Bracondale Medical Centre

Quality Report

Bracondale Medical Centre
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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?	Outstanding
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bracondale Medical Centre on 16 November 2016. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with staff and stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a strong commitment to supporting staff training and development.
- Feedback from patients about their care was consistently and strongly positive. Patients described the GPs and staff as caring and professional.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients for example one patient was developing an information leaflet for patients to explain about the different intrauterine devices (coils) and the fitting of these.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- Evidence was available that demonstrated the practice complied with the Duty of Candour requirement.

We saw one area of outstanding practice:

- The practice had developed a care coordinator role to monitor and respond to patients attending A&E and/or admitted to hospital as an emergency. This involved liaising with the hospital ward staff to understand the reasons for admission and identify the discharge date so that appropriate care and support was in place at the point of discharge for the patient. The practice had established productive communication links with the neighbourhood advanced nurse practitioner and worked in coordination to ensure these patients receipt appropriate care and support. This model of care and support was being monitored with a view to rolling out to other GP practices within the Clinical Commissioning Group.

The areas where the provider should make improvement are:

- Strengthen existing pre-employment checks for locum GPs by obtaining references and copies of indemnity insurance.

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?

Good

The practice is rated as good for providing safe services.

- Significant events and incidents were investigated and areas for improvement identified and implemented. The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received truthful information, support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed, however pre-employment checks for locum GPs needed strengthening.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Weekly management meetings were held where patients' health care needs were reviewed, alongside the performance of the practice. This included reviewing significant events, changes to guidance and safeguarding. Monthly clinical meetings were also held.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received mandatory and role specific training. Staff said they felt supported by the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Close working relationships had been established with the

Summary of findings

neighbourhood team advanced nurse practitioner, collaborative working was established especially in monitoring, and responding to patients admitted to hospital in an emergency.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others in almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients' comments provided examples of the personal support they received from the GPs, for example coping with chronic health conditions, children's health and at times of bereavement.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff were committed and trained to provide good customer care.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in the local neighbourhood complex care multi-disciplinary team.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice used a variety of appointment systems to improve patient access to appointments and meet patient demand. For example, open access surgeries Monday mornings and Thursday afternoons were available, daily open access surgeries for children were provided and pre-bookable appointments and daily urgent appointments were also available. Arrangements were established so that patients requiring a home visit were seen that morning from 9am. In addition, the practice used a telephone messaging service which ensured all patients requesting a call back for advice received a call from the GP.

Summary of findings

- The practice offered additional support to patients by arranging and facilitating a local community support service. The support service (A Better Life) attended the practice two days per week to provide support and guidance to the patients referred by the practice. This service was also offered to other patients registered with different GP Practices in the local community. The service offered advice and guidance on weight management, alcohol problems and low level mental health issues such as stress and depression.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- The practice care coordinator monitored daily the patients admitted to hospital an emergency. They liaised with the hospital ward staff and the neighbourhood advanced nurse practitioner to establish when patients were being discharged to ensure patients received the support, care and treatment they needed immediately following discharge. This model of care was being considered by the Clinical Commissioning Group for roll out to other GP practices.
- Home visits to review patients who were housebound and had a long-term conditions were undertaken.
- A weekly visit to a local care home was undertaken by the same GP to ensure continuity of care.
- The practice had the facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was reviewed every quarter and this was discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered a mixture of pre-bookable, on the day urgent appointments and open access surgeries.
- Home visits were available for those with enhanced needs.
- Planned weekly visits to a local care homes were undertaken by the GPs. This provided continuity of care.
- The practice had developed a care coordinator role to monitor and respond to patients attending A&E and or admitted to hospital as an emergency. This involved liaising with the hospital ward staff to understand the reasons for admission and identify the discharge date so that appropriate care and support was in place at the point of discharge for the patient. The practice had established productive communication links with the neighbourhood advanced nurse practitioner and worked in coordination to ensure these patients received appropriate care and support. This model of care and support was being monitored by the Clinical Commissioning Group (CCG) with a view to rolling out to other GP practices within the CCG area.
- Palliative care meetings were held every month and community health care professionals such as the district nurse and Macmillan nurse attended these.

