

Brookdale Surgery

Quality Report


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

Ratings

Overall rating for this service

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Inadequate 

Are services responsive to people's needs?

Inadequate 

Are services well-led?

Inadequate 

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. The practice had been previously inspected on 11 April 2017, at which time all domains were rated as inadequate.

The key questions are rated as:

- Are services safe? – Inadequate
- Are services effective? – Inadequate
- Are services caring? – Inadequate
- Are services responsive? – Inadequate
- Are services well-led? – Inadequate

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

We carried out an announced comprehensive inspection at Brookdale Surgery on 2 November 2017. The practice had been previously placed in special measures on 2 April 2017, we were provided with an action plan detailing how

they were going to make the required improvements. In addition, they wrote to us with updates on progress and actions that had been addressed. The inspection was to check the improvements made to date.

At this inspection we found:

Some areas within the practice had improved since the previous inspection in April 2017; all staff had now received appropriate training and had access to online training modules. The GP availability and involvement within the practice had increased by half a day per week. There had been improvements around infection control, fire safety and control of substances hazardous to health (COSHH). A new vulnerable patient register had been implemented. The practice had very recently invested in an external company to develop all practice policies. However we identified continuing breaches of regulation. Care planning were not taking place. The process for issuing medicines was not safe. There were insufficient day to day management structures in place that were needed to support on-going changes and to keep patients safe. There was a lack of nursing capacity giving rise to further risks to patients.

For example:

- The practice did not routinely review the effectiveness and appropriateness of the care it provided. Care and treatment was not always delivered according to evidence-based guidelines. Personalised treatment and care plans were not in place to meet patient's individual needs or reflect their individual preferences.

Summary of findings

- Repeat prescriptions, medicine reviews and re prescription authorisation processes were not always actioned appropriately by the clinical staff.
- The practice had invested in an external company who had developed a large number of new policies and processes to govern activity within practice. The management team were not able to embed or support staff in implementing the new governance system, due to lack of senior management and time.
- Patient safety alerts were not disseminated to clinical staff and there was no record that they had been actioned appropriately.
- There were insufficient day to day management structures or time in place to implement, embed and support the practice's new internal governance changes required. Therefore leaving both patients and staff at risk.
- There was insufficient nurse cover to manage long term conditions of patients safely and effectively. For example, long term conditions reviews and assessments of the care needs for patients were not being carried out systematically or collaboratively.
- Control of substances hazardous to health (COSHH) procedures and cleaning schedules had been newly implemented.
- A new infection control process and policy had been established with a full practice audit completed and some of the recommendations had been actioned. Risk assessments were in place for the controlling and preventing the spread of infection in areas of clinical practice.
- Staff had all completed online training related to their roles and had access to online training modules. The GP had the correct level of safeguarding training in place.
- The practice had a newly formed patient participation group (PPG), which had met once.
- The practice had identified 2% of the practice population as carers.
- Reception staff treated patients with compassion, kindness, dignity and respect

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 patients are protected from abuse and improper treatment.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Review and monitor the locum nurse's high DNA rates of clinical appointments.
- Continue to identify and support patients who are also carers
- Review the infection control folders for locum staff to follow the practice's most up to date policy.
- Review the telephone system for patients accessing appointments.
- Consider replacing the worn chairs in the reception area.

This service was placed in special measures in June 2017. Insufficient improvements have been made such that there remains a rating of inadequate for Brookdale Surgery. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Brookdale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and second CQC inspector. The team also included a GP specialist adviser and a practice manager adviser.

Background to Brookdale Surgery

Brookdale Surgery, 202 Droylsden Road, Manchester is located on the outskirts of Manchester city centre. The practice is based in an end terrace converted two storey house. The ground floor of the practice has been extended and is accessible to patients. The first floor is used by staff only. The building and consulting rooms are accessible to patients with mobility difficulties.

At the time of our inspection 2577 patients were registered on the practice list. The practice is a member of Manchester Health and Care Commissioning. It delivers commissioned services under a General Medical Service (GMS) contract.

