Brierley Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people living with dementia) - Requires Improvement

We carried out an announced inspection at Brierley Medical Centre on 20 February 2018 as part of our inspection programme. We also carried out an announced comprehensive inspection at Barnsley Healthcare Federation CIC head office based at Oaks Park Primary Care Centre on 13 and 14 February 2018 to look at governance as part of our inspection programme.

At this inspection we found:

- There was no open and transparent approach to safety and no effective system in place for recording, reporting and learning from significant events.
- The practice did not routinely review the effectiveness and appropriateness of the care it provided. There was limited evidence of audits and quality improvement activities to demonstrate monitoring and assessment of the service was being undertaken since the service registered in January 2016.
- There was a system in place for disseminating NICE guidance. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Patients told us through CQC questionnaires, that 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.
- There was a lack of overarching governance arrangements in place that meant patients were not kept safe from avoidable harm.
- There was a leadership structure but communication between staff and management was limited and some staff felt unsupported by the senior management team.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure governance arrangements are in place to keep patients safe from avoidable harm.
- Ensure that there is an accessible system for identifying, handling. Investigating and responding to complaints made about the service.

The areas where the provider **should** make improvements are:

- Review the chaperone policy is clearly advertised through patient information leaflets, websites (where available) and on notice boards.

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

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	**Requires improvement**
People with long term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Requires improvement**
People whose circumstances may make them vulnerable	**Requires improvement**
People experiencing poor mental health (including people with dementia)	**Requires improvement**

Brierley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser.

Background to Brierley Medical Centre

Brierley Medical Centre is located at Church Drive, Brierley, Barnsley, S72 9HZ. The practice provides medical services for 2,959 patients under the terms of the alternative provider medical services contract in the NHS Barnsley Clinical Commissioning Group (CCG) area.

The service is provided by Barnsley Healthcare Federation CIC (Community Interest Company) who have four GP practice locations, two extended hours' centres' and an out-of-hours service registered with the Care Quality Commission.

The provider's head office is based at Oaks Park Primary Care Centre in Barnsley. Staffing and governance systems are centrally operated from head office and cascaded to the individual locations. Staff at Brierley Medical Centre had access and support from the senior management team at the head office.

Public Health England data shows the practice population for Brierley Medical Centre is similar to others in the CCG area with a comparable number of patients aged over 50 years old compared to the England average. The practice catchment area has been identified as one of the most deprived areas nationally.

Allocated to Brierley Medical Centre are two female salaried GPs, two female practice nurses, one female healthcare assistant, one male physician associate (physician associates support doctors in the diagnosis and management of patients. They are trained to perform a number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor) and an experienced team of reception and administration staff. The practice offers a range of enhanced services such as childhood vaccination and immunisations.

The practice website is www.brierleymc.nhs.uk

The practice is open 8am to 6.00pm Monday to Friday.

When the practice is closed or patients are unable to access an appointment, staff refer patients to the i-heart Barnsley 365. This service is open from 6pm to 10pm Monday to Friday and 9am to 1pm on Saturday, Sunday and bank holidays. This service offers urgent and routine appointments, telephone and email consultations with a nurse or GP.

During the out of hour's period patients call the NHS 111, who direct them to the most appropriate service.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because there were areas that required improvement with regard to risk assessments, not all staff had completed safeguarding training, there was no evidence locums received an induction, significant events were not analysed over time to identify recurring themes and there were gaps in some of the medicine management processes.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse that required review.

- Barnsley Healthcare Federation CIC had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The Federation carried out staff checks, including checks of professional registration where relevant, on recruitment on an on going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- At the time of inspection seven out of nine staff had completed safeguarding children training (77%). Clinical staff either working with or having some degree of contact with children and young people had not completed safeguarding children level 2 or 3 training. Seven out of nine staff had completed safeguarding adults training (77%). One out of three (33%) staff had completed safeguarding adults level two training. There was no evidence in the records provided to us that the GP had completed any safeguarding training. Although the GP confirmed they had completed the training. Up to date records of training were not kept. For example, the provider's training system did not did not correlate with evidence held within staff files such as certification or confirmation of attendance at training. However, all staff during the inspection were aware of who the safeguarding lead was for the organisation and who to contact if they suspected abuse was taking place.
- Staff who acted as chaperones were trained for the role and had received a DBS check. However, the chaperone process was not clearly advertised through patient information leaflets, the practice website and on notice boards.
- We observed the premises to be clean and tidy. There was an infection control protocol in place and the practice nurse, who was the infection prevention and control (IPC) clinical lead, had received up to date training. Cleaning schedules had been implemented on the day of inspection. Therefore we did not see evidence of completed cleaning monitoring sheets to confirm what cleaning had taken place and when. The practice nurse confirmed the practice had a deep clean (cleaning of carpets and curtains) recently, there was no system in place to evidence this. An infection control audit had been completed in 2016 and reviewed in 2018.The practice nurse also completed monthly IPC audits.
- The practice ensured that equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The practice did not ensure premises were always safe. In all of the consulting rooms there were looped cords on window blinds that can present a strangulation hazard to children and vulnerable adults. Risk assessments had not been undertaken to mitigate risk.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. Those relating to employment of locum staff required review.