People with long term conditions

Good

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

- The practice performed similarly or slightly below the local and national averages in the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16.
- The practice encouraged patients to self refer to education programmes for the management of diabetes and other long term conditions.
- Longer appointments and home visits were available when needed.

Summary of findings

- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- 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.
- The practice held regular meetings to review patients considered at risk or with a child protection plan in place.
- The practice also held a log of all young people between the ages of 18 and 21 who were identified at risk from behaviours such as self harming.
- Immunisation rates were comparable to the Clinical Commissioning Group (CCG) rates for all standard childhood immunisations. The practice held children's flu parties to encourage uptake of the vaccine.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice offered an open access surgery Monday to Friday between 12pm and 1pm for children and young people up to the age of 18. Appointments were also available outside of school hours.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 77% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG and England average of 75%.
- The practice's uptake for the cervical screening programme was 81%, which reflected the CCG and the national average of 81%.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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.

Summary of findings

- The practice offered flexible surgery times including later evening appointments until 7.30pm on Mondays and early morning appointments from 7am on Fridays. The practice also provided a messaging service so that all requests for contact with a GP were actioned through the day. The electronic messaging board highlighted urgent call back requests so that GPs could prioritise these.
- The practice was proactive in offering online services such as booking and cancelling appointments and ordering prescriptions.
- The practice website also offered information on health promotion and screening.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- One reception staff team member was the designated lead to support patients with a learning disability.
- The practice offered longer appointments for patients who were vulnerable and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice worked closely with a local hostel to provide care and treatment to patients accommodated there.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data from 2015/16 showed that 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the Clinical Commissioning Group (CCG) average of 85% and the England

average of 84%. The practice had recently designated a lead to support patients with a diagnosis of dementia. Responsibilities included ensuring these patients attended their health care reviews and assisting them with any issues.

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 92% and the England average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice facilitated a patient support service, which assisted patients experiencing poor mental health and provided guidance 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.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing better than local and national averages. A total of 240 survey forms were distributed, and 112 were returned. This was a return rate of 47% and represented approximately 2.2% of the practice's patient list.

- 77% 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 73%.
- 92% 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 89% and the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 92% 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 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 12 comment cards, all of which were extremely positive about the standard of care received. Each comment card described the practice, GPs and reception staff as being responsive, caring and willing to listen.

We spoke with two patients the following day by telephone. Both were extremely complimentary about the quality of care they received from the GP and their comments reflected the information we received from the CQC comment cards. Patients said they could get appointments when needed, that GPs provided care and treatment that focused on them and their familial situation and they were fortunate to have such a good GP practice. We heard examples of how GPs had supported patients with long term health issues, mental health needs, children and bereavement.

The practice had a patient participation group (PPG) and face to face meetings were held approximately twice a year. Both patients we spoke with were also members of the PPG and they confirmed they were consulted about the practice. They liked this involvement . The practice website provided minutes from the patient participation group (PPG) meetings.

Areas for improvement

Action the service SHOULD take to improve

- Strengthen existing pre-employment checks for locum GPs by obtaining references and copies of indemnity insurance.

Outstanding practice

We saw one area of outstanding practice:

- The practice had developed a care coordinator role to monitor and respond to patients attending A&E and/or admitted to hospital as an emergency. This involved liaising with the hospital ward staff to understand the reasons for admission and identify the discharge date so that appropriate care and support was in place at the point of discharge for the patient. The practice had established productive communication links with the neighbourhood advanced nurse practitioner and worked in coordination to ensure these patients receipt appropriate care and support. This model of care and support was being monitored with a view to rolling out to other GP practices within the Clinical Commissioning Group.

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Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bracondale Medical Centre

Bracondale Medical Centre, 141 Buxton Road, Heaviley, Stockport, SK2 6EQ is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical services (GMS) contract with NHS England. The practice confirmed they had 5082 patients on their register.

The practice is a registered partnership between one female and two male GPs. The practice employs a salaried GP, a practice manager, an assistant practice manager, a reception manager two practice nurses and one health care assistant as well as reception and admin staff. The practice also employs two cleaners. The practice is a GP training practice and at the time of our visit there were two GP registrars and one foundation year one GP based at the practice.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 79 years, which reflects both the local CCG and England average. Female life expectancy is 82 years, slightly below the CCG and England average of 83 years.