The practice website is listed as:
www.brookdalesurgery.co.uk

The male life expectancy for the area is 73 years, the same as the clinical commissioning group area, and lower than the the national average of 79 years. The female life expectancy for the area is 79 years compared with the CCG averages of 78 years and the national average of 83 years.

The practice is situated in an area at number one on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services.

The practice is run by a single handed male GP and five administrative staff. The lead GP works two full day and one half day in the practice. The other GP clinical sessions are covered by locum GPs. The practice does not have a practice nurse and uses locum nursing staff. The practice does not have a practice manager and currently has employed an associate practice manager, who works between six to eight hours per week.

Are services safe?

Our findings

When we inspected the practice on 11 April 2017, there were multiple issues affecting the delivery of safe services to patients. At that time we rated the practice as inadequate. We found then that there was no clinical leadership or oversight with regards to the day to day running of the practice. There was insufficient attention to safeguarding children and vulnerable adults. There were insufficient emergency medicines to treat life threatening emergencies. There was no systems or processes in place for significant events and incident reporting, infection control, controlled substance hazardous to health (COSHH) and health and safety processes

We rated the practice on this inspection as inadequate for safe care .

- There was insufficient day to day management to oversee the new governance system to keep staff and patients safe. We found the process for repeat prescribing and the safe handling of medicines was not monitored effectively, with reception staff issuing acute medicines at the request of the GP. The sample of vulnerable patients we reviewed did not have system alerts in place, with adults listed within the child protection register. Staff were not informed how to report and act on significant events.

Safety systems and processes

The practice was in a very early stage of embedding new systems and processes to keep patients safe and safeguarded from abuse.

- The lead GP was the practice's safeguarding lead and staff members were clear who the practice lead was.
- The safeguarding lead was able to inform the inspection team how many children or adults were at risk in the practice. However, when the inspection team reviewed the practice child protection register we identified three adults aged between 23 and 42 years who were included in the list.
- The practice had developed a vulnerable patient's register. The inspection team were told patients all had an alert within the clinical recording system. However, when we reviewed a sample of patients within the register, none had alerts to inform the clinician that they were vulnerable.
- We reviewed one record of a patient with a learning disability who had received an annual review over the telephone with the patient's carer; the patient had not been seen or spoken to by the lead GP. There was also no alert on the system to identify that the patient had a learning disability.
- We reviewed three records of patients receiving palliative care. There were no alerts on the system to inform the clinicians these patients required palliative care. This group of patients also had no practice care plans in place. There was evidence the practice had been involved in palliative care meetings, where some of these patients had been discussed.
- The practice carried out limited recruitment checks on locum staff, relying solely on the external agency checks for the GP locums, including checks of professional registration.
- We reviewed the files of two new staff members and found one member of staff who was also performing chaperoning duties, had no record of the Disclosure and Barring Service check (DBS). We reviewed one new clinical staff file which contained a DBS check dating back to October 2014. (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).
- All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. There had been an infection control audit undertaken and we saw evidence that action was taken to address the majority of improvements identified as a result. For example, new disposable curtains were in each clinical room. However, there were two folders both containing infection control information for the staff to follow in the reception area. One folder contained a policy from another practice. When we spoke to staff about seeking information in relation to ICP, we were told both files would be used for guidance. We also found the chairs in the waiting room to be worn and ripped in areas.

Are services safe?

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were no arrangements for planning and monitoring the number and skill mix of staff needed. For example, there was no clear support or processes in place to support staff, to ensure patients with a long term condition were safely managed and monitored.
- There was a new handover book for the temporary locum doctors, who covered 50% of the clinical sessions. However, this was not in place for the locum nursing staff. When we reviewed information contained in the handover book, items such as referrals to secondary care were not included for the practice to follow up or monitor.
- Clinical 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 the treatment of a child with a severe infection. There was a poster informing staff of these symptoms in the reception area, however, non-clinical staff were unaware of the poster or its contents.
- The locum nurses employed were not effectively managed or monitored within the practice.

