# Brooks Bar Medical Centre

## Quality Report

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Date of inspection visit: 14th June 2016
Date of publication: 21/07/2016

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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

On 10th November 2015 we carried out a full comprehensive inspection of Brooks Bar Medical Surgery which resulted in a Warning Notice being served against the provider. The Notice advised the provider that the practice were failing to meet the required standards relating to Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. The parts of the regulation that the practice were failing to meet specifically related to the systems that the provider had in place which were not established and operated effectively to ensure compliance with the requirements. In particular they did not :

- Assess, monitor and improve quality and safety
- Assess, monitor and mitigate risks relating to the health, safety and welfare of patients and staff

# Summary of findings

- Seek and act on feedback from relevant persons and other persons on the services, including patients and staff
- Monitor, evaluate and improve their practice through any feedback received.

On 14th June 2016 we undertook a focused inspection to check if the practice had achieved compliance with the Warning Notice which we issued on 11th December 2015. At this inspection we found that the provider had satisfied the requirements of the Notice.

Specifically we found that :

- There had been a number of staff changes and key members of the medical and administration team had either left or were due to leave the practice. Whilst progress had been made regarding governance improvements,the remaining and any new partners must ensure that an adequate focus is maintained to secure and embed these and other improvements required.
- The practice were currently trying to recruit medical and reception staff. The onus was on existing and locum staff to support the practice in the meantime and absorb the daily clinical and administration tasks.
- There were systems in place to assess and monitor risks at the practice and steps had been taken to mitigate those risks, in relation for example, to health and safety and recruitment.
- The practice had introduced systems to monitor that clinical and non-clinical audits were being carried out and discussed. This would be further improved when the practice could evidence over time that actions identified were carried out and outcomes were reviewed to quantify their impact.
- A process to report, record, discuss and review significant events had been embedded. This would be further improved when the practice could evidence over time that trends were monitored, learning was achieved and actions identified were carried out and monitored.
- There were systems in place to identify and manage vulnerable patients and to monitor clinical risks such as medicine alerts, recalls and clinical coding.
- Governance arrangements were improving but there was a lot of onus on only one GP who, in addition to their clinical responsibilities, was also the lead for all tasks such as safeguarding, significant events, infection control, policies and procedures, human resources, staff meetings and communication.
- Staff told us that communication had improved and they felt more valued and empowered to effect change.

**Professor Steve Field CBE FRCP FFPH FRCGP**
Chief Inspector of General Practice

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 402 survey forms were distributed and 92 were returned. This was a 23% response rate and represented just fewer than 2% of the practice population.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%. This was better than the results published in July 2015.
- 77% found the receptionists at this surgery helpful (CCG average 89%, national average 87%). This was lower than the July results.
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%). This was lower than the July results.
- 87% said the last appointment they got was convenient (CCG average 92%, national average 92%). This was lower than the July results.
- 70% described their experience of making an appointment as good (CCG average 75%, national average 73%). This was lower than the July results.
- 57% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).This is better than the July results.

We did not review comments cards or speak to patients during this inspection.

# Brooks Bar Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector**.** The team another CQC inspector.

## Background to Brooks Bar Medical Centre

Brooks Bar Medical Practice is based in Trafford in a building owned by the partners. They offer services under a General Medical Services contract to 5645 patients in the Trafford and surrounding areas. This figure is approximately 100 patients less than what the population was at our inspection in November 2015. The practice lies on the boundary of four areas and the information systems available to the practice do not link with all the secondary care services where patients can be referred. Deprivation within the practice population is high.

The lead GP worked full time and was assisted by a partner a long standing locum and other locum GPs as and when required in order to cover 18 clinical sessions per week. Nursing staff consisted of two female practice nurses working part time, a male health care assistant (in training), 8 part time administration staff and a practice manager.

The surgery opening times were listed as 8am to 7.30pm on Mondays, Tuesdays and Thursdays and 6.30pm on Friday. They closed between 1pm and 2pm every day for lunch but patients could ring the doorbell to get in if they needed to. The phones were transferred to Mastercall between 12.30pm and 2pm each day but patients could access the practice through a by-pass number in emergencies. On Thursdays, the phones were transferred to Mastercall from 12.30pm until 3.00pm for protected training time and on Wednesdays the surgery closed at 12.30pm. At weekends when the practice was closed the patients were directed to the Out of Hours Services. The practice tried not to turn any patients away and sometimes appointments were booked when the reception or surgery was closed.

## Why we carried out this inspection

We inspected this service as part of inspection programme. We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements of a Warning Notice issued on 11th December 2015.

## How we carried out this inspection

Before visiting we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14th June 2016.

During our visit we:

- Spoke with the practice manager and two administration staff and provided feedback to the lead GP.
- Reviewed the requirements of the Warning Notice.
- Spent time with the practice manager reviewing evidence to substantiate our findings.

# Detailed findings

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

At this inspection we reviewed the requirements of the Warning Notice served on 11th December 2015 and found that positive steps had been taken to address the identified issues. Although the issues related in part to the safe and well led domains, we did not inspect these domains in their entirety.

We found that systems and processes had been established and were being operated. It was too early to say whether these systems were effective and that will need to be evidenced over time.

