

# Princes Park Health 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Princes Park Health Centre under the new ownership of the provider Brownlow Group Practice on 14 March 2017. The previous provider had been placed in Special Measures by CQC in August 2015 and they left the practice in March 2016. Brownlow Group Practice became interim providers in 2016 and was awarded the three year APMS contract in February 2017. The findings of our inspection carried out on 14 March 2017 was the practice was rated overall as Good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. New systems and processes had been put into place by the new provider. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events were investigated and action had been taken as a result of the learning from such events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Feedback from patients about the care and treatment they received from clinicians was very positive. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said there had been improvements made to the appointment system under the new provider. They now found it easier to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management since the new provider had taken over the practice. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- External agencies and stakeholders described the quality improvements that had been made by the Brownlow Group Practice as interim and now permanent providers.

There were areas also where the provider should make improvement. The provider should:

- Continue to monitor and improve the cervical screening and childhood immunisations programmes to improve performance in these areas.
- Continue to develop and improve the number of clinical audits that have completed a two cycle process.

**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.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- The practice maintained appropriate standards of cleanliness and hygiene.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. On the day of inspection data shown to us demonstrated quality improvements but there were still areas where the performance was below local and national targets.

Good



# Summary of findings

- There were a small number of clinical audits that had been undertaken at the time of inspection, not all of these were completed and two cycle audits due to the provider being new to the practice.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services. Results for how caring the practice had been under the previous provider were lower than local and national results. At the time of our inspection on 14 March 2017 the national patient GP survey results had not been published for the new provider. During this inspection we saw the new provider had taken action to address all the areas where patient satisfaction had previously been low. We found that:

- Systems had been put into place to collate patient views.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patient information had been written in languages patients could understand.
- Patients told us that GPs were caring, had more time with them and were compassionate
- Patients told us reception staff were caring, less stressed and the overall atmosphere at the practice appeared more relaxed and caring.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Views of external stakeholders were very positive.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice is in an area of high deprivation with a larger community of non-English speaking patients. To support this group they identified the most commonly spoken languages and raised staff awareness of local demographics.

Good



# Summary of findings

They identified services for telephone consultations with language line (a translation/interpretation service) and face to face interpreters if required. The practice put emphasis on avoiding the use of family members as interpreters. For specific services, such as cervical smears they developed resources such as letters and invitations in other languages to encourage patient uptake.

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## 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 staffing structure and that staff were aware of their own roles and responsibilities. As part of the new governance arrangements key staff had lead roles in areas such as safeguarding, significant events and complaints management. Nurses and administration staff had key roles in developing recall systems and supporting patients with long term conditions.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- A comprehensive understanding of the performance of the practice was maintained. For example, we saw that weekly management meetings took place during which time information was used in reporting, performance management and planning to delivery of quality and timely patient care.

Good



# Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- General Practitioners who were skilled in specialist areas used their expertise to offer additional services to patients.
- A good staff newsletter was published monthly and this covered feedback from patients, welcome comments to new staff, service and staff developments, top tips for staff amongst others.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. This involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice introduced two dementia screening questions for all patients attending an over 75 year's health check. Patients who were over 75 years, who were not on a long term conditions register or had not been seen for over two years, were contacted for a health check and to see if support was needed. These patients have now been added to a database so that they can be monitored in the future.
- In response to a perceived need the practice initiated monthly ward rounds at a local care home for older and vulnerable people.

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 long-term disease management and patients at risk of hospital admission were identified as a priority. Staff were trained on the effective use of templates to ensure accurate data gathering.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national

Good





# Summary of findings

screening programmes to monitor outcomes for patients with long term conditions. On the day of inspection data shown to us demonstrated quality improvements, but there were still areas where the performance was below local and national targets and it was too early to assess the impact of the new systems that had been put in place.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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. Robust call and recall systems were put in place with processes to avoid duplication of recall in patients with multiple long term conditions. Administration staff were trained to take on a lead role in the organisation of this.
- Close working arrangements were in place with community and hospital specialist nurses. For example the nurse met regularly with the community specialist diabetes nurse consultant to produce diabetic plans for poorly controlled diabetics and to discuss any other challenges for this patient group.
- The practice employed a Pharmacist to manage prescribing issues within the practice and to review patients' medicines effectiveness and cost.
- Protected time was given for nurses to undertake home visits to housebound patients with long terms conditions.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. From the sample of documented examples we reviewed we found:

- There were systems 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 accident and emergency (A&E) attendances.
- Previous poor immunisation and vaccination figures led the practice to review their systems. This led to the development of a more personalised role for administration staff (care navigator) that had designated responsibilities for childhood immunisation and vaccinations.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. We found that potentially sick babies presenting at reception or on phone lines were prioritised to avoid missing significant illness and to manage parental anxiety.
- The practice was developing arrangements for communicating with young people through social media and at the time of inspection had set up a new web site for the practice. Their aim was to develop this further.
- All staff had received training from a local organisation supporting the needs of young people, Young Persons Advisory Service (YPAS). Staff told us this had been a very positive session which had encouraged them to consider the needs of younger patients and those who were disengaged in terms of their access to services.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice's uptake for the cervical screening programme was below local and national targets when Brownlow Group Practice took over the practice. They were aware of the results and an action plan was put in place to improve this. At the time of inspection these actions had not yet been fully evaluated but was closely being monitored.

## **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 these populations 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. The practice had introduced telephone consultations to improve access and to better facilitate patients seeing the right clinician. The practice undertook email consultations at the request of patients. Same day access appointments and pre bookable appointment's for clinicians were in place.
- We were told that patient registration could be done on-line to support people who were working.

Good



# Summary of findings

- The practice had a full range of contraceptive services on site.
- The practice had recently introduced text messaging test results to patients with their consent.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice had a dementia lead GP. Annual reviews of patients with dementia and mild cognitive impairment were implemented. The lead GP developed a dementia strategy outlining for the practice how to detect new cases and to manage existing patients.
- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental

Good



# Summary of findings

health, including those living with dementia. The practice developed closer links with the local psychiatry services and they had a practice based community psychiatric nurse working with them to offer advice and support to staff and patients.

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff interviewed had a good understanding of how to support patients with mental health

- needs and dementia. Practice staff have received recent training on their own wellbeing to enable them to better support patients with mental health problems. The practice had arranged suicide prevention training for staff.
- The practice had a lead GP partner who specialised in eating disorders and who worked for the local NHS service. They were offering one to one advice for patients with significant eating disorders.

# Summary of findings

## What people who use the service say

The most recent survey results from the national GP patient survey were published in July 2016 and related to the previous provider.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. We spoke also with two members of the Patient Participation Group (PPG). They told us there had been many improvements made since Brownlow Group Practice took over the practice as the provider of services. Some improvements noted included:

- General Practitioners (GPs) appeared to have more time to listen to patients.
- GPs treated patients with care and concern and patients could see the same GP each time they visited.
- Receptionists appeared less stressed, there was less of a confrontation when trying to get an appointment.

- Patients felt there were more GP appointments available and their experience of making appointments had improved.
- Overall patients were satisfied with the changes and improvements that had been made, they felt confident that changes would bring about improved services for local patients.
- All staff were kind, considerate and respectful.

The national patient survey results published in July 2016 showed that previously 32% of respondents would recommend this surgery to someone new in the area. The practice started to collect data for the friends and family test in July 2016 and the data for February 2017 showed that 94% of patients would recommend the practice to someone new in the area. The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to monitor and improve the cervical screening and childhood immunisations programmes to improve performance in these areas.
- Continue to develop and improve the number of clinical audits that have completed a two cycle process.

# Princes Park Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Princes Park Health Centre

Princes Park Health Centre is a newly registered GP practice, registered with the Care Quality Commission to provide primary medical services and it has a APMS contract with NHS England. The practice has a registered list size of 6323 patients (at the time of inspection). The practice is close to the centre of Liverpool. The practice is owned and managed by the Brownlow Group Practice which has a number of GP practices across the city of Liverpool. The previous provider was placed in Special Measures by CQC in August 2015 and they left the practice in March 2016. Brownlow Group Practice became interim providers in 2016 and was awarded the permanent contract in February 2017.

The practice has 3.4 GPs, one advanced nurse practitioner, one nurse, one health care assistant and a practice pharmacist. They employ administration and reception staff and a large number of supervisory and management staff as part of the wider Brownlow Group Practice provider group.