Information to deliver safe care and treatment

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

- Individual care records were not always managed in a way that kept patients safe. The sample of care records the inspection team reviewed showed that information needed to deliver safe care and treatment was not always up to date. For example, we identified one patient who had not received a review of their epilepsy since 2014 but were still receiving repeated medication to treat their condition.
- The practice had no systems to check or monitor that care and treatment was meeting "The National Institute for Health and Care Excellence" (NICE) guidelines.

- Referral letters viewed included all of the necessary patient information

Safe and appropriate use of medicines

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

- We were told by the lead GP that no staff issued any new prescriptions before a clinician had added the medicine into the system. When the inspection team spoke to the reception staff, they confirmed that, at the request of the GP, they were adding medicines and issuing new prescriptions. Staff also confirmed they were adding new medicines from hospital discharge letters into the system prior to any instruction from the GP.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment were solely managed by reception staff, who were responsible for the ordering, checking and rotation of all practice stock.
- Monthly checks on emergency medicines were performed by reception staff who had received no training. We found the recording and documentation was incorrect. For example, expiry dates had been incorrectly recorded. In one case the strength of medicine was incorrectly recorded and one medicine was not documented on the checklist sheet.
- We found reception staff were issuing repeat prescriptions past the medication review date. For example, we reviewed a sample of repeat prescriptions awaiting collection. Nine of the sample reviewed had passed the reauthorisation review date, with some dating back to 2016.
- Patients' health needs were not monitored fully to ensure medicines were being used safely and followed up on appropriately. We identified that the receptionist who dealt with repeat prescriptions did not have a policy to follow and regular reviews were being missed.

Track record on safety

- We found new fire safety arrangements had been implemented. For example, there was a fire warden nominated within the practice, with a record of fire drills completed in the last six months.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

Are services safe?

of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Lessons learned and improvements made

- The practice had a new policy in place for acting on significant events and incidents, however, only the senior management team were aware of the new process. We were told the new policy and process had not yet been shared with reception staff.
- We reviewed the only clinical significant event record kept by the practice, since April 2017. We found that significant events were not consistently raised or

recorded, due to front line staff not being aware of the new process. We identified several missed opportunities for learning where a significant event had occurred but not recorded or documented during the inspection. When we discussed these with the senior team, this was due to the staff having no clear training or formal process to follow.

- There was no formal process in place to distribute and take action in response to patient safety alerts, incident reports or updated national guidance. We saw that the practice did not establish an effective process for tracking or monitoring the completion of actions required.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice on 11 April 2017 there were multiple issues affecting the delivery of effective services to patients. At that time we rated the practice as inadequate. We found the monitoring of risk assessments, care plans and patient profiling were not maintained by the lead GP. The lead GP was unaware of how to access the practices' chronic disease registers for patients. There was no process to fully support locum staff and non-clinical staff in handling clinical follow ups and concerns. Patient outcomes were hard to identify with no reference to clinical audits or quality improvement taking place. Staff had not received training or support within their roles.

We rated the practice on this inspection, and all of the population groups, as inadequate for effective care.

The practice was rated as inadequate for providing effective services because:

- There were no practice care planning and little monitoring taking place for patients. There were insufficient management and nurses in place to keep staff and patients safe. We found multiple issues with the random sample of patients records reviewed. There had been a decrease in the quality outcome framework QOF by 23% from the previous inspection in multiple long term conditions and patient reviews.

Effective needs assessment, care and treatment

The full information needed to plan and deliver care and treatment was not completed or updated in patient records. Documented care plans had not been developed for patients in any areas of care. This was also identified in the inspection which took place in April 2017. For example :

- Care plans were in place for patients, only where an external organisation had provided the basic template to the practice. The lead GP told us the practice did not carry out care planning for patients. We reviewed three patients who were receiving palliative care; none had a care plan in place or received a recent review.
- There was no care planning or monitoring taking place around planned and unplanned hospital admissions and long term conditions such as dementia or asthma.
- No clinical reviews were taking place of patients who had been discharged from hospital or who had attended accident emergency.

