

Bradshaw Medical Partnership

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out our first announced comprehensive inspection at Bradshaw Medical Partnership on 10 October 2016 and the practice was rated as requires improvement overall. The areas where the provider was required to make improvements related to the safe and well led domains. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Partnership on our website at www.cqc.org.uk.

We carried out a further announced comprehensive inspection at Bradshaw Medical Partnership on 04 April 2017 to check that the practice had made improvements. Improvements were demonstrated in some areas but further improvements were required to evidence that systems were embedded in the responsive and well led domains. Overall the practice remained rated as requires improvement and they submitted an action plan after the inspection demonstrating how they would address the issues.

On 27 October 2017 we went back to check that the continuing issues relating to the responsive and well led domains had been addressed. At that inspection on 27 October we found that the practice had reviewed their complaints procedure and embedded policies and procedures to ensure they were being followed. The practice is now rated as good.

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

- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on. There was now a formal mechanism to obtain feedback from staff.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. A mechanism to record and monitor all staff training, including clinical staff, was in place.
- Information about services and how to complain was available. Improvements had been made to the quality

Summary of findings

of care as a result of historic complaints and concerns. There was now a system to formally record and monitor verbal comments and concerns. This had been recently introduced and was now effective.

- The practice was able to demonstrate that staff complied with the requirements relating to complaints and we saw formal documented evidence to support complaints received. Staff, including medical staff, were aware of the term Duty of Candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice was rated previously as good for providing safe services.

This rating was given following the comprehensive inspection on 4 April 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

Good



Are services effective?

The practice was rated previously as good for providing effective services.

This rating was given following the comprehensive inspection on 4 April 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

Good



Are services caring?

The practice was rated previously as good for providing caring services.

This rating was given following the comprehensive inspection on 4 April 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Previously we found that the system to escalate, monitor and review complaints was not effective and there was no up to date documented evidence around complaints received and responded to.

At this inspection we saw evidence that :

- Information about how to complain was available and easy to understand and historic evidence showed the practice responded to issues that had been raised in the past.
- Learning from complaints was shared with staff and discussed at meetings so that improvements could be made where required.
- The practice manager was the named person for escalation of complaints.

Good



Summary of findings

- We saw that up to date records were kept of complaints and responses were made in a timely way.
- We saw that apologies were offered to patients when mistakes occurred.
- Verbal complaints were documented and dealt with and all staff were aware of their responsibility to encourage patients to feedback their comments.

Are services well-led?

The practice is rated as good for providing well led services.

Previously we found that that the overarching governance framework did not support the systems in place to assess, monitor and mitigate risks and ensure that staff understood their lead roles and followed all protocols in place.

At this inspection we saw evidence that :

- All staff were clear about their own and each other's lead roles and responsibilities.
- Staff felt valued and part of a team. Since our previous inspection several full staff meetings had taken place.
- There was a schedule of regular clinical meetings with formal agendas and action logs.
- Nursing and administration teams worked together to promote good outcomes for patients.
- There was formal mentorship and support for the assistant practitioner and trainee assistant practitioner to ensure they were working within their competencies.
- A suggestion box had been introduced to obtain feedback from staff and action was taken to respond to that feedback.
- The practice had been decorated throughout since our previous inspection.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is now rated as good for the care of older people and the issues identified at the previous inspection have been addressed. The findings below are from the Inspection on 4 April 2017 and the full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- In particular staff were able to recognise signs of abuse in older people and knew how to escalate or refer these concerns.
- There was a register of older people who needed extra support and a system whereby they could directly contact a clinician who was familiar with their requirements.

Good



People with long term conditions

The practice is now rated as good for the care of people with long term conditions and the issues identified at the previous inspection have been addressed. The findings below are from the Inspection on 4 April 2017 and the full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There were registers for all patients with chronic disease.
- The overall quality outcome framework (QOF) results for diabetes was 100% compared to the CCG average of 92% and the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a review to check their health and medicines needs were being met.
- The GP worked with the relevant health and care professionals to deliver a multidisciplinary package of care for patients with the most complex needs.

Good



Summary of findings

Families, children and young people

The practice is now rated as good for the care of families, children and young people and the issues identified at the previous inspection have been addressed. The findings below are from the Inspection on 4 April 2017 and the full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Staff we spoke to told us that children and young people were treated in an age-appropriate way and were recognised as able to make their own decisions.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses where possible.
- Child immunisation rates were 7% above the required standard of 90% for all four immunisation data indicators.