The practice is open Monday to Friday 8am to 6.30pm (6.30pm on Mondays). Patients can book appointments in person, via the telephone or online. The practice provides

telephone consultations, pre-bookable consultations, urgent consultations, home visits and same day access. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Liverpool Clinical Commissioning Group (CCG). The practice is situated in an area with high deprivation with ethnically diverse patients from a number of cultural backgrounds. The practice has a high proportion (41%) of patients whose first language is not English. People living in more deprived areas tend to have greater need for health services. The practice population has a higher than national average patient group aged between 25-34 and there are higher deprivation scores for older patients and children compared to national figures.

The practice does not provide out of hours services. When the surgery is closed, patients are directed to the local GP out of hours service and NHS 111. Information regarding out of hours services was displayed on the website, on the practice answering machine and in the practice information leaflet.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the local Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 14 March 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 a system 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 incident recording form supported the recording of notifiable incidents under the duty of candour, (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 significant events were discussed. The practice carried out a thorough analysis of the significant events and these had been reported annually to identify themes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had undertaken an audit as a result of a significant event which had resulted in patients' blood results not being properly reviewed and acted upon. This resulted in a review of all patients with similar conditions to ensure they were followed up if significantly abnormal results had been received by the practice.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff, including a safeguarding children's

concern flow chart. 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, key qualifications, training and development were identified for this lead role. We found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child protection or child safeguarding level three.
- A notice in the waiting room and on the doors of consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check, (DBS

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. The building was not owned by the practice and external contracts were in place for the cleaning of the building. There were cleaning schedules and monitoring systems in place.
- There was some confusion amongst staff that when asked who was the infection prevention and control (IPC) lead, we later found this was the lead GP. Systems were in place to ensure they liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process



## Are services safe?

to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. They had recently established a new Pharmacist role at the practice. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. Regular audits were undertaken of the files to ensure all the required information had been collected. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and we saw that clinicians would offer additional appointments at busy periods. At the time of inspection there were vacancies for reception staff and these had been advertised.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients, (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results did not relate to the Brownlow Group Practice at this practice. Information shown to us during the inspection showed the practice was working towards an action plan they had developed for areas where the previous provider had been an outlier for QOF and other national and clinical targets. Data shown to us, which was unverified, by the provider on the day indicated;

- The performance for diabetes related indicator groups had improved. For example, in 2015/16 under the previous provider the practice had achieved 77.9% across all groups which were below the CCG and national averages. In 2017 the practice had achieved 95.8% which indicated they were at or above local and national averages for this clinical domain. The practice showed improvements in areas such as the eight diabetic care processes. For example the current figures showed that 97% had been achieved, compared to 77.9% in 2015/16. The practice indicated that 80% of newly diagnosed patients aged 17 years plus in the proceeding months, had been offered a structured education appointment.

- The performance for asthma related indicator groups had improved. For example, in 2015/16 under the previous provider the practice had achieved 74.6% across all groups which were below the CCG and national averages. In 2017 the practice had achieved 100% performance.
- The performance for secondary prevention of coronary heart disease related indicator groups had improved. For example, in 2015/16 under the previous provider the practice had achieved 82.7% across all groups which were below the CCG and national averages. In 2017 the practice had achieved 97.2% which indicated they were at or above local and national averages for this clinical domain.
- The performance for mental health related indicator groups required further improvements. For example, in 2015/16 under the previous provider the practice had achieved 86.3% across all groups which were below the CCG and national averages. In 2017 the practice had achieved 81.2% which indicated they remained below the local and national averages for this clinical domain. The practice was aware of this and an action plan was in place. Information from the CCG showed that some of the areas which had improved were the health checks undertaken by clinicians in an annual review of patients with a mental health condition.

The practice shared with us their action plan for improving QOF performance. This included a new multi-disciplinary approach with monthly meetings monitoring the practice performance. Individual clinicians were given designated lead responsibility for each of the outcome areas. The lead clinicians had responsibility for monitoring the targets in their clinical areas, supporting staff and identifying areas which needed specific improvements. At the time of inspection it was too early to assess the impact of these improved systems. Following the inspection information was sent to us to show that when Brownlow Group Practice became the interim provider both the letters to attend for a long term patient review appointment and those reviews completed had increased significantly. From Jan – March 2016 120 reviews had taken place. From Oct – Dec 2016 this figure had increased to 235. New systems had been put into place to monitor the practice 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

# Are services effective?

(for example, treatment is effective)

prescribed because of side effects). The previous provider had an exception reporting rate of 10.8%. An action plan had been put in place and at the time of inspection this rate had not yet been calculated for the current year. After the inspection the provider verified that this figure had reduced to 6.2% at 31/03/2017. Information provided following the inspection also showed improved outcomes for avoiding hospital admissions for patients with long term conditions.

