

Care Quality Commission

Inspection Evidence Table

Brookdale Surgery (1-5237676013)

Inspection date: 10 December 2018

Date of data download: 15 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>The practice had introduced a recruitment and retention strategy, with clearly defined policy and procedures. Which also included guidance on the recruitment of ex-offenders.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 26/5/2018	Yes
There was a record of equipment calibration Date of last calibration: 26/5/2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 27/11/2018	Yes
Health and safety Premises/security risk assessment? Date of last assessment: 24/11/2018	Yes
Health and safety risk assessment and actions Date of last assessment: 24/11/2018	Yes
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 09/08/2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice had a lead who maintained the full infection control process for the practice which included, weekly checks, posters, audits, staff training and walks arounds of the premises. We saw evidence of weekly and monthly checks taking place. Each room was clutter free and clean.</p> <p>gtd have an overall infection control lead for the organisation, who carries out full annual audit with the lead for the practice. The findings are then fed back to the practice in form of a report with actions and dates the actions needs to be completed by.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> gtd have a pool of clinicians who could support during busy periods within the practice. A high-level action plan was in place to ensure patient safety and records were up to date and a true reflection of the patient's medical history. There were Sepsis summary sheets and online prompts for clinical staff to follow. Whilst non-clinical staff had flow charts to follow and patient leaflets. 	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers: <ul style="list-style-type: none"> • The practice had introduced a system for all referrals, we reviewed the system for two-week wait referrals, which was effective. • Non- clinical staff had received training on the referral process and understood the task systems. 	

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.*	*Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes

For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<ul style="list-style-type: none"> We found two patients taking a high-risk medicine which had not been monitored. This was rectified immediately by the practice. 	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	Multiple but 8 main incidents.
Number of events that required action	Yes

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
<p>There had been some major patient safety incidents identified from the previous provider, which gtd were in the processes of reviewing. All high-level risk has been identified and a plan has been formulated and investigated thoroughly by the practice.</p> <p>These reviews were still ongoing and will be for the foreseeable future such as:</p> <ul style="list-style-type: none"> Multiple patient's clinical records are not complete Multiple patient's records are not aligned with paper history Multiple patient's did not have a recorded history of chronic diseases documented 	

- Multiple medication problems and errors
- Missed referrals

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	*Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <ul style="list-style-type: none"> • *The practice had a policy and processes to disseminate alerts to staff. However, the practice could not produce the evidence to state if the alerts had been actioned. We received after the inspection conformation this process had been reviewed fully by the governance team at gtd who will be auditing all their practices this to ensure actions are fully completed. 	

Effective

Effective needs assessment, care and treatment

Any other comments

gtd Healthcare took over the practice in May 2018 from an inadequate provider whose registration had been cancelled by the Care Quality Commission (CQC).

Therefore, there is no public available data on the practices Quality Outcome Framework (QOF) available for this year. However, gtd have a data team are maintaining up to date QOF internal figures.

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Written and verbal consent was obtained appropriately.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	12
Number of CQC comments received which were positive about the service	10
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>All of the comment cards stated they had witnessed a vast improvement in care and the premises over the last few months. Two did state they had to wait for an appointment.</p> <p>Comment cards also stated:</p> <ul style="list-style-type: none"> • It is nice to be able to see the same doctor. • The doctor over the last few months has listened and shown outstanding care. • They now have access to a nurse. • The waiting room is clean and bright.

National GP Survey results

Any other comments
<p>gtd Healthcare took over the practice in May 2018 from an inadequate provider whose registration had been cancelled by the Care Quality Commission (CQC).</p> <p>Therefore, there is no public National GP Survey results available to date.</p>

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 3% of the population as, is a or has a carer.
How the practice supports carers	The practice has established links with the Manchester Carers Forum (MCF), a referral service offering carers signposting services.
How the practice supports recently bereaved patients	Bereavement cards were sent to families to all deceased patients families.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception area was an open space, and had a separated area which could be used if required or a consultation room could be offered for more private conversations.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30

Appointments available	
	Throughout the day, main sessions were morning and afternoon.
Extended hours opening	
	Practice accommodates the later appointments on the day, whilst also providing extended hours at various hub locations in the area.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Home visits requested were screened by the clinician and then the patient or care home, received a visit by the clinician after morning surgery.	

