

Briercliffe Surgery

Quality Report

Briercliffe Primary Care Centre,
Burnley,
Lancashire
BB10 2EZ

Tel: 01282648051

Website: www.briercliffemedicalcentre.co.uk

Date of inspection visit: 27 June 2016

Date of publication: 12/07/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Briercliffe Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Briercliffe Surgery for one area only, governance arrangements within the key question Well-led.

We found the practice to be good in providing Well-led services. Overall, the practice is rated as good.

Briercliffe Surgery was inspected on 17 February 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated 'good' overall. However, within the

key question Well-led, governance arrangements were identified as 'requires improvement', as the practice was not meeting the legislation in place at that time; Regulation 17(1)(2)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice has submitted to CQC, a range of documents which demonstrate they are now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

This rating was given following the comprehensive inspection 17 February 2016. A copy of the full report following this inspection is available on our web site

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

The practice was inspected on 17 February 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. Following the inspection the practice was rated as requires improvement for the key question Well-led.

There had been shortfalls in how the practice was maintaining recruitment records, managing verbal complaints and maintaining records relating to staff training, appraisals and professional registrations. At that time the practice was not meeting Regulation 17(1)(2)(d)(f) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good



Summary of findings

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices since the last inspection.

Evidence supplied included;

- The training schedule.
- Evidence of staff appraisals.
- Revised policies and procedures.
- Minutes of team meetings.

Summary of findings

The six population groups and what we found

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

Older people

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

This rating was given following the comprehensive inspection on 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

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

This rating was given following the comprehensive inspection on 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

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

This rating was given following the comprehensive inspection on 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

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

This rating was given following the comprehensive inspection on 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

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

This rating was given following the comprehensive inspection on 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

This rating was given following the comprehensive inspection on 17 February 2016. A copy of the full report following this inspection is available on our web site <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

Briercliffe Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to Briercliffe Surgery

Briercliffe Surgery is part of the NHS East Lancashire Clinical Commissioning Group (CCG). Services are provided under a General Medical Services contract with NHS England. The practice confirmed they had 7673 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as level five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area was similar to the CCG and England average for males at 77 years and 81 years for females.

The practice had one male senior partner and one female GP partner; the senior partner also undertook the role of practice manager. The practice employed one male salaried GP, one male and one female locum GP, two practice nurses, one assistant practitioner, one healthcare assistant, one office manager, one medical informatics manager and 13 reception and administrative staff.

The practice was a teaching practice accepting undergraduate medical students and a training practice for qualified doctors who are training to be a GP.

The practice was open 8.30am to 6.00pm Monday to Friday with extended hours on Mondays until 8.30pm. The

practice triaged calls they received and made appointments available on the same day in accordance with assessed need. There was also provision for ill children to be seen the same day and the practice accepted walk-in appointment requests and offered telephone consultations. When the practice was closed out of hours services were provided by East Lancashire Medical Services and contacted by telephoning NHS 111.

The practice provided online patient access that allowed patients to book appointments and order prescriptions and review some of their medical records. Briercliffe Surgery offered a comprehensive range of services and was located in a purpose built building that was also used by other healthcare providers such as mental health and midwifery services. It was fully equipped with facilities for the disabled including disabled parking, access ramps, double doors, disabled toilet, hearing loops in the reception area and a lift.

Why we carried out this inspection

We carried out a focussed 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

At the last inspection, we found that governance arrangements required improvement. Following the inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to governance arrangements.

We reviewed this information and made an assessment of this against the regulations.

Are services safe?

Our findings

Please note this is a focused desk top review of good governance within the key question well led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of good governance within the key question well led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused desk top review of good governance within the key question well led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk top review of good governance within the key question well led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

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

Our findings

In line with agreed timescales the practice supplied a range of documentary evidence that demonstrated how they had improved working practices in relation to governance arrangements since the inspection on 17 February 2016. This specifically related to maintaining staff recruitment and training records, managing verbal complaints, audits, appraisals and monitoring professional registrations.

Evidence submitted included copies of meeting minutes where training had taken place. The practice manager sent us a copy of the training schedule that reflected the training each member of staff had attended. The training included core subjects such as; infection prevention and control, safeguarding children and adults and life support. Minutes also demonstrated changes in policies and procedures were being communicated to staff.

The practice had developed a system to verify staff registrations with professional bodies were current. This was achieved by checking professional registrations for all clinical staff on the first day of each month. We saw the check list for the last three months.

A system of staff appraisals had been implemented to enable staff to discuss their training and development needs. Appraisals were carried out by one of the GPs or the medical informatics manager. We saw a sample of three staff appraisal documents. Staff were given a self-assessment tool in which they scored their performance and this was then discussed at the appraisal meeting.

The practice had allocated lead roles to the GP partners these included; complaints (written and verbal), safeguarding, clinical governance and information governance.

The practice had reviewed the complaint policy. We received a revised copy of this policy and this included a protocol for dealing with verbal complaints.