- We reviewed a random number of patient's records; from those we identified nine patients who required immediate action and review by the GP. This included:
- Two patients suffering from epilepsy had not been reviewed since 2014 and 2015, but were still receiving medicine specific to their condition.
- One patient with asthma had not received a medicine review or annual review since 2015, but were still receiving medicine specific to their condition
- Another patient reviewed had been receiving medicines and were not informed of the associated risks presented by taking the medicines.
- Two patients taking a medicine known as DMARD (Disease-modifying anti-rheumatic drugs used in autoimmune conditions to slow down disease progression.) which requires regular frequent blood monitoring. They had not had a blood test carried out since 2016, but were still receiving the medicine regularly on prescription.

Older people: This population group was rated inadequate because:

- The practice clinicians did not follow up on older patients discharged from hospital to ensure care plans and prescriptions were updated and reflected changes required.
- The practice did not have system alerts in place to identify older patients who were approaching the end of life.

People with long-term conditions: This population group was rated inadequate because:

- Structured annual reviews of medicines were not undertaken to check that patients' health and care needs were being met. For example, repeat medicines were issued past the annual review date with no policy or process in place.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) with a record of Forced expiratory volume (FEV1) in the preceding 12 months was 46%, significantly below the CCG average of 88% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was only 47%, which was significantly below the CCG average of 83% and the national average of 84%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians (RCP) questions. (01/04/2015 to 31/03/2016) was 44%, compared to the CCG average of 77% and the national average of 76%.
- We also identified and was told there was no care planning taking place for patients with long term conditions.

Families, children and young people: This population group was rated inadequate because of the concerns identified in relation to this overall domain:

- We identified one woman of child bearing age who had not been advised that the medicine she was taking could be of harm if she became pregnant.
- 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 and were between 61% and 94 %.

Working age people (including those recently retired and students): This population group was rated inadequate because of the concerns identified in relation to this overall domain:

- The practice's uptake for cervical screening was 78%, which was aligned with the 80% coverage target for the national screening programme.
- NHS Health checks were available to this population group.

People whose circumstances make them vulnerable: This population group was rated inadequate because of the concerns identified in relation to this overall domain:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However we identified one patient with a learning disability who had received an annual review on the phone with their care worker and not the patient. Patients identified as being vulnerable did not have alerts on their records to alert staff.

People experiencing poor mental health (including people with dementia): This population group was rated inadequate because of the concerns identified in relation to this overall domain:

- Only 54% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which is below the CCG average of 90% and the national average of 89%.
- Only 66% of patients experiencing poor mental health who had received discussion and advice about alcohol consumption: below the CCG average of 87% and the national average of 89%

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) 2016/2017 results were 68% of the total number of points available, below the clinical commissioning group (CCG) average of 94% and national average of 95%. This was a reduction of 23% since the previous year's results. The overall exception reporting rate was 5% compared with a national average of 6%. (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

Staff did not consistently demonstrate that they had the skills and experience to deliver effective care and treatment.

- There was insufficient day to day management in place to provide consistent support to staff and protect patients. The practice had a temporary associate practice manager who spent six hours a week supporting the practice; the majority of this time was remote access or by providing telephone support. We were told they did attend the practice in two hour sessions over three days.
- 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. However, there was confusion between senior staff and front line staff in relation to completing an induction check list. We were told by the associate practice manager these were not completed by new staff. However, on reviewing a newly appointed member of staff recruitment folder, they had started to fill in an induction check list but this was not completed or signed off.

Are services effective?

(for example, treatment is effective)

- The lead GP had completed safeguarding training to a level three and had recently attended IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).
- All staff had completed online training modules that included: safeguarding, fire safety awareness, infection control, and basic life support.
- Locum nursing staff who were administering vaccines and taking samples for the cervical screening programme had no information of training documented. For example, only one of the three locum nurses who attended the practice had the relevant training information held by the practice.

