Hood Manor Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hood Manor Surgery on 6 January 2016. The practice has another surgery which is classed as the main site at the address: Causeway Medical Centre, 166-170 Wilderspool Causeway, Warrington, WA4 6QA. We visited both surgeries as part of the inspection. Overall the practice is rated as good.

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

- 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.
- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.
- Patients felt informed about their health conditions and the treatment options available to them.
- The practice was proactive in identifying and supporting patients to prevent common health conditions.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients found it easy to make an appointment and there was good continuity of care.
- The practice provided appropriate facilities for disabled patients and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff understood their roles and responsibilities.
- The practice proactively sought feedback from patients and acted upon it.
- Complaints were investigated and responded to appropriately.
- The practice learned from events and complaints and used this learning to improve the service.

Summary of findings

- The practice made good use of audits, the results of which were used to improve outcomes for patients.

The areas where the provider should make improvement are:

- Review clinical staffing, in particular nursing, to ensure that this is sufficient to meet patient needs.

We saw one area of outstanding practice:

- The practice worked proactively to identify patients at risk of developing health conditions and referred /signposted patients for advice and support on preventative care. The practice had recently started working with a local primary school to promote health matters such as immunisation, to encourage children to attend drop in sessions at the practice and to provide information and messages about health matters on the school newsletter.

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. The practice had systems, processes and practices in place to protect people's safety and safeguard them from abuse. Infection control practices were carried out appropriately. The premises were appropriately maintained and health and safety checks were in place. Staff were aware of their responsibilities to report safeguarding and information to support them to do this was widely available throughout the practice. Appropriate pre-employment checks had been carried out and the required information about staff was available on their personnel records. A review of staffing should be carried out with particular attention to the role of the practice nurse to ensure there are sufficient clinical staff to meet the needs of patients. There was a system in place for recording, reporting and investigating significant events. Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services. The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients were comparable to other practices when compared to local and national data. Clinical staff assessed patient's needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Clinical audits were carried out which resulted in improved outcomes for patients. Staff worked on a multidisciplinary basis to support patients who had more complex needs if this was required. The practice worked in conjunction with other practices in the area to improve outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice comparable to other practices for aspects of care. For example, patients felt listened to and treated with care and concern. Patients gave us positive feedback about the practice and the caring nature of staff in all roles. Information about local support services was made available in the reception area. A register of carers was maintained and carers

Summary of findings

were offered regular health checks and immunisations. A designated member of staff was a 'Carers champion' and they were responsible for ensuring carers were identified, registered and provided with appropriate advice, guidance and support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice reviewed the needs of the local population and worked in collaboration with partner agencies to improve outcomes for patients. Staff attended regular locality meetings, including multi-disciplinary meetings, to review the needs of patients and plan for meeting patient's needs. Patients said they found it easy to make an appointment with their GP and that there was good continuity of care. The appointments system was well managed and patients could access urgent or pre booked routine appointments. Telephone consultations were also provided. The practice had appropriate facilities and was equipped to treat patients and meet their needs. Complaints had been investigated and responded to appropriately.

Are services well-led?

Good

The practice is rated as good for being well-led. The objectives of the practice were to deliver high quality care and promote good outcomes for patients. Staff were clear about their roles and responsibilities and lines of accountability. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity and regular meetings were held to discuss the operation of the service. Staff told us the GPs and practice manager encouraged a culture of openness. The practice sought feedback from patients and acted upon it. The patient participation group was small and still developing. A member of the group gave us positive feedback about the practice. There was a focus on continuous learning, development and improvement linked to outcomes for patients.

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 and personalised care and treatment to meet the needs of the older people in its population. Home visits and urgent appointments were provided for those with enhanced needs. The appointments system was responsive to ensure frail patients who were at risk of an unplanned admission to hospital were spoken with and seen quickly. The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. GPs attended multi-disciplinary meetings to review the care and treatment provided to people living in residential care homes and to prevent unplanned hospital admissions. The practice worked in collaboration with other local practices to share resources and meet the needs of patients in care homes across the local area. As part of this one of the GPs remained the named GP for a specific care home but they saw other patients as part of an agreement with a cluster of practices. The practice provided enhanced services for older people. The practice maintained a register of patients over 75 years of age and those patients had a named GP and were offered an annual health check and shingles vaccination.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these. The practice nurse had the lead role in chronic (long term) disease management. Patients with long term conditions were invited to attend reviews to check that their health and medication needs were being met. Patients were sent follow up letters to attend for health checks if they failed to attend their original appointment. Data from 2014 to 2015 showed that the practice was comparable with other practices for the care and treatment of people with chronic health conditions such as diabetes. The practice worked proactively to identify patients at risk of developing health conditions and referred /signposted patients for advice and support

on preventative care. Longer appointments and home visits were available when needed. The GPs attended regular multi-disciplinary meetings to discuss patients with complex needs. The practice worked to avoid unplanned hospital admissions for patients.