Requires improvement

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a process to manage staff absences and for responding to epidemics, sickness, holidays and busy periods. Staff told us they tried to provide cover for leave internally.
- There was a documented induction programme for newly appointed staff. However, there was no evidence of a documented induction process for locums employed at the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and we saw protocols were in place.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice did not have systems for appropriate and safe handling of medicines.

- There were some systems for managing medicines, including vaccines, medical gases, and equipment that minimised risks.
  However, we observed throughout the day the consulting room where the emergency drugs were stored was unoccupied and unlocked. An assessment of associated risks had not been completed.
- We found a box of blank prescriptions that were not in a locked cabinet but in a lockable room. A record was kept of the distribution of pre-printed prescription form stock within the practice including the serial numbers, where, when (date/time) but not to whom the prescriptions had been distributed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

There were some areas of risk management that required review and improvement.

- There were risk assessments in relation to most safety issues, for example control of substances hazardous to health, fire and infection control. The fire risk assessment had been completed in January 2018. The practice were in the process of completing an action of undertaking a fire drill identified in this risk assessment. The senior receptionist confirmed this had been arranged. Staff we spoke with told us there had never been a fire drill but were aware of the evacuation procedure and had completed fire safety training. However there were no risk assessments for the security of emergency drugs.
- The practice did not routinely monitor and review activity to understand risks and give a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice did not learn and make improvements when things went wrong.

- Significant events were not analysed over time to identify recurring themes. There was limited evidence to demonstrate the provider had a system in place to revisit changes introduced to assure themselves that the changes had been effective and embedded into practice. There was no mechanism in place to share the reviews and learning from significant events with any other staff members.

Requires improvement

Are services safe?

- There was a system for disseminating safety alerts, the medical director/chief nurse emailed the alerts to the relevant staff, but there was no record of what actions had been taken as a result.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement as there were gaps in staff mandatory training, staff did not always feel there were opportunities to develop and be supported by the senior management team and we found limited evidence of audits and quality improvement activities to demonstrate monitoring and assessment of patient outcomes was being undertaken since the service registered in January 2016.

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice. There was a system in place for disseminating NICE guidance. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Medicines and Health Regulatory (MHRA), or other patient safety alerts were distributed to all staff, however there was limited evidence that MHRA, or other patient safety alerts were actioned.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- If indicated clinicians will refer children to the child and adolescent mental health service.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people living with dementia):

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 60% of patients experiencing poor mental health who had received discussion and advice about alcohol consumption.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice had a dementia champion who provided information to patients and their carers on services available.

Monitoring care and treatment

We found limited evidence of audits and quality improvement activities to demonstrate monitoring and assessment of patient outcomes being undertaken since the service registered in January 2016. The senior management team at Barnsley Healthcare Federation CIC acknowledged clinical audit was an area of weakness and were in the process of developing a clinical audit programme. A medical student had initiated a Disease Modifying Anti Rheumatic Drugs (DMARDS) audit, however there was no system in place to monitor the actions identified to ensure better outcomes for patients.

The most recent published Quality Outcome Framework (QOF) results were 99.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 91.4% and national average of 95.5%. The overall exception reporting rate was 12.3% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Processes were not in place to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.

- Up to date records of skills, qualifications and training were not easily corroborated. For example, the provider's training system did not did not correlate with evidence held within staff files such as certification or confirmation of attendance at training.
- Staff gave us mixed reviews about whether they were encouraged and given opportunities to develop.
- The Federation had an induction process for permanent staff, offered one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for managing staff when their performance was poor or variable. However staff did not always feel supported.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice as good for caring overall except for the population groups which we rated requires improvement.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 374 surveys were sent out and 116 were returned. This represented about 4% of the practice population. The practice was predominantly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the last GP they saw or spoke to was good at listening to them; CCG average - 88%; national average - 89%
- 87% of patients who responded said the last GP they saw or spoke to was good at giving them enough time; CCG average - 86%; national average - 86%
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG – 95%; national average - 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 84%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 97% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers when they presented to the practice with the patient or as part of their own consultation. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (1% of the practice list).

