

Brookfield Park Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 24 August 2016. Overall the practice is rated as good.

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

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were areas of practice where the provider should make improvements:

- Continue to monitor patients' satisfaction with opening hours and continuity of care, implementing remedial action as necessary.
- Continue with efforts to recruit a nurse to work more clinical sessions, to reduce additional pressure on other members of the clinical team.
- Continue with efforts to increase the size of the patient participation group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- 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 other health care professionals 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 the practice was comparable with others in respect of most aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- 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.

- Early morning appointments were available for patients unable to attend during normal working hours.
- The quick access system allowed patients to obtain consultations the same day, although it might not be with their preferred GP. Survey results and patients we spoke with suggested that there was an element of delay in patients arranging routine appointments with their preferred GPs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had various up to date policies and procedures to govern activity.
- 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.
- There were structured clinical meetings weekly allowing for good communication between 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 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 upon. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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 urgent appointments for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 52 patients were currently on the register, all of whom had up to date care plans.
- Records showed that 416 patients were prescribed four or more medications, of whom 320 (77%) had had a structured annual review.
- The uptake for bowel cancer screening was above the local average.
- One hundred and ninety-one patients identified as being at risk of developing dementia had been offered cognition testing.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The practice held monthly meetings to discuss patients at higher risk of unplanned admission to hospital.
- Longer appointments and home visits were available when needed.
- The practice's performance relating to diabetes care was comparable with local averages.
- The practice maintained a register of 145 patients with diabetes, of whom 134 (93%) had undergone a foot examination and 130 (90%) had had a retina check.
- The influenza vaccination rate for patients with diabetes was 96%, above local and national averages.
- The practice maintained of register of 20 patients with heart failure, all of whom had had an annual medicines review in the preceding 12 months.
- The practice's performance relating to asthma, hypertension, and chronic obstructive pulmonary disease was comparable with local and national averages.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- 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 and maintained a register of vulnerable children.
- Take up rates for all standard childhood immunisations were comparable with the local average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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).

Good



- 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.
- Early morning appointments were available for those patients who could not attend during normal working hours.
- The practice's uptake for the cervical screening programme was above the local average.
- Data showed that 218 patients (22% of those eligible) had received an NHS health check; whilst 1,325 patients (being 83% of those eligible) had undergone blood pressure checks in the last five years.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including 14 patients with a learning disability.
- All of the patients on the learning disability register had had an annual follow up and care plan review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- 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.

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).

- Ninety per cent of the 56 patients experiencing poor mental health had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, comparable with local and national averages.
- All of the 15 patients registered with severe mental health problems had had an annual review.
- Thirteen of the 16 patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months, comparable with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Continuity of care for patients experiencing poor mental health was prioritised.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016, prior to the practice moving to new premises and obtaining a new telephone system. The results showed the practice was performing generally in line with local and national averages. Three hundred and seventeen survey forms were distributed and 109 were returned. This represented roughly 3.5% of the practice's list of approximately 3,250 patients.

- 69% of patients found it easy to get through to this practice by phone compared to the local average of 76% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the local average of 84% and the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and the national average of 78%.

Seventy-eight patients had responded to the Friends and Family Test since April 2016; of whom 59 (75%) were extremely likely to recommend the practice and 15 (19%) were likely to recommend it.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, most of which were very positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. They said that GPs and clinical team took time to explain healthcare issues and involved them in decision making. Three of the comments cards mentioned there sometimes being long waiting times for appointments.

We spoke with seven patients during the inspection, together with a member of the patient participation group. The patients said they were generally very satisfied with the care they received and thought staff were approachable, committed and caring. Two patients mentioned long waits for routine appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor patients' satisfaction with opening hours and continuity of care, implementing remedial action as necessary.
- Continue with efforts to recruit a nurse to work more clinical sessions, to reduce additional pressure on other members of the clinical team.
- Continue with efforts to increase the size of the patient participation group.