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, alerts on medical records identified children at risk. Staff shared information or concerns about patent's welfare with health visitors or other relevant professionals when required. Appointments were available outside of school hours and children were given appointments at short notice. The premises were suitable for children and babies and baby changing facilities were provided. Immunisation rates were comparable with local CCG benchmarking for standard childhood immunisations. Immunisations could be provided without a pre-booked appointment to encourage uptake. The practice monitored any non-attendance of babies and children at vaccination clinics and reported any concerns identified. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding. A dedicated notice board provided information about child health and signposted people to support agencies offering advice and support to children and families. The practice offered appointments with an advanced paediatric nurse practitioner who had specialist training and experience in the diagnosis, care and treatment of ill children. This was provided as part of a locally agreed pilot with the Clinical Commissioning Group (CCG). The pilot also included the services of a family nurse practitioner who role was to support families with health needs in the community. Family planning clinics were provided and a community midwife provided a weekly anti-natal clinic at the practice. The practice had recently started working with a local primary school to promote immunisations, to encourage children to attend drop in sessions at the branch practice and to include messages about health related matters on the school newsletter.

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 practice offered appointments that were accessible, flexible and offered continuity of care for people in this group. Late appointments and telephone consultations were available. The practice offered an online repeat prescription request service and appointment

booking service which provided flexibility to working patients and those in full time education. The use of an electronic prescription service enabled patients to collect medication in the most convenient location. A range of health promotion information and screening that reflected the needs for this age group was available to patients.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances. This enabled them to tailor the service to meet patient need. For example, a register of people who had a learning disability was maintained and this ensured patients who were learning disabled had the opportunity of an annual health check and were offered longer appointments if required. Vulnerable patients were provided with advice and support about how to access a range of support groups and voluntary organisations. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. Staff shared examples with us of how they had responded to concerns about patients' welfare. Interpreter services were available for patients who required this. The practice had good links with a local drug abuse service, patients were supported with managed withdrawal plans and the practice hosted a regular clinic for people who required support with substance misuse. The practice had named members of staff who were 'patient champions'. These were designated to provide extra advice and support or to signpost patients to support agencies. There were patient champions for different groups of patients including: military veterans, new parents and carers. The practice also hosted a Citizens Advice Bureau drop in session on a regular basis.

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 about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to other practices locally and nationally. The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them. The GPs referred patients to a memory clinic if this was appropriate.Data showed that patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. Reception staff had been provided with training to assist them in supporting patients with dementia. Staff were knowledgeable about obtaining consent and

Summary of findings

supporting patients who lacked capacity. The practice was aware of people who were subject to restrictions under the Mental Health Act. Patients experiencing poor mental health were provided with information about how to access support groups and voluntary organisations and a counselling service was hosted at the practice. Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took and patients who did not attend were sent follow up reminders.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing comparably, and in some areas better than, the local and national averages. There were 422 surveys forms distributed and 119 responses which represents 1.9% of the practice population.

The practice received scores comparable to local and national scores from patients about the care and treatment they received from GPs and nurses for matters such as: feeling listened to, having tests and treatments explained and being treated with care and concern. Scores about access to the practice and making appointments was broadly comparable to or better than local and national averages.

For example:

- 87.8% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a Clinical Commissioning Group (CCG) average of 87% and national average of 85.1%. The same response for nurses was 92.5% (compared with a CCG average 90.8% and national average 90.4%).
- 88.1% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.4% and national average of 88.6%.
- 73.9%% of respondents said they got to see or speak to their preferred GP compared with a CCG average of 56.8% and national average of 60%.
- 93.4% of respondents found the receptionists at the surgery helpful compared with a CCG average of 83.8% and national average of 86.8%.
- 73.7% found it easy to get through to this surgery by phone compared to a CCG average of 60.5% and a national average of 73.3%.
- 77.9% described their experience of making an appointment as good compared to a CCG average of 66% and a national average of 73.3%.
- 88.3% of patients who completed the survey described their overall experience of the surgery as good compared to a CCG average of 82.2% and a national average of 84.8%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 patient comment cards and all of these were positive about the standard of care received. Reception staff, nurses and the GPs all received praise for the care and treatment provided. We spoke with nine patients during the inspection visit. Patients informed us that they could always get an urgent appointment and that the appointments system was efficient. A small number of comments indicated that patients felt they needed to ring 'on the day' for an appointment and they found this difficult with work commitments. However staff assured us this was not the appointments system and appointments were released on a staged basis. We met with one member of the Patient Participation Group (PPG), they told us they had always received good care and treatment and their feedback about all staff groups was positive.