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 different services and organisations, were involved in assessing, planning and delivering care and treatment. For example, meetings had taken place with the safeguarding team.
- Patients did not receive coordinated and person-centred care. The practice did not develop personal care plans.

Helping patients to live healthier lives

The practice had inconsistent approaches to identify patients who may be in need of extra support.

- The practice had insufficient nursing staff to monitor or review the long term conditions of patients. The practice did not provide continuity of care for patients and all the nurses clinics were held by locum staff.
- 50% of the clinical GP sessions were run by locum doctors, which had no overall clinical oversight or support from the lead GP.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed patient's mental capacity to make a decision.

Are services caring?

Our findings

When we inspected the practice on 11 April 2017 we rated the practice as inadequate. We identified low patient satisfaction survey results and no carers had been identified.

We rated the practice on this inspection as inadequate for caring to patient needs.

The practice was rated as inadequate for caring because:

- The patient GP survey in areas shows a decrease from the previous inspection. Three out of four patient's comments on the day of inspection were negative about the practice and care received.

Kindness, respect and compassion

Frontline staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- 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.
- We received four patient Care Quality Commission comment cards, three of the four received were positive about the service experienced, in particular about the reception staff. One comment card stated the GP was quick to presume diagnosis using text messages rather than conversation. We were told they felt the GP was patronising towards them. They also commented they felt the practice was more a business than a general practice.
- We spoke with four patients during the inspection. Three were very unhappy with the level of care they received. One older person we spoke to was visibly upset. They felt the service they received was poor and the practice had a lot of problems. One patient told us, that they only book an appointment with the locum GPs as the regular GP does not listen to them. We were also told by these three patients they felt not listened too. One patient told us how a referral had not been submitted and the accessing the practice by phone was very difficult. All four patients felt the reception staff were caring, kind and helpful.

Results from the July 2017 annual national GP patient survey showed 369 surveys were sent out and 82 were returned. This represented about 3% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs. For example:

- 62% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%. A decrease from the previous report of 8% when results were taken from July 2016 survey.
- 67% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 77% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 90% and the national average of 92%. A decrease from the previous report of 9% when results were taken from July 2016 survey.
- 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 86% of patients said the nurse was good at listening to them compared with the CCG average of 89% and the national average of 91%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 63% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%. A decrease from the previous report of 13% when results were taken from July 2016 survey.

The practice had not addressed the low figures. The practice had an in-house survey available for patients to fill in; however the outcomes of those surveys were not available.

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):

Are services caring?

- 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, for example, communication aids.

The practice had identified patients who were carers. The practice had coded the carers status within the patients records. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (2 % of the practice list).

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were below local and national averages:

- 58% say the last GP they saw or spoke to was good at involving them in decisions about their care compared

to the clinical commissioning group (CCG) average of 81% and the national average of 82%. A decrease from the previous report of 4% when results were taken from July 2016 survey.

- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 90%.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice on 11 April 2017 there were multiple issues affecting the delivery of responsive services to patients. At that time we rated the practice as inadequate. We found complaints were not managed, responded or actioned in an appropriate manner. The lead GP was not aware of and did not review the needs of the local population. Patients told us appointments were difficult to access.

We rated the practice on this inspection, and all of the population groups, as inadequate for responding to patient needs.

The practice was rated as inadequate for providing responsive services because:

- The practice complaints were not managed, responded to or actioned in an appropriate manner. Patient comments were negative toward the clinical aspect of care received. The practice is below local and national average scores in QOF and GP survey results, some seeing a decrease since the last inspection.

Responding to and meeting people's needs

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

- The practice was part of the Manchester Integrated Neighbourhood Care Team (MINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice offered an in-house mental health service.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities and a hearing loop available.
- There was a website and online services for patients.
- The practice was also part of GP access scheme offering extended hours and weekend appointments to patients. In conjunction with other practices it offered extended opening times for patients.

