

# Care Quality Commission

## Inspection Evidence Table

### Brookroyd Limited (1-7095052970)

Inspection date: 29 September and 10 October 2022

Date of data download: 29 September 2022

## Overall rating: Good

### Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>When we undertook our on-site inspection in May 2022, we observed that staff spoke with patients in a dignified and respectful manner.</li><li>We saw from the recent National GP Patient Survey (January to March 2022) that 95% of patients found the receptionists at the practice to be helpful. This was higher than the local average of 81% and the national average of 82%.</li><li>We saw that the reception team had received positive feedback through the NHS Friends and Family Test (FFT). Comments included 'reception staff were friendly, welcoming and helpful.'</li></ul>	

### National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very	87.0%	83.1%	84.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
good at listening to them (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	95.3%	82.9%	83.5%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	93.0%	92.7%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	88.3%	73.4%	72.4%	Tending towards variation (positive)

#### Any additional evidence or comments

- As part of this desk-based inspection we reviewed the outcomes of the National GP Patient Survey and the NHS Friends and Family Test (FFT).
- Feedback from the National GP Patient Survey was above local and England averages for some aspects of patient experience. For example, healthcare professional treating them with care and concern and overall experience of their GP practice. We also saw through feedback from the FFT that patients thought that clinical staff were caring and listened to them.
- Feedback from the FFT for the period June to September 2022 showed that the practice had received 1,261 responses. We reviewed the responses and saw that 87% of patients said they were extremely likely to recommend the practice.
- We saw that the practice had received positive feedback through the FFT. Comments from patients included 'excellent service, kind, efficient, caring and courteous.'

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

#### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

- The practice had access to a social prescriber who delivered sessions which helped patients improve their health, wellbeing and social welfare by connecting them to community services.
- The practice encouraged a culture of self-help and self-management through health and promotional information on their website and on patient noticeboards within the waiting room and patient areas.

### National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	95.7%	89.4%	89.9%	No statistical variation

	Y/N/Partial
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 other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice captured patient communication needs at the point of registration and through clinical consultations.</li> <li>• Staff we spoke with knew how to access interpretation services, if required. The practice booked double appointments for these consultations.</li> <li>• We saw that the practice website had the functionality to translate to other languages.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 186 on their carers' register, which was approximately 2% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• The practice told us they identified carers at the point of registration and on an on-going basis through clinical consultations.</li> <li>• The practice had a carers' champion. A carers' champion is a member of staff who coordinates the identification and support of carers within their practice. They act as a voice for carers within the practice and are a key point of contact for carer information.</li> <li>• The practice sent out information packs to known carers.</li> </ul>

	<ul style="list-style-type: none"> <li>• The practice offered extended appointments and additional health and wellbeing checks for carers, including the influenza vaccination.</li> <li>• Carers had access to a social prescriber available at the practice.</li> <li>• Information for carers was available on the practice website.</li> <li>• The practice signposted carers to Carers Count, a service for adult carers in Kirklees which was set up to promote the wellbeing of carers.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• The practice told us that if a family had experienced a bereavement a GP would contact them to offer condolences.</li> <li>• The practice had a nominated patient champion who offered support and signposting to patients, for example in relation to bereavement. The practice told us they would also signpost a patient to the social prescriber who could provide appropriate advice on bereavement support services.</li> <li>• In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.</li> </ul>

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• When we undertook our on-site inspection in May 2022, we observed confidentiality at the reception desk. We saw the computer on the reception desk was positioned so patients could not view the screen.</li> <li>• Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view and personal smart cards were removed when not in use.</li> <li>• We saw that all staff had undertaken data security awareness and confidentiality training.</li> </ul>	

## Responsive

## Rating: Good

### Responding to and meeting people's needs

#### The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes

The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Staff communicated with people in a way that they could understand. We saw communication aids, for example, an induction hearing loop.</li> <li>• We saw that the website had the functionality to translate to other languages and accessibility features such as change of font size and a dyslexia-friendly mode.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
<ul style="list-style-type: none"> <li>• Extended access appointments are available Monday to Friday from 6.30pm to 9.30pm and on Saturday from 9am to 5pm.</li> </ul>	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> <li>• Patients had a named GP who supported them in whatever setting they lived.</li> <li>• The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.</li> <li>• During the COVID-19 pandemic the practice directly contacted their vulnerable (elderly and housebound) patients to check they had appropriate support, which included supporting the delivery of medication.</li> <li>• The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li> <li>• All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> <li>• The practice held a register of patients living in vulnerable circumstances including those with a learning disability.</li> <li>• The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.</li> <li>• The service was a 'veteran friendly' practice which was a national scheme to improve medical care and treatment for former members of the armed services. We saw information was available on the practice website.</li> </ul>

- The practice had a nominated patient champion who offered support and signposting to patients, for example in relation to bereavement and mental health.

## Access to the service

### People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice told us they constantly reviewed their access model to ensure that patients were able to make an appointment with the most appropriate member of their team. For example, GP, advanced nurse practitioner (ANP), practice nurse or healthcare assistant.</li> <li>The practice participated in the Community Pharmacy Consultation Scheme which enabled staff to refer minor ailments to the local pharmacy.</li> </ul>	

## National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	58.1%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	79.4%	58.9%	56.2%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	69.1%	57.5%	55.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	94.1%	73.8%	71.9%	Significant Variation (positive)

Any additional evidence or comments
<ul style="list-style-type: none"> <li>Feedback from the National GP Patient Survey was above local and England averages for some aspects of responsive services and access. For example, satisfaction with the appointment offered.</li> <li>We saw that the practice had received positive feedback through the NHS Friends and Family Test (FFT) regarding access and responsive services. Patients said they could easily get appointments and appointments ran to time.</li> </ul>

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	18
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	Yes
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice manager was the complaints lead supported by a GP partner.</li> <li>The practice manager had recently attended an external NHS complaints handling training day. They told us this had given them useful information and an opportunity to review national guidance. The training had enabled the practice to enhance their complaint response and resolution procedures.</li> <li>There was a complaints policy, which was accessible to staff, written in line with recognised guidance.</li> <li>Information about how to complain was available for patients on the practice website.</li> <li>We reviewed complaints for the period September 2021 to September 2022 and found there had been 18 complaints. We saw the practice categorised complaints as clinical and non-clinical. We saw complaints were discussed in meetings.</li> </ul>	

## 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 no statistical variation, 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 no statistical variation 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 Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **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.
- $\%$  = per thousand.