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. There were a number of audits and medication reviews taking place. For example, the practice reviewed the treatments given to patients taking the medication Lithium to ensure the required blood monitoring and patient follow up was in place. The practice undertook a patient search on their web system, contacted patients by letter inviting them in for a review with their GP, during which time any changes to medications were discussed with patients and benefits explained. Another example included a review of all patients who had recently been discharged from hospital whereby their hospital letters were audited. The purpose of the audit was to analyse the information being recorded onto the practice clinical system from hospital discharge and out of hours provider letters to ensure practice staff had made the appropriate coding to support the delivery of patient care. At the time of inspection however, there was limited evidence to show full two cycle clinical audits had been completed. The findings for all audits were used by the practice to improve services.

## Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

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

completed training to support them with difficult patients. Practice nurses told us they were supported to attend local CCG meetings with their peers across the neighbourhood.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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 e-learning training modules and in-house 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.
- From the sample of documented examples we reviewed we found that 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 on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients'

# Are services effective?

(for example, treatment is effective)

consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Consent to care and treatment

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

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

- The practice had a programme of health promotional events which commenced in March 2017, each month focused on a different topic for promotions such as healthy heart month and no smoking day.
- 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 recently developed a carer's register to support caring family members in the promotion of their own health.
- The practice worked closely with the local Social Inclusion Team (S.I.T) to develop services for patients in this community. Weekly sessions were held for patients including a 'Walk and Health information Session' followed by an advocacy session specific to the needs of

women. One of the leaders for this group spoke with us about the improvements which had been made with engagement with local groups. The leader spoke positively about the support of the practice at this time and the positive impact it was having on the local community accessing services.

- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- Following a patient adverse incident the practice now reports on all older patients who had experienced a fall. We were told that a letter was sent to the patient when the practice was informed, offering patients a falls prevention package and information to prevent a similar event occurring.
- The practice were developing arrangements for communicating with young people through social media and at the time of inspection had set up a new web site for the practice. Their aim was to develop this further and to include specific health promotional advice for young people.

The practice's uptake for the cervical screening programme was below local and national targets when Brownlow Group Practice took over the practice. They were aware of the results and an action plan was put into place to improve this. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. They identified leads to monitor the uptake of this screening and they had discussions with the Social Inclusion Team about ways they could engage with the local community, who did not want to attend due to cultural differences. The practice ensured all clinicians were up to date with cervical screening training to provide opportunistic screening if agreed by the patient. The practice developed letters for the local community in different languages and these were discussed with patients at a weekly meeting held with the Social Inclusion Team. Following the inspection the provider sent information to us to show that the number of cervical smears taken at the practice had risen from 57 from Jan – March 2016 to 80 from Jan to March 2017 with improved numbers across the year also.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

## Are services effective? (for example, treatment is effective)

cancer screening. There were 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given by the previous provider were lower than the CCG and in some instances below national averages. The practice was aware of these and an action plan had been put into place. The practice contacted all parents of children under 5 years when they were due their immunisations. An administration team of four staff (known as care navigators for children's immunizations) received copies of birth notifications of registered mothers at the practice. These staff would contact the parent and arrange an eight week initial post-natal and child immunisation appointment. The

care navigator kept in contact with the parent and monitored their attendance. Any parents who do not attend were referred to the health visiting team for further follow up. At the time of inspection these actions had not yet been fully evaluated. Following the inspection the provider sent information to us to show that at the 1 March 2017 the practice, who were closely monitoring performance had achieved 5/6 of their targets, but the data held for the practice had not yet been updated to reflect this improvement.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

At the time of the inspection the results from the national GP patient survey related to the previous provider and had not yet been completed for the Brownlow Group Practice. The provider was aware that patient satisfaction required improvement within the national GP patient survey in the following areas:

- General Practitioners (GPs) being good at listening to patients.
- GPs giving enough time to patients.
- Patients having confidence in their GPs.
- GPs treating patients with care and concern.
- Finding the receptionists at the practice helpful.
- GPs being good at explaining tests and treatments.