Brookfield Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Brookfield Park Surgery

Brookfield Park Surgery operates from 68 Chester Road, London N19 5BZ, having moved from nearby premises at the end of April 2016. The newly-opened premises are purpose-built and have good facilities. They are leased from the local authority and occupy the ground floor and basement of a block of flats. The practice is located a short distance from Archway underground station and is served by one bus route.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 3,250 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 40 general practices. The practice is registered with the Care Quality Commission to carry out the following regulated activities - Maternity and midwifery services; Family planning; Treatment of disease, disorder or injury; and Diagnostic and screening procedures. The patient profile has a slighter higher than average young children and young teen population, as well as adults in the age range 35-64 years. The practice has a mid-range deprivation score, being in the fifth "less deprived decile".

The practice has a clinical team of two female partner GPs. The lead partner GP works six clinical sessions per week; the other partner GP works three sessions. A male

long-term locum GP also works three sessions. There is a female practice nurse and a healthcare assistant, who both work one clinical session a week. The practice manager has just begun an extended period of leave; their work is being covered by a temporary practice manager. There are three receptionists. The practice had recently been accredited as a teaching practice, with GP registrars (qualified doctors gaining general practice experience) due to start work over the coming months.

The practice's opening hours are as follows - it does not close at lunch time:

Monday 8:00 am to 6.30 pm

Tuesday 8:00 am to 6.30 pm

Wednesday 8:00 am to 6.30 pm

Thursday 7.30 am to 1:00 pm

Friday 7.30 am to 6.30 pm

GPs consultation times for morning and afternoon sessions are as follows:

Monday 8.30 am to 12.30 pm 3.30 pm to 6.30 pm

Tuesday 8.30 am to 12.30 pm 3.30 pm to 6.30 pm

Wednesday 8.30 am to 12.30 pm 3.30 pm to 6.30 pm

Thursday 7.30 am to 12.00 pm Closes at 1.00 pm

Friday 7.30 am to 12.00 pm 3.30 pm to 6.30 pm

Routine appointments are 10 minutes long, although patients can book double appointments if they wish to discuss more than one issue. Appointments are usually offered within 48-hours, although this period may be extended if a patient wishes to see a particular doctor. A number of same day appointments are available, for which

Detailed findings

patients need to phone the practice at 8.00 am for a morning appointment and at 1.00 pm for an afternoon appointment. The calls are triaged by one of the GPs. Appointments with the nurse are 15 minutes long.

If they have previously registered for the system, patients can also book appointments and request repeat prescriptions online.

The practice is closed at weekends, but a number of weekend appointments are available under a local scheme operating at three locations across the borough. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website.

In October 2013, we had inspected the practice at its former premises, using our previous methods. We found that it was not complying with the regulations in force at the time. The practice did not have an emergency oxygen supply or a defibrillator for use in patient emergencies. There were also concerns regarding infection control, due to the state of decoration and repair of the former premises. We carried out a follow up inspection in August 2014, and found that the practice had taken sufficient and appropriate action to comply with the regulations then in force.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, 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 24 August 2016. During our visit we:

- Spoke with a range of staff including the lead partner GP, the temporary practice manager and members of the administrative team. We also spoke with seven patients who used the service, and 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 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. These included actual incidents and near misses.

- The lead GP partner was responsible for leading on significant events and incidents. The practice's computer system had a protocol for recording incidents, managing any investigation, analysis and for recording the outcomes. The protocol, which had last been reviewed in April 2016, and reporting form was accessible via a shortcut on staff members' computer screens. Staff we spoke with were familiar with the protocol and reporting form and described how they were used. We saw several examples of completed records. We saw that events were discussed at weekly clinical meetings and the monthly staff meetings, when all staff were encouraged to contribute to discussions. The incident process supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been four incidents treated as significant events in the previous 12 months and we discussed these with the lead Partner GP. In one case, two patients' cytology test samples had been mislabelled. The practice contacted the patients and arranged for the tests to be repeated. The staff member who had carried out the original tests received refresher training and all staff were reminded of the need for accurate labelling of sample bottles. Another incident related to a patient who was receiving palliative care. It was found that a palliative care nurse attending the patient had removed the form which

recorded the patient's wishes regarding resuscitation. The matter was raised by the practice at the next palliative care meeting and the practice obtained a supply of blank forms should any be removed in the future.