Areas for improvement

Action the service SHOULD take to improve

- Review clinical staffing, in particular nursing, to ensure that this is sufficient to meet patient needs.

Summary of findings

Outstanding practice

- The practice worked proactively to identify patients at risk of developing health conditions and referred /signposted patients for advice and support on preventative care. The practice had recently started working with a local primary school to promote health matters such as immunisation, to encourage children to attend drop in sessions at the practice and to provide information and messages about health matters on the school newsletter.

Hood Manor Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Hood Manor Surgery

Hood Manor Surgery is located at 31 Winstanley Close, Hood Manor, Warrington, Cheshire, WA5 1XR. The practice also has another surgery which is classed as the main site located at; Causeway Medical Centre, 166-170 Wilderspool Causeway, Warrington, Cheshire, WA4 6QA.

The practice was providing a service to approximately 7000 patients at the time of our inspection. The practice is situated in an area with average levels of deprivation when compared to other practices nationally. The number of patients with a long standing health conditions is comparable with the national average.

The practice is run by two GP partners. There are two practice nurses, one health care assistant, a practice manager and a team of reception/administration staff. The practice is open at both sites from 8.00am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at another surgery from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

We carried out a comprehensive inspection of the service under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice. We reviewed information available to us from other organisations e.g. NHS England. We also reviewed information from CQC intelligent monitoring systems.

We carried out an announced visit on 6 January 2016. During our visit we:

- Spoke with a range of staff including the GPs, a practice nurse, the practice manager and reception staff/ administration staff.
- Carried out a tour of the premises at both locations.
- Spoke with patients who used the service.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of the practice's key policies and procedures.

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 a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a form available for recording such events. The practice could clearly demonstrate that they had learned from events. Lessons learned had been disseminated across the staff team and action was taken to make any required improvements. Staff were able to provide examples of significant events, and of the learning and subsequent actions taken to prevent a recurrence. Significant events were discussed as a rolling agenda item at staff meetings.

Overview of safety systems and processes

The practice had clear systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse and these reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff and they clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Notices about how to refer safeguarding concerns to other agencies were clearly displayed in the practice. All staff had been provided with safeguarding training at a level appropriate to their role. One of the GPs was the lead for safeguarding in the practice. GPs provided safeguarding reports when requested by other agencies. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of how they had recognised and reported safeguarding concerns.
- Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean, single use items were used and staff had the personal protective equipment they required to prevent the spread of infection. The practice nurse had the lead role for infection control. Infection control protocols were in place and cleaning schedules were in place. Staff had been provided with infection control training and refresher training had been booked. The last infection control audit we viewed had been carried out in July 2014. The provider should ensure an infection control audit is carried out on a regular basis. The provider sent confirmation that an infection control audit was carried out following the inspection.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. There was an effective system for the issue of repeat prescriptions. Medicines prescribing data for the practice was comparable to national data and any variables had been recognised and acted upon. For example a new protocol on antibiotic prescribing had been introduced and this had resulted in reduced prescribing figures. The practice had emergency medicines including oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. A system was in place to monitor the expiry dates of emergency medicines. The vast majority of emergency medicines we checked were in date and fit for use. One was out of date and this was rectified before we concluded the inspection. Staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved.
- We reviewed staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Risks to patients were assessed and managed. There were procedures in place for monitoring and managing risks to patient and staff safety. The practice manager shared safety alerts with relevant staff through e mails, an electronic tasks system and through practice meetings. There was a health and safety policy available and staff had been provided with training in health and safety related topics. 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 a variety of risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella.

- The registered partners were actively trying to recruit a full time salaried GP and they used a number of locum GPs in the interim. The practice employed two part time practice nurses to cover the main practice and branch practice. A review of clinical staffing, in particular nursing, should be carried out to ensure that this is sufficient to meet patient needs as our findings showed that the practice was at risk of not meeting identified targets for reviewing patients with long term conditions.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 staff received annual training in basic life support. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. Systems to record accidents and incidents were in place. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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. (NICE) provides evidence-based information for health professionals. The GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 showed that the practice had achieved 99.4% of the total number of QOF points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from (01/04/2014 to 31/03/2015) showed:

- Performance for diabetes related indicators was comparable to national averages. For example, patients with diabetes, on the register, who had influenza immunisation in the preceding year, was 96.54% compared with a national average of 94.45%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94.52% compared to a national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.28% which compared to the national average of 83.65%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 91.84% compared to a national average of 89.9%.
- The performance for mental health related indicators was comparable to or better than the national average. For example:
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 86.49% compared to a national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 93.42% compared to a national average of 84.01%.