- Staff told us patients who required support would be referred to support services, the practice website signposted patients to a wealth of information on NHS Choices about carers and caring.
- Staff told us that if families had experienced bereavement, they sent them a sympathy card. They also offered advice on how to find a support service.

Results from the national GP patient survey showed patients response was positive to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 81% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments; CCG average - 85%; national average - 86%

Good

Are services caring?

- 76% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care; Local (CCG) average: 81%National average: 82%
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

The practice conducted a patient satisfaction survey in April-June 2017, 140 surveys were completed. Results from the practices survey showed patients were satisfied or extremely satisfied with their visit to the practice including clinical staff's ability to provide explanations. Patients told us on the day of inspection they were satisfied about their involvement in planning and making decisions about their care and treatment, including GPs explaining test results.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.

The practice was rated as requires improvement because the provider did not have an accessible system for identifying, handling, investigating and responding to complaints made about the service.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, longer appointments, and online services such as repeat prescription requests and advanced booking of appointments.

- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example home visits were offered to patients who had clinical needs which resulted in difficulty attending the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, the practice offered urgent appointments for those with enhanced needs and home visits for housebound patients. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. They also made referrals to "My Best Life". (My best life is a social prescribing service for Barnsley, funded by NHS Barnsley Clinical Commissioning Group. They find local support that's individually tailored to patient's health and wellbeing needs).
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice had implemented a Quality and Outcomes Framework (QOF) recall system and a recall message on the prescriptions so patients would be reminded their review was due. Extended appointments were offered for people with multi morbidity. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice referred patients to 'sound doctor' (This is an online service which provides information in the format of films to patients so patients can understand their own health conditions better, manage them more successfully and improve their quality of life as a result) to empower patients to self-manage long term conditions. They also refer patients to "My Best Life", a health trainer, smoking cessation, and referrals to palliative care services.
- The practice held regular meetings with the local district nursing team, palliative care and multi-disciplinary meetings attended by the community matron, McMillan nurse, district nurse and lead by a GP to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, early morning and evening appointments were available on an ad-hoc basis, extended hours via I-Heart365 service and Saturday clinics for health checks. They also sign post patients to Pharmacy First, Be Well Barnsley and self-referral to physiotherapy and Improving Access to Psychological Therapies (IAPT) services.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- Staff told us patients who had been identified as vulnerable were offered a double appointment to ensure they had the time in their appointment to discuss their needs.
- The practice provided medical care to patients who resided in a local care homes.

People experiencing poor mental health (including people living with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led mental health and dementia clinics as and when needed. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice have a dementia champion who provides information to patients and carers on services available.
- Patients in crisis with mental health can contact the practice for same day assessment by GP or advanced nurse practitioner.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.
- The practice had regular multidisciplinary team meetings for by involving the accident and emergency matron, Yorkshire Ambulance Services (YAS), community matron, district nurse and GP for patients who attended accident and emergency regularly.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and 13 completed comment cards. 374 surveys were sent out and 116 were returned. This represented about 31% of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 90% of patients who responded said they could get through easily to the practice by phone; CCG – 61%; national average - 71%.
- 85% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 84%.
- 87% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 85% of patients who responded described their experience of making an appointment as good; CCG - 68%; national average - 73%.
- 74% of patients who responded said they don't normally have to wait too long to be seen; CCG - 60%; national average - 58%.

Listening and learning from concerns and complaints

All complaints received by the practice were sent directly to Barnsley Healthcare Federation CIC head office, where they were centrally managed. We reviewed the management of complaints as part of the governance inspection at Oaks Park Primary Care Centre on the 13 February 2018. We found the provider did not take complaints and concerns seriously and did not respond to them appropriately to improve the quality of care.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Information about how to make a complaint or raise concerns was available on the practice website but written information regarding the complaints procedure was not available in the practice as stipulated on the website. Staff told us that people who wished to complain were sent a complaints pack.
- No evidence was found that the registered provider monitored or looked for trends within complaints, or areas of risk that may have needed to be addressed.
- The practice had documented that they received one complaint within the past nine months. The complaints records had information of actions taken and how learning was implemented. However, there was no evidence that complainants were kept informed of the status of their complaint and its investigation, or that any learning outcomes were shared with them.
- Minutes of a senior management team meeting on September 2017 stated that all complaints would be brought to the future senior management team meetings to discuss but further evidence of discussions was only seen once in January 2018 following this.
- There was no mechanism in place to share the reviews and learning from complaints with any other staff members. We received mixed feedback from staff that they were told about changes that happen as a result of complaints.
- We found no information available with regard to how a patient could take action if they were not happy with the response to their complaint from the provider. A response to a complaint made in October 2017 had no details of the Parliamentary Health Service Ombudsman contact details in case they needed to take further action.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice as requires improvement for providing a well-led service overall and for all the population groups.

