

# Brinsworth Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



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 Brinsworth Medical Centre on 16 March 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 required improvement in relation to emergency equipment and medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had 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.

- Patients said they found it difficult to make a non-urgent appointment with a named GP.
- The practice had well maintained facilities which met patient's 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.

The areas where the provider must make improvement are:

- The provider must put a reliable system in place for access to emergency drugs and for equipment checks and replacement to ensure that equipment and drugs are always available for use in an emergency as per the Resuscitation Council (UK) guidance.

The areas where the provider should make improvements are:

# Summary of findings

- Procedures for monitoring vaccine fridge temperatures should take into account the 2014 guidance from Public Health England which states the vaccine fridge temperatures should be done it at the same time every day during the working week.
- Improve recruitment records to evidence the date Disclosure and Barring Service checks (DBS) are received and any detail as to whether the DBS was acceptable or not. Maintain records of interviews and outcome.
- Display warning signs to indicate where oxygen is stored.

**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 requires improvement for providing safe services.

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 safeguarded from abuse.
- Although risks to patients who used services were assessed, some systems and processes required improvement.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

**Good**



# Summary of findings

- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- The practice had well maintained facilities which met patient's 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.
- Feedback from patients reported they had difficulty making non-urgent appointments with a named GP, although urgent appointments were usually available the same day

## Are services well-led?

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

Good



- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 knowing about 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.

# 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.
- A card and flowers was sent to patients on their 100th birthday.

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.
- Performance for diabetes related indicators was 95%, which was above the CCG average of 83% the national average of 90%.
- 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 high for all standard childhood immunisations.
- 79% of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months which was higher than the CCG and national averages of 73% and 75%.
- 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.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Congratulations cards were sent to parents of new-borns which gave an appointment for the eight week check and a copy of the immunisation schedule.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

**Good**



# Summary of findings

- 78% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average the national average.
- Performance for mental health related indicators was 100%, which was better than the CCG 91% and national average of 93%. However exception reporting in all but one indicator in this area was high. We spoke to the GPs and practice manager about the exception rates and there were a number of issues which had impacted on this data. For example, patients not attending for appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing below or in line with local and national averages. 287 survey forms were distributed and 132 were returned. This represented 1.3% of the practice's patient list.

- 54% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average and national average 85%).
- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79% national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were positive about the standard of care and treatment received. Patients told us the staff were friendly and the GPs listened to them. We received 12 cards with negative comments about the length of time it could take to get an

appointment particularly with a preferred GP which could be up to two weeks. Two people said they found it difficult to get an emergency appointment when required. Patients had not indicated on all the cards which surgery they usually attended so we could not assess if this issue was found at a particular site.

We spoke with 11 patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring. They described the practice as very good and excellent. Patients who attended the Whiston surgery told us they could get appointments easily and said this had improved since the merger of the two surgeries. However, patients at the Brinsworth surgery said they had to wait for routine appointments and this could be up to two weeks for a preferred GP. All the patients said they found the staff helpful and polite. They also said the GPs listened to them and they were satisfied with their care and treatment.

We received a number of very positive comments about the cleanliness of both surgeries from patients we spoke with and on comment cards.

The NHS England friends and families test results showed 71% of patients would recommend the practice.

# Brinsworth Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Brinsworth Medical Centre

Brinsworth Medical Centre is situated in Rotherham in the Brinsworth area. There is a branch surgery at Whiston Medical Centre, Hunger Hill, Whiston, Rotherham, S60 4BD. We visited the branch surgery as part of this inspection. Whiston Medical Centre was previously known as the Surgery of Light and merged with Brinsworth Medical Centre formally in September 2015.

The practice provides Personal Medical Services (PMS) for 9,639 patients across the two sites in the NHS Rotherham Clinical Commissioning Group (CCG) area. The practice is situated in the fifth less deprived area nationally and the practice population reflects the national average with a slightly higher population of working age males and 64 to 80 year old age group.

There are three GP partners, one female and two male, and a managing partner. There are also three salaried GPs and a GP registrar. There are four practice nurses and three health care assistants who all work across the two sites. There is a large administration team usually work at a dedicated site led by the managing partner, an associate practice manager and associate manager.

The practice is open at the following times.

At Brinsworth the practice is open from 7.15am to 6.30pm Monday to Friday. GP appointments are available 7.30am

to 6.30pm Monday to Friday with the exception of Thursdays when the morning surgery begins at 9am. Nurse and/or health care assistant (HCA) appointments are available at variable times between 7.30am and 6pm most days Monday to Friday.