Older people: This population group was rated inadequate because the concerns identified in relation to how safe, effective, caring, responsive and well led the practice was impacted on all population groups:

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below local and national averages.
- Systems for discussing multi-disciplinary package of care for patients with complex or palliative care needs with other health professionals were attended by a clinician.

People with long-term conditions: This population group was rated inadequate because the concerns identified in relation to how safe, effective, caring, responsive and well led the practice was impacted on all population groups:

- The practice ran on locum nursing staff that performed tasks highlighted on the system for that day.
- The percentage of patients with COPD with a record of FEV1 in the preceding 12 months was 46%; below the CCG average of 79% and the national average of 80%.

Families, children and young people: This population group was rated inadequate because the concerns identified in relation to how safe, effective, caring, responsive and well led the practice was impacted on all population groups:

- The practice would see children for same day appointments.
- The premises were suitable for pushchairs to access.

Working age people (including those recently retired and students): This population group was rated inadequate because the concerns identified in relation to how safe, effective, caring, responsive and well led the practice was impacted on all population groups:

- The percentage of women, on the register, prescribed emergency hormonal contraception one or more times in the preceding 12 months by the provider who have received information from the provider about long acting reversible methods of contraception at the time of or within 1 month of the prescription was 0%, below the CCG average of 92% and the national average of 92%.
- The practice is part of the GP Access scheme offering extended hours and weekend appointments to patients.

Are services responsive to people's needs?

(for example, to feedback?)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 52% ; below the CCG average of 79% and the national average of 79%.

People whose circumstances make them vulnerable: This population group was rated inadequate because the concerns identified in relation to how safe, effective, caring, responsive and well led the practice was impacted on all population groups:

- Staff knew how to recognise signs of abuse in vulnerable adults and children and had received training to the appropriate level.
- The practice had developed a vulnerable patient's register of patients living in vulnerable circumstances including those with a learning disability. We were told this was reviewed by the clinician monthly.

People experiencing poor mental health (including people with dementia): This population group was rated inadequate because the concerns identified in relation to how safe, effective, caring, responsive and well led the practice was impacted on all population groups:

- 47% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which is below the CCG average of 83% and the national average of 84%.

Timely access to the service

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

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- We identified a large number of "Did Not Attend" (DNA) appointments with the locum nurses clinic. For example, 50% of the available nursing appointments were not attended during the week prior to the inspection. The practice had not reviewed or investigated the reason for such high DNA rates taking place.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they

could access care and treatment was lower than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 369 surveys were sent out and 82 were returned. This represented about 3% of the practice population.

- 68% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 50% and the national average of 58%.
- 36% of patients said they could get through easily to the practice by phone compared with the CCG average of 70% and the national average of 73%.
- 50% would recommend this surgery to someone new to the area compared to the CCG average of 75% and the national average of 77%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%. An increase from the previous report of 5%, results were taken from July 2016 survey.

The practice had not addressed the low figures. The practice had an in-house survey available for patients to fill in; however the outcomes of those surveys were not available.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns.

- We identified inconsistencies between senior management team communication, documentation and follow up of patient complaints. For example, the practice had only received one complaint since the previous inspection and this was still unresolved. The associate practice manager had passed the complaint to the lead GP to action. On speaking with the lead GP they were unaware this needed to be actioned. The patient's complaint had not been investigated by practice or clearly documented, with no response provided to the patient from the practice.
- The practice had a standard form and a complaint leaflet that could be shared with patients.
- Lessons were not documented or learned from individual concerns and complaints with no documentation of analysis of trends or action taken as a result to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

When we inspected the practice on 11 April 2017 there were multiple issues affecting the delivery of a well led service to patients. At that time we rated the practice as inadequate. We found no clear leadership structure and staff did not feel supported by the lead GP. Systems and processes were not effectively managed or operated. The practice had no arrangements to monitor and improve the quality of the service or manage risks. The training needs of staff were not addressed and there was a lack of support and mentorship for those appointed to extended roles within the practice.