The practice was rated as requires improvement for well-led because systems to manage, monitor and mitigate risks to the health and safety of service users receiving care and treatment was not always effective.

Brierley Medical Centre is one of four GP practices, two extended hours' centres' and an out-of-hours service managed and operated by Barnsley Healthcare Federation CIC. Staffing and governance systems are centrally operated from head office at Oaks Park Primary Care Centre and cascaded to the individual practice locations. Staff at Brierley Medical Centre have access and support from the senior management team at the head office.

Leadership capacity and capability

Leaders had the skills to deliver high-quality, sustainable care.

- Leaders had the experience and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were trying to address them.
- Staff feedback indicated some staff felt that they had little engagement with the senior management team. Staff told us that leaders within the senior management team were not always visible but were generally approachable. Staff felt they were supported by the senior receptionist and communication from the senior management team could be improved.
- The practice had processes to develop leadership and skills, including planning for the future leadership of the practice.

Vision and strategy

- The Federation had a five year strategic vision and a set of aims and objectives.

Culture

We found that the delivery of high-quality care was not always assured by the governance or culture in place.

- Staff gave us mixed feedback regarding feeling respected, supported and valued.
- The practice focused on the needs of patients.
- Practice staff were aware of and had systems to ensure compliance with the requirements of the duty of candour and this was demonstrated following a recent incident.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, there were delays in giving feedback to staff about incidents or concerns they had reported. There was little evidence of any learning being shared with staff
- The Federation had an induction process for permanent staff, offered one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. However, staff gave us mixed reviews about whether they were encouraged and given opportunities to develop.
- Clinical staff, including nurses, were generally considered valued members of the practice team. We received mixed reviews from clinical staff about being given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety of all staff, however we received mixed reviews that their wellbeing was considered.
- At the time of inspection five out of nine (55%) staff had received equality and diversity training. Staff felt they were generally treated equally.
- There were positive relationships between staff and teams at practice level.

Governance arrangements

The issues identified during the inspection did not provide assurance that there was an effective governance framework to support the delivery of the service.

- A significant event policy was in place however events reported were not managed appropriately. There was limited evidence of analysis or learning being shared with staff and evidence of action taken to improve safety.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

Are services well-led?

Requires improvement

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

- Practice leaders had established some proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However there was no lone workers policy.

Managing risks, issues and performance

The governance systems and processes to identify and manage risks and issues were not always robust. The practice was not always operating and implementing effective systems or process to assess, monitor and improve the quality and safety of the services. There were not always effective systems for assessing, monitoring and mitigating risks relating to the health, safety and welfare of service users and others who may be at risk. Significant issues that threatened the delivery of safe and effective care were not adequately managed.

- There was no effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Risk assessments were not routinely undertaken.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders did not have oversight of incidents, and complaints.
- We saw that it had been identified in September 2017 that the provider needed to establish a protocol for filing complaints centrally. This item was outstanding and had not been acted upon.
- A clinical audit programme was not embedded. A Disease Modifying Anti Rheumatic Drugs (DMARDs) audit had been commenced, but there was no system in place to monitor identified actions. There was limited evidence of quality improvement activities to demonstrate monitoring and assessment of patient outcomes was being undertaken since the service registered in January 2016.
- There was a system in place for disseminating NICE guidance.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where some staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- There was limited evidence that the practice monitored performance and the delivery of quality of care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public and external partners to support high-quality sustainable services. However, staff at practice level told us they did not always feel involved in this.

- A full and diverse range of patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example they conducted an annual patient survey, analysed patient feedback from the NHS Choices website, Friends and Family Test and the GP Patient Survey. They had also invited Healthwatch Barnsley (independent consumer champion created to gather and represent the views of the public) to undertake an Enter and View visit. However, not all staff felt engaged.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Why you are failing to comply with this regulation:** • The provider did not ensure that there was an accessible system for identifying, handling, investigating and responding to complaints made about the service. **This was in breach of Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints.**