Bracondale Medical Centre is located on a busy main road in Stockport. Entrance to the practice is at the rear where there is ramped access and automated doors to assist patients with mobility issues. The practice provides five consultation rooms on the ground floor. There is also a training room on the first floor, which is used on occasion to see patients who do not have mobility problems.

The practice reception is open from 8.00am until 6.30pm Monday to Friday. Open access surgeries are available Monday mornings and Thursday afternoons, daily open access surgeries for children are available Monday to Friday and pre-bookable appointments, daily urgent and telephone appointments are available Monday to Friday. Later evening appointments are provided Mondays until 7.30pm and early morning appointments on Friday mornings from 7am.

Pre-bookable appointments are also available at weekends at the Out of Hours provider Mastercall located in Hazel Grove.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book and cancel appointments and order prescriptions.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 November 2016.

During our visits we:

- Spoke with a range of staff including four GPs, the practice manager, the assistant practice manager, a practice nurse, a health care assistant and two receptionists.
- Spoke with two patients by telephone the day after the visit.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Different staff told us of incidents which they were aware of. They confirmed there was an open safe environment to raise issues. A policy was in place to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. All incidents and some complaints were also investigated as significant events. A log of significant events was maintained and each incident was supported by a detailed record of the investigation into the incident. Weekly management meetings and monthly clinical team meetings were held where learning from significant events and complaints was shared as appropriate.

We reviewed safety records, incident reports and patient safety alerts. GPs and nurses we spoke with provided examples of significant events and the action taken as the result of analysis. Minutes of meetings provided evidence that significant events were discussed.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse were established. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had two GP leads for safeguarding, one for children and one for adults. All GPs were trained in children's safeguarding to level 3 and had received training in adult safeguarding. The topic of safeguarding was a standing agenda item on the weekly management and monthly clinical meeting agenda.
- The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. They monitored children identified at risk on their patient register and liaised with health visitors and school nurses. The practice held a log of all young people between the ages of 18 and 21 who were identified at risk from behaviours such as self harming. Staff we spoke to demonstrated they understood their responsibilities in relation to safeguarding adults and children and had received training appropriate to their role. The practice nurse was trained in children's safeguarding to level 2.
- Notices displayed at the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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).
- The GP practice employed their own cleaning team. The practice monitored the standards of cleanliness and hygiene by undertaking regular checks. We observed the premises to be clean and tidy. The infection control clinical lead liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, an infection control audit had been undertaken in July 2016 by the local authority infection prevention nurse. This identified one area for improvement (the wearing of a ring), which was addressed immediately.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and health care assistants were trained to administer vaccines against a patient specific direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also reviewed three recruitment files for the regular locum GPs used by the practice. These contained the required information except for references and up to date evidence of indemnity insurance. The practice manager said she would address this.
- There was a system in place to record and check professional registration with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice property owner had supplied the practice with the building fire risk assessment and regular fire alarm checks were undertaken. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had copies of other risk assessments in place for the premises such as asbestos and Legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff spoken with were knowledgeable about how to respond to medical emergencies.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/16 were 98.4% of the total number of points available with a rate of 5.8% exception reporting for all clinical indicators. The rate of exception reporting was lower than the 7.2% average for the Clinical Commissioning Group (CCG) and lower than the England average rate of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had consistently achieved over 98% of the QOF points available since 2010.

This practice was not an outlier for any QOF (or other national) clinical targets. Data available for the QOF diabetic indicators in 2015/16 showed that some indicators scored slightly lower than local and national averages:

- The percentage of patients with diabetes on the register in whom the last blood test (HBbA1c) was 64 mmol/mol or less in the preceding 12 months was 75%, compared to the CCG average of 80% and the England average of 78%.
- The record of diabetic patients with a blood pressure reading 150/90mmHG or less recorded within the preceding 12 months was 93%, which was the same as the CCG and slightly above the England average of 91%.
- The record of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 93%, which was higher than the CCG average of 85%, and the England average of 80%.
- 95% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%.