We found that the practice had systems to assess, monitor and improve the quality of the services provided. For example :

- They had an electronic folder which could be accessed by all the staff and contained clinical audits.We saw that several audits had been undertaken.In particular we saw evidence of a two-cycle audit relating to patients with Glaucoma.We saw that this had been discussed and action had been taken.However, there were further actions that required review to ensure the process was completed and positive outcomes were achieved for all patients. This was in relation to clinical coding.
- A number of the audits had been carried out by one of the GPs who had now left the practice.We saw that a recommendation had been made that an asthma audit be undertaken and we saw that this had been started by one of the other GPs with recommendations to discuss the findings at future clinical audit meetings.
- The practice manager told us that it was the aim of the practice to continue with the process of monitoring, auditing and reviewing clinical practice.We saw that there was an audit action register with further actions to complete and update. Currently there was no clinician with a lead responsibility for ensuring that happened.
- Regular staff meetings had been introduced and minutes of those meetings had been recorded.All practice staff had been sent meeting dates for their diaries. A note was kept of staff attending and staff apologies and those staff who did not attend received minutes of the meeting electronically. These were sent through the Docman system and the practice manager was able to monitor whether they were received, read and understood.The same system was used to send communications, medical alerts and other important information.We looked at the system and saw communications that had been actioned.

We found that the practice had systems to assess, monitor and improve the safety of the services provided. For example :

- We found that the process to monitor medicines management, clinical coding and patient recall had improved since our last visit. We saw that the practice had a learning disabilities register as per their enhanced service and there were 20 patients on the register. The practice nurse was responsible for ensuring that all the patients on the register were called for their annual reviews and any identified issues were flagged to a medic if necessary.
- A protocol to identify and highlight vulnerable patients on the system had been embedded. The health care assistant was responsible for ensuring that the policy was followed and all vulnerable patients were appropriately coded. We saw that 150 vulnerable patients had been identified and coded. They had alerts on their records to highlight them to clinicians when they were being reviewed. These alerts were also for the use of administration staff and we were given an example where extra care was taken to make sure that a vulnerable patient who telephoned was given the time and understanding that they needed.
- They had introduced a significant event protocol. Staff had read and demonstrated that they understood what constituted a significant event and how they would report it. We saw that an electronic folder had been set up and there were several significant events recorded. Significant event meetings had been held and had been attended by clinical and administration staff. Each significant event had been discussed. They recorded what went well, what could have been done differently, learning outcomes and actions for review. The process had been set up by one of the GPs who had now left and the lead GP now had responsibility to ensure that significant event recording, reporting, discussing and acting upon continued over time. Staff told us that the process was helpful and had increased communication and learning.

# Are services safe?

- Health and Safety checks such as portable appliance testing had been undertaken throughout the practice and there was a system in place to regularly monitor this. Old mercury blood pressure machines had been replaced with new, safer options. (Mercury is a dangerous substance and there was a risk of mercury spillage if the blood pressure machines had been dropped and broken).

We found that the practice had systems to monitor performance, and obtain patient and staff feedback. For example :

- The practice had undertaken an employee satisfaction survey. 13 surveys were sent out and 12 were returned. Staff had identified issues they would like to be addressed and an action plan was implemented. In order for this system to be effective the practice would have to evidence at a later date that the actions were completed and improvements had been maintained.
- The practice had an active patient participation group.We saw minutes from a meeting in May 2016 attended by the lead GP and eight patient members.We saw that the group was free to ask questions which were answered and that they had actions for the future, including ideas for a future patient survey. We saw that meeting dates for the future had been arranged.
- They had reviewed patient feedback through surveys and there was an action plan in place to make improvements. In order for this system to be effective the practice would have to evidence at a later date that the actions were completed and improvements were maintained. However, the system was in place to obtain feedback and take action to improve.

We found that the practice had a system to identify, implement, review and monitor training and governance. For example :

- They had implemented an electronic system to host all their policies and procedures. They were systematically reviewing, updating and personalising practice protocols. They were monitoring staff to ensure that they had read and understood the policies.They were discussing and increasing understanding of practice policies during training sessions.
- Protected time had been arranged every Thursday between 1pm and 3pm for training meetings ranging from speakers attending the practice, internal training and education and e-learning.All mandatory learning such as safeguarding adults and children, chaperoning, basic life support, infection control, fire drill procedures, fire safety awareness, health and safety, diversity and respect, mental capacity and information governance had been undertaken by most, if not all staff.
- The practice manager had a system in place to monitor and update training records. All staff had been empowered to increase their learning and had been signed up to an electronic training system.

We were satisfied that the requirements of the Warning Notice issued on 11th December 2015 had been met. The rating awarded to the practice following our full comprehensive inspection in November 2015 has not been reviewed and remains unchanged. The practice remains in special measures and will receive a full comprehensive re-inspection in the future when their rating will be reviewed.

# Are services well-led?

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

## Our findings

Although there were elements of the safe and well led domains covered by the Warning Notice we did not inspect these domains in their entirety at this inspection. The rating awarded to the practice following our full comprehensive inspection on 10th November 2015 has not changed. The practice will be re-inspected in relation to their rating in the future.