At Whiston the practice is open between 7.15am to 6.30pm on a Monday, 7.30 to 6.30 on a Tuesday and Wednesday and 8am to 6.30 pm Thursday and Friday. GP appointments are available 9.30am to 6.30pm Monday, Thursday and Friday and 9.30am to 4.30pm Tuesday and Wednesday. Nurses and/or HCA appointments are available 7.30am to 4pm on a Monday and 7.30am to 12.30pm on a Tuesday. Patients can attend either surgery for an appointment.

Out of hours services are provided by calling the NHS 111 service. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries. It is open from 8am to 9pm every day including Bank Holidays (excluding Christmas Day).

This practice is a GP training practice.

The practice is registered to provide the following regulated activities; surgical procedures, maternity and midwifery services; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is

# Detailed findings

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, 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 16 March 2016. During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, a health care assistant, four administration and reception staff and the practice manager and associate practice manager.
- We spoke with 11 patients who used the service including a member of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 living with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We saw from the records that areas for improvement were identified and acted upon.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice and detailed minutes were maintained when significant events were discussed in meetings. For example, an incident where a patient had not followed a nurse's advice was discussed at a clinical meeting and prompted the purchase of equipment such as a wheelchair and foil blankets for patient use.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse although there were areas for improvement:

- Arrangements were in place to safeguard children and vulnerable adults 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 GPs attended safeguarding meetings when possible and always provided reports when necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. Refresher training was scheduled for 17 March 2016. GPs were trained to Safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. The practice manager told us they and the GPs had provided informal training for staff who acted as chaperones. They also told us they had scheduled formal training with an external organisation for April 2016. Staff had received a Disclosure and Barring Service check (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 and we received a number of positive comments from patients about the standards of cleanliness. A clean and dirty utility, with a sluice, was attached to the minor procedure room. There was infection prevention and control (IPC) protocol in place and staff had received training although not all staff were up to date. For example, a health care assistant had last received training in 2005. IPC training was scheduled for May 2016. IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result; however staff we spoke with were not aware of these or the outcomes. There was no cleaning schedule and no record of cleaning of equipment such as the spirometer; the practice nurse told us they cleaned equipment after every clinic. The practice manager sent us a revised cleaning schedule after the inspection. We saw one sharps bin was not appropriately labelled. There had been a number of changes to the nursing team and staff were not aware if there was an IPC lead.
- Some of the arrangements for managing medicines, including emergency drugs and vaccinations, required improvement. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. 90% of patients on four or more medicines had received a medicine review. Prescription 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 saw that emergency drugs at the Brinsworth surgery were held in a secure cupboard in a secure room on the ground floor. The positioning of this cupboard away from some of the treatment areas on

## Are services safe?

the first floor and arrangements to gain access to the emergency cupboard keys meant staff may not have been able to access medicines in a timely manner should these have been required in an emergency. The practice manager provided an invoice to evidence, that after the inspection, they had ordered a new drugs cabinet for the treatment room on the first floor to address this issue. We saw that the vaccine fridge temperatures were checked regularly but had not always been completed on a daily basis. The temperatures were only checked when nurses were on duty and a member of staff told us they only checked the vaccine fridge in the room they were working in. Public Health England guidance for ordering storing and handling vaccines 2014 states the vaccine fridge temperatures should be done it at the same time every day during the working week. Temperature data loggers were provided for some of the fridges which gave a constant recording of fridge temperatures which could be downloaded onto a computer. These also had light indicators if there had been any time when the fridges were working outside of the acceptable temperature ranges. The practice manager said they would provide this equipment for all the vaccine fridges. We did not identify any concerns with vaccine fridge temperatures within the records we viewed. When we spoke to one of the practice nurses they were unsure if their training was up to date in respect of giving vaccinations. The practice manager told us they had attended an awareness course with the lead nurse in this area for Rotherham CCG in September 2015 in their previous employment and accredited training was scheduled at Sheffield University in June and October 2016.

- We reviewed three personnel files and found recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, in two cases, although the DBS number had been recorded, the date received and any detail as to whether the DBS was acceptable was not recorded. Records of interviews and subsequent outcomes were not held.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Management of risks to patient safety required improvement.

We saw records to evidence clinical equipment was checked to ensure it was working properly. However, we found a number of shortfalls relating to equipment for example;

- The defibrillators at both surgeries were not in working condition. At Brinsworth surgery the equipment was not working possibly due to battery failure. Following the inspection the practice manager told us they had purchased new batteries and would keep a spare set at the practice. At Whiston surgery there were no pads for the equipment so this could not have been used. There were records to show the equipment had been checked monthly but no record that they had identified any concerns. The practice manager told us they were aware of the issues at Whiston and had been trying to order the pads but the equipment was old and they could no longer locate these however there were no records to support this action. The practice manager provided an invoice to show that, following the inspection, a new defibrillator had been purchased for Whiston surgery.