Patient safety alerts, for example relating to particular medications, were initially processed by practice manager or the temporary practice manager, having been received using the NHS Central Alerting System. They were forwarded to clinical staff by email, and a hard copy library was maintained. We saw recent examples relating to acute kidney injuries and insulin pumps.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The lead partner GP was responsible for leading on safeguarding adults and for child protection issues. The policies were accessible to all staff and been reviewed recently. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We noted that practice safeguarding meetings were conducted on an ad hoc basis, being arranged when concerns were highlighted. We discussed this with the lead partner GP, who provided us with evidence shortly after the inspection that contact had been made with the named health visitor for the practice to establish regular, bi-monthly meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to level 3; the practice nurse, healthcare assistant, practice manager and two reception staff to level 2; and the remaining staff to level 1. We saw that evidence that refresher training had been booked.
- A notice in the waiting room advised patients that chaperones were available if required. The practice policy, which had been reviewed in April 2016, was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate training and repeat Disclosure and Barring Service (DBS) checks had been carried out.

Are services safe?

- 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. We interviewed several staff members and discussed chaperoning. They had a clear understanding of the issue and their duties when acting as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning was done in accordance with written cleaning schedules and checklists, posted in each room. A contractor carried out general cleaning duties, and a communications book was used to pass them particular instructions. Clinical staff were responsible for cleaning their rooms during the day. The lead partner GP was the clinical lead on infection control issues, working with the practice manager. The infection control policy had last been reviewed and updated in April 2016, when the practice moved to the new premises. We saw records evidencing that staff had received infection control training and noted that it was an area covered by the staff induction training process. The practice liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits were carried out, the last being done in June 2016. We saw that disinfectant hand gel was available and hand washing guidance was provided by posters throughout the premises. Clinical waste, including sharps bins, was appropriately stored and was collected weekly and disposed of by a licensed contractor. The practice had a sharps injury protocol available on the shared computer system and guidance notices advising on procedures relating to sharps injuries were posted in the treatment and consultation rooms. Disposable curtains were used in the treatment and consultation rooms and had a note affixed of when they had been put up and were due to be changed. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks. Staff we spoke with were aware of the appropriate procedures to follow. The practice had a cleaning schedule and guidance for equipment such as spirometer and nebuliser, which was cleaned before and after each use. All medical instruments were single-use. The practice had a room set aside for isolating patients who might have identifiably infectious conditions.
 - The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions. These included the review of high risk medicines, with flags on patients' records to assist in monitoring their prescribing. 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. The practice benchmarked its prescribing practice using data provided by the CCG. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The use of PGDs was in accordance with current guidelines. The practice appropriately monitored and recorded stocks of medicines and vaccines, including those for home visits. The lead partner GP monitored stock levels, with re-ordering done monthly. The practice's two vaccines fridges had been inspected, calibrated and certified in March 2016. We saw that the fridge temperatures were monitored, using two thermometers, and recorded. The records for one of the fridges showed a few occasions when it had been 1 degree centigrade over the recommended temperature range. The practice confirmed shortly after the inspection that a replacement fridge had been obtained. All the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises.
 - We reviewed five personnel files and found 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 Criminal Records Bureau or later by the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and generally well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. The premises were new and all facilities safety assessments had been signed off when the premises were handed over in April 2016. These included a general health and safety risk assessment, as well as a specific fire risk assessment. Staff had undertaken online annual fire awareness training and

Are services safe?