Other data from 2015/16 showed the practice performance was similar to local and England averages. For example:

- 86% of patients with hypertension had their blood pressure measured in the preceding 12 months and was less than 150/90 mmHg compared to the CCG average of 83% and the England average of 82%.
- 77% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 75%.
- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 85% and the England average of 84%. The practice did not agree with these figures and confirmed that all 40 patients on the register with dementia had had a face to face review within the last 12 months.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was slightly higher than the CCG average of 92% and the England average of 89%.

There was evidence of quality improvement including clinical audit.

- The practice had an audit plan, which identified the ongoing audits being undertaken at the practice and future audits that were planned. These included audits of two week wait referrals and a cancer diagnosis, and regular medicines management audits. The practice was a GP training practice and trainee GPs were actively supported and involved in clinical auditing.
- Out of nine clinical audits, five were still ongoing. Two completed audits included one for the combined oral contraceptive pill which when re-audited identified improvements in the recording of medical and family

Good

Are services effective?

(for example, treatment is effective)

history, better recording of blood pressures and reference to a patient's history of drug usage. The second clinical audit reviewed patients with chronic kidney disease (CKD) alongside NICE guidance. This audit resulted in improved accuracy of coding on the patients electronic record system and improved recall and monitoring of patients.

- The practice participated in local audits, national benchmarking, accreditation and peer review. The practice supplied data which benchmarked its performance against other practices locally and within Stockport CCG. Data supplied by the practice for August 2015/16 showed its number of GP referred first outpatient appointments were lower than the majority of other GP practices in the CCG. Other data showed the number of patients referred by the GP for an emergency admission reflected the average for the CCG as did emergency admissions for patients with long term conditions. However, both these sets of data were lower than the locality/neighbourhood rates. Data also supplied by the practice for the same time period showed that the practice's prescribing costs were below the CCG and the locality averages.
- The practice was working with the CCG and participated in schemes to improve services to patients. For example, one GP partner was the CCG Clinical Director for Quality & Provider Management and worked with the local hospital to oversee planned and urgent care within the hospital settings and agree contract commissioning care. Building on this role the practice created the role of care coordinator to work closely with the hospital to ensure patients admitted there as an emergency had the right package of care and support immediately upon discharge from hospital.

Effective staffing

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

- The practice was committed to providing staff with training and support to ensure they provided evidence based clinical care. The practice facilitated and supported staff to achieve their potential and realise their aspirations.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources ,discussion at practice meetings and attendance at regular training updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Following staff appraisals the practice reviewed their practice work plan to align staff's development needs with the practice plan so that identified training was prioritised. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice nurses at the practice also provided mentorship for the practice health care assistant and the practice care coordinator.
- The staff team were actively encouraged and supported with their personal development. They told us how the practice had supported them with their development. For example, one receptionist was trained and supported to develop their role as a care coordinator for the practice. The staff member was now being supported with a foundation course for the role of assistant practitioner.
- The practice was a GP training practice and one GP partner was a Primary Care Medical Educator (PCME) responsible for the structured teaching program in Stockport for third year speciality training of doctors to become a GP. The practice was also participating in a pilot scheme which supported and assisted with the training of first year foundation training GPs. The practice held regular education meetings for trainee GPs.
- Staff told us about the training they had received including safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

Good

Are services effective?

(for example, treatment is effective)

- This included care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme (2015/16) was 80%, which was just below the CCG and the national average of 81%. For patients who did not attend appointments for cervical screening the practice sent out up to three letters and offered telephone reminders to encourage their attendance for cervical screening test. There were systems in place to ensure results were received for all samples sent for cervical screening and the practice followed up women who were referred because of abnormal results.
- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests were slightly below the CCG and England average.
- Childhood immunisation rates for the vaccinations given in 2014/15 were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 91% compared to the CCG range of 69% to 91%. Rates for five year olds ranged from 86% to 90% compared to the CCG range of 85% to 92%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–70. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff demonstrated that they knew the patients attending the surgery. They provided examples where they had made the GP or practice manager aware of patients whose needs were more urgent and arrangements made to ensure these patients were seen quickly.
- Reception staff were also responsive to patients who wanted to discuss sensitive issues or appeared distressed; they could offer them some privacy to discuss their needs.