Good



Working age people (including those recently retired and students)

The practice is now rated as good for the care of working age people (including those recently retired and students) and the issues identified at the previous inspection have been addressed. The findings below are from the Inspection on 4 April 2017 and the full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. There was an informative web site with access to appointments and electronic prescription services.
- Patients could access the borough-wide HUB outside of normal working hours. Patients were able to book appointments at a nearby practice between 6.30pm and 9pm on weekdays and from 10am until 4pm at the weekend.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is now rated as good for the care of people whose circumstances may make them vulnerable and the issues identified at the previous inspection have been addressed. The findings below are from the Inspection on 4 April 2017 and the full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

- The practice had identified patients who were in need and had ensured that these patients received extra support. They included military veterans, carers, patients with learning disabilities, patients with mental health conditions and those with dementia. Two members of staff had lead roles in supporting these patients and were able to demonstrate the positive impact it provided.
- For those patients with a learning disability the assistant practitioners (APs) had met with and knew each person on the register and what support they needed. They were able to evidence the positive impact provided specifically for this group of patients by offering them instant access with a person who was familiar to them, continuity of care and an enhanced support service.
- The practice offered longer appointments for patients with a learning disability and others who would benefit from them as well as a "knock and wait" clinic for an hour each day with one of the APs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. They informed vulnerable patients about how to access various support groups and voluntary organisations and encouraged and accompanied them to attend.

Good



People experiencing poor mental health (including people with dementia)

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia) and the issues identified at the previous inspection have been addressed. The findings below are from the Inspection on 4 April 2017 and the full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Practice on our website at www.cqc.org.uk.

- The practice carried out advanced care planning for patients with dementia.
- There was a named GP for patients in residential and nursing homes to improve continuity of care.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- People with mental health needs and dementia were well supported by the assistant (and trainee assistant) practitioners.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2017. The results showed the practice was performing in line with local and national averages. 287 survey forms were distributed and 118 were returned. This was a 41% return rate and represented a little over 1% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 79% and national average of 71%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 84%.

- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 77%.

We did not ask for CQC comment cards to be completed by patients prior to this inspection and we did not speak to any patients on the day of the inspection.

Bradshaw Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector.

Background to Bradshaw Medical Partnership

Bradshaw Medical Partnership moved to the current purpose built premises in 2002 and offers a service to 8854 patients. It is based in Bradshaw Street, Orrell. Its population is spread over a large and diverse area of Wigan. It is a training practice for Foundation Year 2 GPs who are with the practice for four months. One of the GPs is currently training to be a trainer for Foundation Year 3 GPs who are GP registrars.

There are five GPs, four male and one female, and an all-female nurse team of two practice nurses (one who can prescribe medicines), an assistant practitioner and a trainee assistant practitioner. The clinical teams are supported by a practice manager, an assistant practice manager, two medical secretaries and nine reception and administration staff. They are also supported by district nurses, community midwives, a health trainer, a community matron, a link worker, a cognitive behavioural therapist and a physiotherapist who are attached to the practice. They are not employed by the practice but they provide services on the premises so that access is better for patients.

The practice opening times are as follows :

Opening Hours Details of opening hours for reception

Monday 8am – 8pm

Tuesday 8am – 8pm

Wednesday 8am – 8pm

Thursday 8am – 8pm

Friday 8am – 8pm

Routine appointments can be made with any doctor or nurse by telephoning the practice or whilst at surgery. Same day urgent appointments are available. Telephone consultations are available after 11.30am or after 5.30pm. Ongoing problems and medicine reviews can be dealt with over the telephone. Regular home visits are made to residential and nursing homes by named GPs to ensure continuity of care. Other home visits are available but are only done when the medical condition prevents the patient from attending surgery but is not serious enough to require hospital. These are assessed by the GP on call at the practice each day. When the practice is closed patients can access Wigan borough-wide hub by appointment or can be transferred to the out of hour's service via NHS111.

Since our previous inspection the premises had been decorated throughout.

Why we carried out this inspection

Detailed findings

We undertook a comprehensive inspection of Bradshaw Medical Partnership on 10 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for safe and well led services and we issued requirement notices under Regulation 12, Safe Care and Treatment and Regulation 17, Information Governance. The full comprehensive report of the 10 October 2016 can be found by selecting the 'all reports' link for Bradshaw Medical Partnership on our website at www.cqc.org.uk

We undertook a further announced comprehensive inspection of Bradshaw Medical Partnership under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions on 4 April 2017. That inspection was carried out to check whether improvements had been made and to assess a rating for the practice. At that time the practice required further improvement.

