place.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did. We also noted that there was a structure for regular meetings of all staff involved in the operation of the practice. For example, clinical staff met daily to plan for the day ahead, discuss patients with complex needs and update each other on any external meetings. Meetings for the whole practice were held 2-3 times a year and an annual team away day was held. 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 encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had introduced several schemes to improve outcomes for patients in the area. For example, health promotion events were held, strategies were in place to identify long term conditions early and therefore improve patient care.

The practice was aware of future challenges and had plans in place to further promote patient well-being. For example, a comprehensive falls service was planned which included early recognition of falls risk factors and adding falls risk checks to all chronic disease checks. Further building renovation was also planned.