- GPs they saw was good at involving them in decisions about their care
- Overall experience of this surgery.

In response to the poor results the practice undertook a number of improvement actions. They reviewed the systems and processes and staff resources for the practice. This resulted in the introduction of many new systems, processes and procedures in order to improve quality and patient experience. They increased staff hours in the reception area and recruited new team members, including a new practice manager. The practice established a reliable and consistent GP workforce, reducing the use of locum GPs. Telephone consultations were introduced, patients were given same day access to appointments if they dropped in and pre bookable appointments for clinicians were available. E-mail consultations were introduced and Saturday flu clinics and evening flu clinics. The practice ensured that GP and clinical staff were available at the site from 8am to 6.30pm, this had not been achieved before. Patient registration could be done on-line, and patient test results could now be text to patients. The practice implemented a 15 minute appointment time for GP consultations and personalized GP telephone lists were in operation to facilitate continuity of care for patients.

The practice recruited a new pharmacist and prescribing clerk roles to improve the management of medicines and the repeat prescribing process. The practice also recruited a new health care assistant and additional nursing team members. We spoke with patients and the PPG during the inspection and they confirmed that regular GPs were in place, they had longer appointment times and they were good at listening and treating patients with care and concern.

The national patient survey results showed that previously 32% of respondents would recommend this surgery to someone new in the area. The practice started to collect data for the friends and family test in July 2016 and the data for February 2017 showed that 94% of patients would recommend the practice to someone new in the area. To further gain patient feedback the practice worked closely with Liverpool Healthwatch to hold a patient opinion event in the waiting room. Positive feedback in terms of improvements was also collated at this meeting.

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

## Are services caring?

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 saw that care plans were personalised and the practice had plans in place to develop this further. Children and young people were treated in an age-appropriate way and recognised as individuals and all staff had received training from a local organisation supporting the needs of young people, Young Persons Advisory Service (YPAS).

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format and in different languages.
- The Choose and Book service was used with patients as appropriate, (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice worked closely with the local Social Inclusion Team (S.I.T) to develop services for patients in this community. Weekly sessions were held for patients including a 'Walk and Health information Session' followed by an advocacy session specific to the needs of women.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers (1% of the practice list) and a practice protocol was in place. This protocol aimed to ensure that all carers who become known to the practice were identified and where deemed appropriate and with their knowledge, referred to a social work team for a carers assessment. The practice had a notice board with information for carers, which had details of support organisations and Adult Social Care Services. The board was placed in a prominent position, asking carers to let the practice know about their caring responsibilities. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Staff told us that if families had experienced bereavement, their usual GP contacted them or 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 understood its population profile and had used this understanding to meet the needs of its population. There was evidence the practice has used local information for the planning and service provision to their local population, for example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Meetings took place with the wider primary health care team to ensure continuity of care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Potentially sick babies presenting at reception or on phone lines were prioritised to avoid missing significant illness and to manage parental anxiety.
- Poor immunisations and vaccinations figures led the practice to review the system in place. We were told they felt more personalised care was needed and so they appointed a designated immunisation and vaccinations care navigator role to try to improve uptake.
- They were developing arrangements for communicating with young people through social media and at the time of inspection had set up a new web site for the practice. Their aim was to develop this further.
- All staff had received training from a local organisation supporting the needs of young people, Young Persons Advisory Service (YPAS). Staff told us this had been a very positive session which had encouraged them to consider the needs of younger patients and those who were disengaged in terms of access.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice is in an area of high deprivation with a larger community of non-English speaking patients. To support this group the practice had identified the most commonly spoken languages in the practice and raised staff awareness of local demographics. They identified services for telephone consultations with language line and face to face interpreters in special circumstances. The practice put emphasis on avoiding the use of family members as interpreters. For specific services, such as cervical smears they had developed resources such as letters and invitations in other languages to encourage uptake.
- The practice worked closely with the local Social Inclusion Team (S.I.T) to develop services for patients in this community. Weekly sessions were held for patients including a 'Walk and Health information Session' followed by an advocacy session specific to the needs of women. One of the leaders for this group spoke with us about the improvements which had been made with engagement with local groups. When Brownlow Group Practice took over the surgery an engagement event was held during which time local community leaders, patients and local stakeholders were invited to see what services were now available. The leader spoke positively about the support of the practice at this time and the positive impact it was having on the local community accessing services.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were available across this time daily. Patients were informed that same day access was available, the practice website confirmed they should turn up at the practice and request an appointment, and they can either wait in the waiting room for this or return later that day. We were assured that all patients were seen on the same day as their request. There were no extended