We found oxygen was provided at each surgery but no children's masks were available. One adult mask was available with each cylinder. However, the mask should be for single use only but the masks at both sites had been removed from their packaging. We also saw that warning signs to indicate where the oxygen was stored in the event of a fire were not displayed. The practice manager provided evidence, that following the inspection, signage and masks had been purchased.

The Resuscitation Council (UK) guidance states a reliable system of equipment checks and replacement must be in place to ensure that equipment and drugs are always available for use in the event of a cardiorespiratory arrest. This process should be designated to named individuals, with reliable arrangements for cover in case of absence. The frequency of checks will depend upon local circumstances but should be at least weekly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as fire, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in

## Are services safe?

buildings). The practice had up to date fire risk assessments and carried out regular fire drills. There was evidence electrical equipment was checked to ensure the equipment was safe to use however we found a battery charger at Whiston practice had not been checked since November 2013.

- 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 that enough staff were on duty.

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

The practice had arrangements in place to respond to emergencies and major incidents although these required review as we found shortfalls in this area.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. There were emergency medicines and equipment available at both surgeries but this could not be easily or quickly accessed in an emergency and some equipment was not in working order. For example, the defibrillators were not in working order and access to medicines at Brinsworth was compromised due to the storage arrangements. The emergency equipment was also stored separately and in different places in each surgery. The practice manager provided evidence of the actions they had taken to address these concerns following the inspection.
- 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.



# 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 peoples' 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 showed the practice had achieved 98.8% of the total number of points available, with 7.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 95%, which was above the CCG average of 83% the national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests was 84%, which was the same as the CCG and national average.
- Performance for mental health related indicators was 100%, which was better than the CCG 91% and national average of 93%. However exception reporting in all but one indicator in this area was high. We spoke to the GPs and practice manager about the exception rates and there were a number of issues which had impacted on this data. For example, patients not attending for appointments.

Clinical audits demonstrated quality improvement.

- The practice provided four clinical audits which had been completed in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, one completed audit looked at the practice against the guidance about care and treatment for women who had menorrhagia (heavy periods) and their performance against best practice guidance provided by the CCG. They found that they were not always following the guidance including obtaining blood tests prior to referral and provision of written information about care and treatment options. On the second cycle they found they had improved in all areas but had room for improvement in giving written information to patients. The practice had since developed an information leaflet describing the care and treatment options.

The practice provided 30 enhanced services for patients which was one of the highest in the Rotherham CCG.

### Effective staffing

The practice manager ensured there was sufficient staff on duty through audits. We saw two staff audits completed in 2015. The audit completed in December 2015 showed there was a gap in administration hours, two staff had been recruited to address this and were due to commence employment in April 2016.

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff confirmed they had received induction training and said they were well supported.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. However, we saw one health care assistant had not received up to date training for vaccinations and injections, the practice manager said

# Are services effective?

## (for example, treatment is effective)

they were no longer undertaking this task but was planning to retrain this year. One nurse could not remember if their training was up to date. The practice manager provided information following the inspection to show they had attended training. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff files we reviewed showed they had had an appraisal within the last 12 months. Staff had been supported to develop skills by subscribing to apprenticeship schemes. A new partner had been supported to become a trainer
- 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, in-house and external training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff had received training from an external organisation and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- When a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- In house retinal screening was provided for diabetic patients.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 91% to 97%.



## Are services effective?

(for example, treatment is effective)

Congratulations cards were sent to parents of new-borns which gave an appointment for the eight week check and a copy of the immunisation schedule. The practice felt this contributed to the uptake of the immunisation programme.

The practice provided evidence to show that between September 2015 and January 2016 uptake for flu immunisation for patients over 65 years of age was 78%. For patients under 65 years who are at risk, flu immunisation uptake was 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Telephone calls from patients were taken in a separate building which ensured confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff assisted patients who were housebound with access to prescriptions by delivering these to their homes where necessary.
- Cards and flowers were sent to patients who achieved their 100th birthday.

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

- 85% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 83% said the GP gave them enough time (CCG average 88%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 80% said they found the receptionists at the practice helpful (CCG average and national average 87%).

However, all of the 44 patient Care Quality Commission comment cards we received and the 11 patients we spoke with 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

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. However, results were below local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 81%)
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

However, 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 on the comment cards we received was also positive and aligned with these views.