We rated the practice on this inspection, as inadequate for well led .

The practice was rated as inadequate for well-led because:

- The Lead GP did not have the correct arrangements in place to manage or oversee the clinical or day to day performance of the practice to sufficiently operate safely and effectively. There was no managerial support on a day to day basis, to support staff whilst maintaining and implementing the new governance arrangements.

Leadership capacity and capability

On the day of inspection the lead GP did not have the correct arrangements to manage or oversee the clinical or day to day performance of the practice to sufficiently operate safely and effectively. They told us they prioritised safe, high quality and compassionate care; however we found concerns which did not align with what we were told, and areas not identified or adequately managed. The lead GP had increased the number of hours in the practice by half a day which was on the afternoon the practice closed; however there was no managerial support on a day to day basis, to support staff whilst maintaining and implementing the new systems and governance arrangements.

Vision and strategy

The practice had developed a new mission statement and posters were throughout the practice. This statement read "Brookdale Surgery is committed to improving the health and wellbeing of the local people. We aim to do this by

targeting and focusing work on improving health services that will address the specific health needs of our local population". However, when we spoke to the staff they were not aware of the mission statement or the posters.

Culture

- Staff stated the morale had improved since the previous inspection.
- Staff told us they now have a lot more telephone support to help with day to day issues that may arise in practice.
- We were told the lead GP listened to the staff more.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns.

Governance arrangements

- The arrangements for governance and performance management did not operate effectively or safely.
- The practice had held practice meetings, however these were not always minuted and no clinical meetings had taken place between the locum staff and the lead GP , more an informal conversation had taken place.
- The practice had invested in an external policy system, which developed a very large number of new policies and procedures to govern activity within practice. The management team were not able to embed or support staff in implementing the new governance system. For example; we asked to view the most up to date child protection policy. We were told the electronic version was not the most up to date version but the one in a file situated in reception area was.
- Structures, processes and systems to support good governance were not clearly set out, understood or effective due to there being no defined governance structure in place. For example, we were told of a new significant event policy within the practice presentation. However, we then were informed only the senior staff were aware of this new process and there had been no communication to frontline staff.
- The practice had no clear recruitment process and the practice did not align with the new policy. For example: we were told staff were employed by "word of mouth" with no HR procedure followed and no recruitment checks were taking place.

Are services well-led?

Inadequate 

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

- Since the last inspection the practice had commissioned an associate practice manager consultant who worked six to eight hours a week to support day to day running, finance and governance of the practice. These hours were a mix of on-site and remote working.
- The practice told us that they had invited the Royal College of General Practitioners (RCGP) to support the practice after the previous inspection in April 2017; however this was withdrawn after two sessions as the practice were not happy with the level of support provided.

Managing risks, issues and performance

There were no defined or effective processes for managing risks, issues and performance.

- There were no effective, processes in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had no processes to manage current and future performance. Performance of locum GPs and locum nurses could not be demonstrated through audit of their consultations, prescribing and referral decisions. The practice had no oversight of The Medicines and Healthcare products Regulatory Agency (MHRA) alerts or actions from these alerts.
- Clinical audit was limited and performed by an external company, which had completed one full cycle audit and

was partly through a second cycle audit. There was no positive impact on quality of care or outcomes for patients documented or evidence of action to change practice to improve quality.

- The practice had a plan in place and had trained staff for major incidents.

Appropriate and accurate information

- Quality and operational information was not effectively monitored or used to ensure and improve performance.
- The practice submitted data to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data and data management systems.

Engagement with patients, the public, staff and external partners

- The practice had taken measures to improve communication with patients. When we inspected the practice in April 2017 they did not have a patient participation group (PPG). Since that inspection a new Patient Participation Group had been formed and had met once prior to this inspection.

Continuous improvement and innovation

- The practice was in the early stages of implementing a range of new policies.

CQC are in the process of taking action in line with its enforcement policy.