# Are services responsive to people's needs?

(for example, to feedback?)

hours offered at the practice. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

At the time of the inspection the results from the national GP patient survey related to the previous provider and had not yet been completed for the Brownlow Group Practice. The provider was aware that patient satisfaction required improvement in the following areas:

- The practice opening hours.
- Getting through easily to the practice by phone.
- Getting appointments with a GP or a nurse.
- Patient appointments were not convenient.
- Patients describing their experience of making an appointment as good
- Waiting times for patients.

Brownlow Group Practice shared with us their action plans for the results of the national patient survey. In response to poor results for getting through on the telephone the practice completely reviewed the telephone system in place. All reception staff were retrained in the importance of managing incoming calls effectively. The practice reviewed the number of incoming lines, changed the call waiting message, increased the number of reception team manning the telephones and they purchased headsets for receptionists to use to avoid distractions. Weekly meetings took place to monitor the telephone statistics and the new changes that were made to improve patient satisfaction. We spoke with patients and the PPG during our inspection and they confirmed that changes had resulted in improved telephone access for patients, there was less waiting times when a patient calls the practice and more confidence that the call would be answered avoiding the need to visit the practice to request an appointment.

The practice had introduced a new system to assess whether a home visit was clinically necessary and the

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

The practice monitored closely the appointment systems in place and the consultations recorded on the clinical system. We saw that an audit had been undertaken in August 2016. The aim of this audit was to assess the consultations recorded on the clinical system, to highlight any areas for development and training and to ensure data was recorded to a high standard using appropriate and consistent read codes. A random sample of 10 consultations per clinician from 01/05/2016 to 19/07/2016 was audited. Results showed that whilst standards were being met improvements were needed for ensuring all staff are fully trained to use the EMIS Web system and to ensure appropriate coding was carried out by all staff groups.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system in poster form and in patient information leaflets. We looked at three complaints received in the last 12 months and found they had been dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

# 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

At the time of our inspection the provider had been interim providers for the practice for 11 months. They had recently completed their registration with CQC prior to our inspection. We found the practice had a clear vision to deliver high quality care and promote good outcomes for patients in this community, new systems and governance arrangements had been put into place. For example;

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. As part of the new governance arrangements key staff had lead roles in areas such as safeguarding, significant events and complaints management. Nurses had key roles in developing recall systems and supporting patients with long term conditions.
- Practice specific policies were implemented and were available to all staff. These were available in hard copy and on a new practice intranet they were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. For example, we saw that weekly management meetings took place during which time information was used in reporting, performance management and planning to delivery of quality and timely patient care. This included the review of incident and significant events, reviews of patient deaths, monitoring of performance such as QOF and service performance data, the findings of audits and reviews and patient feedback

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. General Practitioners, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

# Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings. They spoke positively about these meetings, about how engaged they felt and how inclusive these meetings had become.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days had taken place to discuss the practice values and to make plans for the future. Minutes for staff meetings were comprehensive and were available for practice staff to view.
- The practice gathered feedback from staff 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 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 and staff. It proactively sought feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had asked for a poster

identifying staff members and their roles and this was put into place. The practice collected views and feedback from the NHS Friends and Family test, complaints and compliments received.

The provider and leadership team proactively sought staff views through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Brownlow Group Practice was a new provider for this practice and staff and patients had experienced a number of recent changes to systems and processes at the time of our inspection. There were numerous examples of how the practice had worked to improve patient care. For example, an important part of this improvement programme included working closely with the local Social Inclusion Team (SIT). In October 2016 the practice and the SIT worked together to arrange an open day to inform the local community that Brownlow Group Practice had taken over the practice. Working alongside other community stakeholders and partners the day was a huge success and the practice was visited by over 487 people from the local community. We saw that the practice worked with the SIT to promote weekly sessions for patients including a 'Walk and Health information Session' followed by an advocacy session specific to the needs of women. One of the leaders for this group spoke positively with us about the improvements which had been made when engaging with local community groups.