Staff told us that interpreter services were available for patients who did not have English as a first language and, between them, the GPs spoke five different languages.

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

Notices in the patient waiting room and on the practice website told patients how to access a number of support groups and organisations.

Congratulations cards were sent to parents of new-borns which gave an appointment for the eight week check and a copy of the immunisation schedule.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 5.7% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their practice contacted them and sent them a sympathy card. This call was either followed by a patient consultation 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 early morning appointments from 7.30am, Monday to Friday, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- On line services included appointment booking and a repeat prescription service.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. There were disabled facilities, a lift to first floor patient areas and the calling system included a tannoy system, visual calling system and a hearing loop.
- Interpreter services were available and between them, the doctors and staff spoke a number of languages including English, Punjabi, Hindi, Urdu, Bengali and Tamil. There was also a translate a page function on web site to enable patients to access information about the practice and health matters in different languages.
- We were told that on occasions GPs had acted flexibly to meet people's needs. For example, a GP came in on their day off to provide a procedure as it was the only day the patient could attend.
- Patients with long term conditions had a dedicated telephone number where they could also leave messages outside surgery times.

### Access to the Service

The practice was open at the following times:

At Brinsworth the practice was open from 7.15am to 6.30pm Monday to Friday. GP appointments were available 7.30am to 6.30pm Monday to Friday with the exception of Thursdays when the morning surgery began at 9am. Nurse and/or health care assistant (HCA) appointments were available at variable times between 7.30am and 6pm most days Monday to Friday.

At Whiston the practice was open between 7.15am to 6.30pm on a Monday, 7.30am to 6.30pm on a Tuesday and Wednesday and 8am to 6.30 pm Thursday and Friday. GP appointments were available 9.30am to 6.30pm Monday, Thursday and Friday and 9.30am to 4.30pm Tuesday and Wednesday. Nurses and/or HCA appointments were available 7.30am to 4pm on a Monday and 7.30am to 12.30pm on a Tuesday. Patients could attend either surgery for an appointment.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 54% patients said they could get through easily to the surgery by phone (CCG average and national average 73%).
- 36% patients said they always or almost always see or speak to the GP they prefer (CCG average 59 % national average 60%).

We received 44 CQC comment cards. Of these, 12 cards recorded negative comments about the length of time it could take to get an appointment particularly with a preferred GP which could be up to two weeks. Two people said they found it difficult to get an emergency appointment when required. Patients had not indicated on all the cards which surgery they usually attended so we could not assess if this issue was found at a particular surgery or across both surgeries.

We spoke with 11 patients during the inspection. Patients who attended the Whiston surgery told us they could get appointments easily and said this had improved since the merger of the two practices. However, patients at the Brinsworth surgery said they had to wait for routine appointments and this could be up to two weeks for a preferred GP. All the patients said they found the reception staff helpful and polite.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

## Are services responsive to people's needs? (for example, to feedback?)

- 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 on the practice website and in a complaints leaflet available in the practice. The complaints procedure included information on how to escalate their complaint if they were not satisfied with the response from the practice.

Information provided by the practice showed it had received 12 complaints since July 2015. We looked at the complaints records and found these were satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, where communication issues had been identified, areas for improvement had been discussed at meetings with staff.

# 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 a mission statement and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored. The practice had a good understanding of the future challenges and had taken action to minimise risk of future staff changes.

### 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, systems relating to emergency medicines and equipment required review.

### Leadership and culture

The partners in the practice had 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 they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 regular team meetings.
- 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 in doing so and felt supported if they did. The practice rewarded long service and gave awards for 10 years plus service.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Originally the PPG was formed in October 2012 to serve and represent the patients at Whiston. Following the recent merger with Brinsworth Medical Centre, the PPG now served the consolidated practice of the Brinsworth and Whiston Medical Centre. The group met on a two monthly basis, alternating meetings between the Whiston and Brinsworth sites. The PPG consisted of five patient representatives. The PPG assisted in patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had put a suggestion box in place and redecorated following feedback from the PPG.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had also conducted pre and post-merger patient surveys. The PPG member told us the PPG had been kept fully informed about the merger and felt this had gone very smoothly.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff 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.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b>  The registered person did not do all that was reasonably practicable to monitor, manage and mitigate risks to the health and safety of service users. This was because:  The provider did not have a reliable system in place to ensure emergency equipment was in working order. The defibrillators were not in working order or lacked equipment to ensure they could be used.  Timely access to emergency medicines was compromised due to storage arrangements and access to medicine cabinet keys.  This was in breach of regulation 12(1)(2)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.