We received 12 comment cards, all of which were extremely positive about the standard of care received. Each comment card described the practice, GPs and reception staff as being welcoming, responsive, caring and willing to listen. Patients described the children's access to appointments as exceptional and patients said they always saw a GP in an emergency and they were always willing to listen.

We spoke with two patients the following day by telephone. Both were extremely complimentary about the quality of care they received from the GP and their comments reflected the information we received from the CQC comment cards. Patients said they could get appointments when needed, that GPs provided care and treatment that focused on them and their familial situation and they were fortunate to have such a good GP practice. We heard examples of how GPs had supported patients with long term health issues, cancer and and bereavement.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service provided to patients above the averages for the Clinical Commissioning Group (CCG) and England. Results showed patients felt that they were treated with compassion, dignity and respect. For example:

- 94% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England average of 87%.

Care planning and involvement in decisions about care and treatment

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

The practice ensured vulnerable patients such as those who were housebound or had a long term condition had an agreed plan of care in place. All housebound patients benefited from a visit every third or fourth month. We were told that 2% of the patient population had a care plan recorded and examples of these were available.

The practice provided examples of how they had supported and advocated for one patient with complex social and health care needs. Another patient described in an online video (Patient Experiences) on the CCG's website

Good

Are services caring?

how they had been supported by the GP practice who working with other health care (hospital and community) professionals implemented an integrated care package to manage their care and treatment.

Results from the national GP patient survey showed patients' responses indicated they felt more involved in their care when compared with the averages for the CCG and England. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop system was available for those people with hearing impairment and a sign language service was also available if required.

Patient and carer support to cope emotionally with care and treatment

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

The GPs were very knowledgeable about the needs of patients and their individual circumstances. Patients we spoke with provided different examples of this. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers, which was just under 2% of the practice population. Written information was available to direct carers to the various avenues of support available to them, including questionnaires for patients' to self refer to a local charity 'Signpost Stockport For Carers'.

Staff told us that if families had received a significant diagnosis and or suffered a bereavement, then on of the GPs called the patient to offer support and advice in accordance with the patient's preference.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered later evening GP appointments on Mondays until 7.30pm and early morning appointments on Friday mornings from 7am.
- Appointments times were either 10 or 15 minutes long to ensure patients had sufficient time to discuss their concerns.
- There were longer appointments available for patients with a learning disability or special health care need.
- The practice had developed a non clinical lead role to provide support to patients with a learning disability or dementia.
- GPs visited housebound patients once every third or fourth month with a long term condition to carry out regular monitoring and review.
- Patients over the age of 65 who had not attended the surgery for over 12 months were proactively contacted to ensure they were well. If the telephone contact identified health care needs an appointment was offered or home visit if required.
- The practice provided care and treatment to patients living in a local care home. Planned weekly visits were undertaken to the care home. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients. Additional visits were provided in an emergency.
- The practice offered an open access surgery Monday to Friday between 12pm and 1pm for children and young people up to the age of 18. Appointments were also available outside of school hours. A register of patients identified at risk from self harming was maintained so that GPs could respond quickly to the needs of these patients.
- The practice had developed a care coordinator role to monitor and respond to patients attending A&E and or admitted to hospital as an emergency. This involved liaising with the hospital ward staff to understand the reasons for admission and identify the discharge date so that appropriate care and support was in place at the point of discharge for the patient. The practice had established productive communication links with the neighbourhood advanced nurse practitioner and worked in coordination to ensure these patients received appropriate care and support. This model of care and support was being monitored by the CCG with a view to rolling out to other GP practices within the CCG area.
- In response to issues raised by a patient, the practice was working with a patient to develop an information leaflet for patients about intrauterine devices and the coil fitting service.
- The practice arranged and facilitated supportive initiatives for both the practice's patient population and the local wider community. They had arranged for 'A Better Life' (ABL), formerly known as Healthy Stockport, to provide a service at the practice where patients and people living in the community could get advice and signposting to support with lifestyle choices including diet, alcohol and drugs use.
- The practice worked closely with a local hostel to provide care and treatment to patients accommodated there.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice reception was open from 8.00am until 6.30pm Monday to Friday. The practice reviewed its appointment availability against patient demand regularly. In response to this, they provided a variety of ways to access appointments. For example, open surgeries were available Monday mornings and Thursday afternoons for patients who needed an urgent appointment, daily open access surgeries for children were available Monday to Friday between 12pm and 1pm and pre-bookable appointments, daily urgent and telephone appointments were available Monday to Friday. The practice also undertook home visits from 9am to ensure that patients' needs were responded to quickly to minimise the potential need for more urgent treatment later in the day or need for hospital admission. The practice also provided a telephone call back service for patients needing to speak to a GP. A system to prioritise these requests were in place so that GPs called back the more urgent calls sooner.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was either similar to or higher than the local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- 98% said the last appointment they got was convenient compared to the CCG average of 93% and England average 92%