there were two named fire marshals. Firefighting equipment had been checked when installed at the handover of the premises in April 2016. The practice carried out and logged weekly fire safety checks, which included testing the fire alarms. We saw that fire drills had been conducted. The annual inspection and calibration of medical equipment had been carried out in March 2016. An inspection and testing of portable appliances (PAT testing) was done in August 2016. The practice had a variety of risk assessments in place to monitor safety of the premises, including disability access, legionella - a particular bacterium which can contaminate water systems in buildings - and the Control of Substances Hazardous to Health (CoSHH). There was no water storage at the premises, with water being heated at source, and the risks associated with legionella were negligible.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to 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.
- Staff had received annual basic life support training.
- The practice had a defibrillator available on the premises. Staff told us the equipment was checked on a three-monthly basis; we suggested that checking it every month was more appropriate and the lead partner GP agreed to do this. The practice sent us its revised defibrillator protocol, which included monthly checking, shortly after the inspection. We saw that the pads were in date and the battery was charged ready for use. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used.
- The practice had a range of emergency medicines which were easily accessible to staff in a secure area of the practice; all staff knew of their location. We reviewed the emergency drugs and discussed a number of others that practices are generally recommended to have available. The practice confirmed shortly after the inspection that several others had been obtained. All the medicines we checked were in date and stored securely. Supplies were logged and monitored.
- The practice had a detailed business continuity plan in place. The plan had been reviewed in August 2016. There was ongoing discussion with two nearby practices regarding re-locating the service in an emergency, should the premises be unusable. The plan contained emergency contact numbers for staff, stakeholders, utilities providers and contractors.

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. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the Camden CCG.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE). Guidelines were received and logged onto the practice's computer system. The guidelines and alerts were also printed and added to a central library file, which could be accessed by all staff as well as by any locums. We were shown recent examples, including guidance relating to meningococcal septicaemia.
- 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 recently published results related to 2014/15 and were 98.2% of the total number of points available being 5% above the CCG average and 3.5% above to the national average. The practice's clinical exception rate was 7.9%, which was 0.3% above the CCG average and 1.3% below the national average. 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 that 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 90.3%, being 1% above the CCG average and 1.1% above the national average.
- Performance for hypertension related indicators was 100%, being 2.5% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 100%, being 10.1% above the CCG Average, and 7.2% above the national average.

The practice provided us with data relating to 2015/16 which showed it was likely to achieve an overall QOF score of 539.59 points of the available 545, being 99%.

There was evidence of quality improvement including clinical audit to highlight where improvements could be made and monitored. They included ones that had been initiated by the practice as well as a number by the local CCG. There had been six clinical audits carried out in the last 12 months. Of these, three were completed or ongoing repeat audits, and another was to be repeated shortly after our inspection. We looked at two completed audits. One, regarding patients prescribed methotrexate, a drug used to treat certain types of cancer, had been conducted in August 2015 and repeated in February 2016. The results showed an improvement in prescribing recommended dosages over the course of the cycle, with the practice achieving the 100% target by the second audit. Another audit was conducted regarding patients receiving appropriate follow up after in-house ambulatory blood pressure monitoring. At the first audit in November 2015, 96% had been followed up. By the second cycle in February 2016 the figure had increased to 100%.

Effective staffing

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

- We saw examples of staff rotas prepared a month in advance.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw that the practice had a suitable information pack for use by locum GPs. However, staff told us that

Are services effective?

(for example, treatment is effective)

few locums were used and those who were had worked there over a long period of time and were therefore familiar with the practice's and the local CCG's systems and processes.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The lead partner GP was the clinical lead in all areas, except to diabetes care, which was led by the other partner GP.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of a range of e-learning training modules and 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 their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw several examples on various patients' records which we reviewed with clinical staff.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred to, or after, they were discharged from hospital. Multidisciplinary team meetings (MDTs) took place with other health care professionals on a monthly basis. Participants included health visitors, district nurses, the community matron, occupational therapists, physiotherapists and the local care navigator. We saw the minutes of the last four meetings.

The practice had quarterly meetings with palliative care nurses and GPs made joint home visits with the nurses.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff had received training which included guidance on 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.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.
- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had identified 852 patients aged over-16 as smokers and had given smoking cessation advice to 809

Are services effective?

(for example, treatment is effective)

(94%) of them. Data from the 2014/15 QOF results showed the practice achieved 97.3% related to Public Health smoking indicators, this being 2.7% above the CCG average and 2.2% above the national.

The practice's uptake for the cervical screening programme was 79.75% being approximately 7% above the CCG average. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it ensured a female sample-taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with its results for both being above the CCG averages. 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.