Timely access to the service

National GP Survey results

Examples of feedback received from patients:

Source	Feedback
For example, Comment Cards	Comment cards stated how the service has dramatically improved over the last few months.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last six months.	7
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
All complaints were documented in a rating tool spreadsheet, with various tables on progression and status of the complaint. Each complaint has documented actions of outcomes and findings.	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

gtd Healthcare took over the practice in May 2018 from an inadequate provider whose registration had been cancelled by the Care Quality Commission (CQC). gtd placed a full new clinical and senior management team into the practice, whilst also providing buddy support with a sister practice. Some of the areas on top of day to day work have included:

- Paying some of the previous provider debts, to ensure patient safety was not compromised.
- Large amount of clinical reviews identified
- Large amount of patient records identified as incorrect
- Large amount of data summarising required

Vision and strategy

Practice Vision and values

GTD Vision :

- To inspire trust and confidence by making a positive difference, every time.

GTD Values:

- We put patients first – we understand that every person, every family and every community is unique; we always take the time to listen and we respond openly and honestly every time.
- We look after our people – we understand that looking after our people helps them look after our patients. We have high expectations of our people and give them the training and support they need to perform exceptionally.
- We give great quality care – we aim to meet the highest standards of excellence and safety all the time. If we can't or don't meet expectations we will honestly explain why not.
- We lead the way in transforming patient care – we use our experience and expertise to constructively challenge and suggest new and innovative ways of working, where we think this will improve health, healthcare and people's experiences of it.

We contribute to the wellbeing of our local communities – we aim to be more than a health care provider alone. We will look for opportunities to bring wider health benefits to the communities in which we work.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Non clinical staff	Staff told the inspection team, how well supported and happy they were. They stated how improved their work environment had changed for the better and how they now felt the new changes were brilliant not only for themselves as staff but patient too. The staff also stated the vast learning curve they had undertaken with daily support and guidance provided by the management team.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	<p>The practice had introduced gtd complete governance system which includes:</p> <ul style="list-style-type: none"> • HR and recruitment processes • Clinical processes • Referral and follow up process • Full staff training and support programme • Risk management strategy in place
Other examples	<p>gtd introduced a full time assistant practice manager into the practice, to support the team and provide hands on training. This had proven to be very successful and the team expressed to the inspection team, how much they have learnt, were encouraged and felt supportive to do their role effectively and felt safe.</p>

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

Non- clinical staff explained to the inspection team, how much they had learnt since gtd had taken over the practice. One member of staff told us how they had been offered a role with more responsibility.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Learning	All staff had completed Equality and Diversity training.

Managing risks, issues and performance

Major incident planning	Y/N
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Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Clinicians	The practice clinicians were managing high level of patient safety with the support of the senior team from gtd.
All Areas	A complete re-structure of the information governance system and clinical processes has been successfully implemented over the last six months. All staff commented how beneficially this re-structure has been to their areas of work and wellbeing within the practice.

Examples of improvements demonstrated as a result of clinical audits in past six month

Audit area	Improvement
Multiple high risk areas	We saw evidence of audits in high risk areas such as medicines which are addictive.
Quality Outcome Framework	Audits into the chronic disease management are still ongoing and will be for the considerable future.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback		
Staff	Meetings	Agenda items any suggestions or concerns raised.
External partners	Meetings	Review and improve patient outcomes. Review high level of risks and actions.
Patients	Suggestion box Friends and Family	There are various ways a patient can input their thoughts into the and about the practice.

	survey.	
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Continuous improvement and innovation

Improvement

Introduction of the "Health Passport".	The health passport has been introduced by one of the clinicians to ensure every patient with a long-term condition has a care plan in place.
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Any additional evidence

Since taking over the practice in May 2018, gtd have made significant improvements to the overall safety and quality of care provided to patients. Whilst ensuring staff are well managed, supported and feel valued.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- COPD: Chronic Obstructive Pulmonary Disease

- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).