People told us on the day of the inspection that they could always see a GP if they needed to.

Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had received three complaints since November 2015. In addition, one issue identified by a patient, but not received by the practice as a complaint was investigated and responded to in line with the practice's complaint procedure. This resulted in the practice working with the patient to develop a patient information leaflet about different intrauterine devices or coils. The information leaflet was almost complete and ready for printing.

We reviewed the two complaints and observed that these were responded to appropriately with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

The practice maintained a separate handwritten log of a calls received by the practice to ensure that any issues or concerns or future queries raised by patients or other contacts could be reviewed and audited.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's mission statement was "Bracondale Medical Centre endeavours to provide a consistently high standard of medical care, delivered by a professional and dedicated team in a timely, effective and appropriate manner in an environment where patients, staff and healthcare workers are all valued and appreciated." This was supported by the values of Quality, Patient Centred, Innovation and Passion.

- The practice had a practice work plan and strategy, which reflected the vision and values and were regularly monitored. The practice held weekly management meetings, monthly clinical and practice meetings and quarterly strategy meetings.
- There was a commitment by all the practice staff to deliver a quality service. The staff we spoke with were all committed to providing a high standard of care and service to patients. Feedback from patients indicated they felt the service they received was very good.
- The GP partners had good insight and awareness of the challenges facing the practice and a vision of where they wanted to develop.

Governance arrangements

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

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice partners had distinct leadership roles and there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice encouraged inclusive team work and all staff had been allocated specific areas of responsibility and leadership.
- Clinical governance procedures were well established and weekly management meetings were undertaken where significant events, safeguarding and complaints were reviewed as required. These items were standing agenda items.
- Clinical and internal audit, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for the individual.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were reviewed regularly.
- The practice engaged with the Clinical Commission Group (CCG) and attended meetings to contribute to wider service developments. One GP partner was the Clinical Director for Quality and Provider Management at Stockport CCG and chaired the Urgent Care Delivery Board for Stockport.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. A range of meeting minutes were available.
- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through monitoring survey results and from complaints received. A core group of patients were active members of the PPG, which met two to three times each year. The practice had tried to change the times of these meetings to try to encourage participation from people who worked. This had not been successful. The two members of the PPG told us they had been consulted on and updated on the issues regarding services at the GP surgery. They confirmed that they were listened to and had influence in improving the service. Minutes of practice meetings were available on the practice website.
- The practice carried out a survey in May 2016 (patient snapshot) where 50 questionnaires were handed out (49 were returned) and patients views were asked on the children's open surgery, the extended hours service (all positive responses) and the quality of the NHS 111 and Out of Hours service.
- The practice also analysed the GP patient survey results and recorded an action plan to improve and respond to patient feedback. For example, in response to telephone access the action was to await the CCG wide implementation of a new telephony platform. This was being introduced at the time of the inspection.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff attended staff away days and the CCG training courses (Masterclasses) Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice recognised future challenges and opportunities and had plans in place to develop the services they provided.
- The practice was a GP training practice and supported trainee GPs with their additional foundation and specialist training. One GP partner was a Primary Care Medical Educator (PCME) responsible for the structured teaching program in Stockport for third year speciality training of doctors to become a GP.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.

The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.