The practice website had information about the winter flu vaccination programme. The influenza vaccination rates for patients identified as being at risk due to existing health conditions, for example diabetes, was 96.77%, higher than both the CCG and national averages. Childhood immunisation rates were comparable with local averages. For example, rates for the vaccinations given to under two year olds ranged from 65% to 97% and for five year olds from 71% to 89%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 16-65 years. Data showed that 218 patients (22% of those eligible) had received an NHS health check; whilst 1,325 patients (being 83% of those eligible) had undergone blood pressure checks in the last five 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient comments cards we received and the seven patients we spoke with were positive about the service experienced. The cards and the patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

The practice's satisfaction scores recorded by the GP patients' survey on consultations with GPs and nurses were comparable with local averages. For example -

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and the national average of 91%.

In addition, 84% of patients said they found the receptionists at the practice helpful (CCG 87% and national 87%).

We saw that the practice monitored the results of the GP patients' survey, together with the Friends and Family Test, and checked and responded to reviews left by patients on the NHS Choices website. It had also carried out its own patient survey in February and March 2016.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were comparable with local and national averages. For example -

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There were notices and patient leaflets waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs when a patient was recorded as being a carer. The practice had identified 46 patients as carers, being approximately 1.5% of the practice list. Written information was available in the waiting area and on the practice website to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by post, offering a face-face or telephone consultation. We saw that information about bereavement and support services was available in the waiting area and on the practice website.

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 lead partner GP was the CCG's clinical lead for Learning Disabilities.

- Early morning appointments were available from 7.30 am on Thursdays and Fridays for patients not able to attend during normal working hours.
- Some same day appointments were available; with others usually available within 48 hours.
- Emergency consultations were available for children and those patients with medical problems which required urgent consultation.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, with a fixed hearing loop in the reception area and portable loops for individual consultations.
- An interpreting service was available. Staff spoke a variety of Asian languages, including Hindi, Gujarati, Marathi, Urdu, Malayalam and Bangla, together with Spanish and Portuguese.
- Appointments could be booked, and repeat prescription requested, online. There was a 24-hour automated phone booking system.

Access to the service

The practice's opening hours were as follows - it did not close at lunch time:

Monday 8:00 am to 6:30 pm

Tuesday 8:00 am to 6:30 pm

Wednesday 8:00 am to 6:30 pm

Thursday 7.30 am to 1:00 pm

Friday 7:30 am to 6:30 pm

GPs consultation times for morning and afternoon sessions were as follows:

Monday 8.30 am to 12.30 pm 3.30 pm to 6.30 pm

Tuesday 8.30 am to 12.30 pm 3.30 pm to 6.30 pm

Wednesday 8.30 am to 12.30 pm 3.30 pm to 6.30 pm

Thursday 7.30 am to 12.00 pm Closes at 1.00 pm

Friday 7.30 am to 12.00 pm 3.30 pm to 6.30 pm

Routine appointments were 10 minutes long, although patients could book double appointments if they wished to discuss more than one issue. Appointments were usually offered within 48-hours, although this period might be extended if a patient wishes to see a particular doctor. A number of same day appointments were available, for which patients needed to phone the practice at 8.00 am for a morning appointment and at 1.00 pm for an afternoon appointment. The calls were triaged by one of the GPs. This "urgent access" system had been introduced after the practice moved to new premises in April 2016. Appointments with the practice nurse were 15 minutes long.

If they had previously registered for the system, patients could also book appointments and request repeat prescriptions online.

The practice closed at weekends, but a number of weekend appointments were available under a local scheme operating at three locations across the borough. The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website.

The practice operates from new, purpose-built premises. There were five treatment rooms; two on the ground floor and three in the basement, accessible by a suitable lift.

We saw from the results of the national GP patient survey showed that 69% of patients said they could get through easily compared to the local average of 76% and the national average of 73%. The results had been published in July 2016 and covered the periods July - September 2015 and January - March 2016, prior to the practice moving premises. Following the move, the practice now had an upgraded phone system, with an additional six incoming lines.

The survey results also showed that 59% of patients were satisfied with the practice's opening hours compared to the local average of 72% and the national average of 76%. We

Are services responsive to people's needs?

(for example, to feedback?)

discussed this with the lead partner GP, who told us the issue had been reviewed with the patient participation group and was subject to ongoing monitoring. Plans to introduce telephone consultations were advanced and it was thought that this would improve patients' access to GPs.