A cycle of clinical audits had been carried out and these demonstrated improvements in patient outcomes. The practice considered which audits they would complete based on a number of matters such as NICE guidance, recommendations from the local Clinical Commissioning Group (CCG), Royal College of General Practitioners suggestions and any issues arising from complaints or significant events. Full two cycle audits had been carried out which demonstrated improvements to patient care. For example an audit was carried out to identify patients who had undergone a splenectomy and whether they had received immunisations and anti-biotic preventative treatment as a result of them being at increased risk of infection. The audit identified patients who had not had received the preventative measures and the practice responded to this. A second audit showed an increase in the number of patients who had received the preventative care.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff. The practice could demonstrate that staff had been provided role specific training and updated training. Staff had access to and made use of e-learning training modules and in-house training. All staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Reception and administrative staff had undergone dementia training and training in 'Making every contact count' which is training to promote conversation with patients and signpost them towards support for healthier lifestyle changes. Clinical staff were kept up to date with relevant training, accreditation and revalidation. For example practice nurses had been provided with training relevant to treating patients with long-term conditions,

Good

Are services effective?

(for example, treatment is effective)

administering vaccinations and taking samples for the cervical screening programme. All staff except the practice manager had undergone an appraisal within the last 12 months.

A range of meetings took place across the practice. The practice was closed for one half day per month to allow for 'practice learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

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 practices' patient record system and the intranet system. This included access to medical records, investigations and test results. The practice shared relevant information with other services in a timely way, for example when referring people to other services for secondary care. Information such as NHS patient information leaflets were readily available through the computerised system.

The practice worked in collaboration with other practices. The practice worked with four neighbouring practices (whose practice populations shared similar demographics) in providing a pilot supported by the Prime Minister's Challenge Fund. This included the provision of a minor ailment and paediatric ambulatory care service for children up to 16 years of age provided by an advanced paediatric nurse practitioner. The pilot also included providing health promotion and family support for children and families with more complex medical and social needs.

GPs attended meetings with neighbouring practices to consider the care and treatment of people with multiple and complex health issues and patients nearing the end of life. The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. GPs attended multi-disciplinary meetings to review the care and treatment provided to people living in residential care homes. The practice participated in a scheme to avoid unplanned admissions to hospital which helped reduce the pressure on A&E departments by treating patients within the community or at home. They also had a system to inform the out of hours service about patient's needs.

Consent to care and treatment

Staff sought patient's 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. The Mental Capacity Act 2005 (MCA) is legislation

designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. GPs demonstrated their understanding of the MCA by providing examples of how they had used the guidance to support patients with dementia. When providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance.

Staff had been provided with training in information governance (protecting personal information) and there was a lead member of staff for this. Staff were able to clearly demonstrate their understanding of confidentiality and how it applied to their work.

Health promotion and prevention

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, carers and those with a long-term condition. Patients were then signposted to relevant services.

Childhood immunisation rates were broadly in line with CCG averages. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice proactively screened patients at risk of chronic health conditions such as diabetes and Chronic Obstructive Pulmonary Disease (COPD).They also worked in collaboration with the Terence Higgins Trust to screen patients for HIV. These conditions were particularly prevalent in the practice population. Patients identified at risk of developing a health condition were referred to or signposted for lifestyle advice such as dietary advice or smoking cessation. The branch surgery provided 'wellbeing' drop in sessions to provide advice and guidance to patients on matters such as diet, exercise and other health prevention matters.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that members of staff were courteous and helpful to patients and treated them with respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff told us they would offer patients a private room if they wanted to discuss sensitive issues or if they appeared distressed.

We received 25 CQC patient comment cards. The feedback about the service provided by the practice was positive in these. Patient's feedback described the practice as 'Good' and 'Excellent' Staff were described as 'doing their job very well', and patients felt that staff 'listened' and showed 'empathy' towards them.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July - September 2014 and January - March 2015. The practice scored comparable to average for patient satisfaction scores on consultations with doctors when compared to the average Clinical Commissioning Group (CCG) and national scores. For example:

- 88.6% said the GP gave them enough time (CCG average 89.4%, national average 86.6%)
- 96.9%said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%)
- 87.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85.1%).