This focused inspection took place on 27 October 2017 in order to check that the continuing issues in the responsive and well led domains had been addressed. At this inspection on we found that the practice had reviewed their complaints procedure and embedded policies and procedures to ensure they were being followed.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses and assistant practitioners, administration staff and the practice manager.
- Reviewed the action plan sent by the practice

- Reviewed the actions carried out to make improvements
- Reviewed a selection of policies and procedures
- Reviewed complaints and significant events
- Looked at clinical audits

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

The practice is rated as good for providing safe services.

This rating was given following the comprehensive inspection on 4 April 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Centre on our website at www.cqc.org.uk.

Are services effective?

(for example, treatment is effective)

Our findings

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection on 4 April 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Centre on our website at www.cqc.org.uk.

Are services caring?

Our findings

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection on 4 April 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Bradshaw Medical Centre on our website at www.cqc.org.uk.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice is rated as good for providing responsive services.

Previously we found that the system to escalate, monitor and review complaints was not effective and there was no up to date documented evidence around complaints received and responded to.

Listening and learning from concerns and complaints

The practice had a protocol in place for handling formal complaints which was in line with recognised guidance and contractual obligations for GPs in England and we saw that this was now being followed.

- There was a designated responsible person who handled all the complaints in the practice.
- We saw that information was available to help patients understand the complaints system and all staff were aware of their responsibility to escalate verbal concerns.
- We saw good documentary evidence to support the complaints process. We saw that complaints were formally recorded with analysis, outcomes and learning points identified and monitored. We reviewed the complaints that had been received and documented and saw that they had been responded to in line with recognised guidance.
- All complaints (verbal and written) were discussed as a standing item at the now weekly and minuted Management Operations Meetings. In addition, a quarterly review of trends was being undertaken at the Management Operations Meetings and learning outcomes for patients was also being fed into the patient newsletter and annual report.
- All summary outcomes and learning was sent to all relevant staff within a week of being signed off at the management meetings.
- An electronic and paper log of complaints was kept with appropriate access and this was being kept up to date by the practice manager

Are services well-led?

Good 

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

Our findings

The practice is rated as good for providing responsive services.

At our first inspection on 10 October 2016 we found that the practice did not have formal processes for reviewing significant events and highlighting other risks. Protocols and guidance were not being followed and not all staff were aware of their lead roles and responsibilities.

At our previous inspection on 4 April 2017 the practice demonstrated that they were monitoring and reviewing risks but further improvements were still required to ensure that all systems were embedded.

At this inspection we saw evidence that :

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

- The practice had re-established appropriate minuted meeting schedules and reporting structures that facilitated a robust system of governance activity
- Clinical staffing had been increased since the previous visit with increased capacity to undertake lead roles and responsibilities. A data quality clerk had been introduced to facilitate audit monitoring.
- In addition to the practice spreadsheet detailing all practice policies and procedures all policies and procedures were subject to review in line with agreed schedules, and were personalised to the practice with review dates and version numbers recorded on each document.
- A new nurse lead and health care assistant had been recruited and a Practice Organisational Chart was issued to all staff identifying lead roles and delegated responsibilities for key areas such as infection control,

risk management, health and safety, medicines management and significant incident reporting. These roles were discussed at meetings to ensure staff understood the objectives.

- A schedule of audit was conducted around risk reduction and governance activities, including infection control audits. These were reported within the risk and governance report presented at each weekly minuted Management Operations Management meetings.

Leadership and culture

The leaders at the practice prioritised safe, high quality and compassionate care and they demonstrated this. Staff told us the partners were approachable and always took the time to listen to all members of staff.

At our previous inspections we found that different groups of staff worked in isolation within their own clinical teams. We saw that this continued to improve and nurses, GPs and administration staff met regularly to discuss matters.

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing. We saw that a suggestion box for staff had been introduced and there was evidence that suggestions were responded to.

Continuous improvement

The leadership structure was secure and there was evidence that improvements were ongoing. In particular in relation to significant events :

- An internal electronic mail message was issued to all staff on their NHS mail with policy attached and signed read and returned proforma (31 Oct 16)
- All SEAs were discussed as a standing item at weekly minuted Management Operations Meetings.
- Formally recorded action plans and learning points were identified and monitored.
- Quarterly reviews of trends from SEAs was being undertaken with learning being fed into the Practice Newsletter and Annual Report
- All relevant SEAs were discussed at minuted administration staff meetings and staff felt involved and included in improving outcomes for patients.

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.

This section is primarily information for the provider

Enforcement actions

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.