Although most of the 21 patients' comments card we received were positive about access to the service, three patients' cards mentioned delays in obtaining routine appointments, particularly with their preferred GPs. This was also mentioned by two of the patients we spoke with. But we noted that the results of the GP patient survey regarding access were above average, with 89% of patients saying they were able to get an appointment to see or speak to someone the last time they tried (CCG average: 84% and national average: 85%). However, the results did reflect patients' comments regarding continuity of care, with 45% usually getting to see or speak to their preferred GP (CCG average: 53% and national average: 59%).

The practice recognised that with the nurse working only one clinical session per week there was additional pressure on other members of the clinical team. Efforts were being made to recruit a nurse to work more sessions, but the practice was finding this difficult. The practice was also investigating training newly-qualified nurses with a view to recruiting them after their period of training.

Listening and learning from concerns and complaints

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

- Its complaints policy, last updated in August 2016, and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website.

We saw that nine complaints had been made since the beginning of 2015. The complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. They were monitored and discussed at weekly clinical meetings and monthly meetings with all staff and reviewed on an annual basis. The complaints were analysed to identify any trends and action was taken to as a result to improve the service and quality of care. For example, a patient's representative complained about a number of issues, including the patient's prescriptions and missed telephone and home visit appointments. One of the partner GPs met with the patients' representative, apologised for the failings and agreed an action plan. The practice reviewed its reception, prescription and telephone protocols and the matter was discussed at clinical and staff meetings to ensure that learning from the incident was shared and systems were put in place to prevent a recurrence.

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. Its aim and objectives were included in its statement of purpose and on its website in which it stated -

- The aim of Brookfield Park Surgery is to provide excellent, innovative and personal community health care for our health service users. This will be achieved by improving medical consultation services to the local population while maintaining a named GP for every patient. In addition we aim to optimise patient convenience and access.
- Furthermore the practice aims to take on a leading role in helping to shape our health care professionals of the future with a strong move towards education and training for doctors and other allied health care professionals.
- All patients are welcome to register to our practice and we aim to serve their needs. Our newly developed premise has been created to optimise access for disabled patients and for those with sensory impairments.
- The practice looks to embrace innovative technologies as they evolve. Our health care pod service will allow patients to independently monitor their blood pressure and pulse as well as weight and height facilitating proactive self-care and subsequently improving the interface with health care services in a personally predicative manner.
- The practice has and will always see itself as an entity that is designed to serve the public and hence the practice will continue to develop its patient participation service group in the future.

It had a strategy and a supporting business plan which were regularly monitored and reflected the aims and objectives.

Governance arrangements

One of the partner GPs was the lead on governance issues. 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.
- The practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website and ran its own patient surveys.
- A programme of clinical and internal audit relating to prevalent health issues was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The lead partner GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. Staff told us the partner GPs and practice manager were approachable and always took the time to listen to all members of the practice team.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Good 

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

- There were clinical meetings held each week and administrative team meetings once a month. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partner GPs 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. It carried out regular patient surveys, the most recent being in February and March 2016, when an action plan was drawn up to address patients' concerns. There was a suggestions book available in the waiting area.

The practice also gathered feedback from patients through the patient participation group (PPG). The PPG was made up of 7 regular members and we spoke with the chair during our inspection. They were positive regarding the group's engagement with the practice. Minutes of PPG meetings and annual reports were posted on the practice's website. We saw that issues identified by the PPG in the last annual report as priority areas for improvement had been

addressed by the practice. These included offering online appointments booking, revamping the practice website, and providing patients with guidance on information sharing between local NHS bodies and the electronic prescribing service. Feedback from patients to the actions taken by the practice had been positive, as recorded in the annual report. We saw that the practice had drawn up an action plan following its patient survey in early 2016, which included continuing to promote the PPG and encouraging more patients to join it. We saw that information on this was included on the website.

The practice had gathered feedback from staff through staff meetings, appraisals and general 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. It had recently been accredited as a teaching practice, with GP registrars (qualified doctors gaining general practice experience) due to start work over the coming months. The practice was also looking into providing training to newly qualified nurses. The healthcare assistant had requested training in phlebotomy and this was to be provided by the lead partner GP shortly.