The practice scored comparable to average for patient's feedback about the nursing staff. For example:

- 93.2% said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 92% and a national average of 91.9%
- 92.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%)
- 96.3% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 97.7%, national average 97.1%).

The practice scored comparable to and higher than the local and national scores with regards to the helpfulness of reception staff and patient's overall experiences of the practice: For example:

- 93.4% said they found the receptionists at the practice helpful (CCG average 83.8%, national average 86.8%)
- 88.3% described their overall experience of the practice as good (CCG average 82.2%, national average 84.8%).

We spoke with a member of the patient participation group (PPG). They told us they felt listened to by staff at the practice. The practice manager told us they were actively trying to encourage patients to join the PPG to promote greater patient involvement in service development.

All of the nine patients we spoke with during the course of the inspection gave us positive feedback about the service they received from the GPs, practice nurses and reception staff.

Care planning and involvement in decisions about care and treatment

Patients told us through discussion and in comment cards that they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to, informed about their condition and about the treatment options available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment from their GP. Results were comparable to local and national averages. For example:

- 88.1% said the GP was good at listening to them (CCG average of 90.4%, national average of 88.6%)
- 87.5% said the last GP they saw was good at explaining tests and treatments (CCG average of 86.9%, national average of 86%)
- 84.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.7%, national average of 81.4%).

The same questions about nursing staff were comparable to average. For example:

Good

Are services caring?

- 92.7% said the last nurse they saw or spoke to was good at listening to them (CCG average of 91.3%, national average of 91.0%)
- 85% said the last nurse they saw or spoke to was good at explaining tests and treatments(CCG average of 89.4%, national average of 89.6%)
- 88.4% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 85.3%, national average of 84.8%).

Patient and carer support to cope emotionally with care and treatment

Information leaflets were available in the waiting area. These provided information on how patients could access a number of support groups and organisations and included signposting patients to counselling services and advocacy services. Information about health conditions and signposting information was also available on the practice website. The local Citizens Advice Bureau provided regular drop in sessions at the practice to provide support for patients.

Patients were referred to a healthy living centre if this was appropriate to their needs and they were provided with advice and guidance for promoting good health such as smoking cessation advice and support.

Patients receiving end of life care were signposted to support services. Staff sent bereavement cards to carers offering support and they signposted them to bereavement support services.

The practice had participated in 'National Carers week' and had identified 12 new carers as a result. A designated member of staff was a 'Carers champion' and they were responsible for ensuring carers were identified, registered and provided with appropriate advice, guidance and support. The practices' computer system alerted GPs if a patient was also a carer. Carers were offered longer appointments if required. They were also offered flu immunisations and health checks.

Staff had been provided with training to assist them in supporting patients with dementia care needs. The practice had named members of staff who were patient champions and designated to provide extra advice and support or signposting for patients who were for example: military veterans, new parents or carers.

Good

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 practices where these were identified. For example, they had signed up to a neighbourhood of practices to secure the services of an advanced paediatric nurse to provide outpatient care to children and prevent unplanned hospital admissions. This was in response to local data about the number of child attendances at Accident and Emergency. The practice also worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

There was proactive management of the appointment booking system and this provided evidence that the practice was responsive to the needs of patients.

Access to the service

The practice is open from 8.00am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at another surgery from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays. Outside of practice hours patients could access the Bridgewater Trust for primary medical services.

Urgent appointments and pre-bookable routine appointments were available. Longer appointments could be made available for people who required these. Telephone consultations were provided by the GPs and home visits were available for older patients and other patients who required these. Same day appointments were available for children and those with serious medical conditions. Services were also provided on an opportunistic basis such as child immunisations.

A capacity audit had been carried out at the practice which looked at the capacity of clinical staff in relation to the number of patients and demand for appointments. Staff were working to recommendations made as a result of this and the GP partners were actively trying to recruit a salaried GP to join the practice.

A practice information leaflet was available that included: details about the services available to patients, details of the medical team, how patients could provide feedback about the service and how patients could make a complaint, information about local support organisations and on line services that could provide advice and support to patients about a range of health conditions.

Patients we spoke with on the day of our visit told us they were generally able to get appointments when they needed them. However, some feedback indicated that patients could not access routine appointments within the same week and therefore had to call in the mornings to get a same day appointment. The practice manager told us that appointments were released on a staggered basis but they agreed to review this based on the feedback we received. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 80.73% of patients were satisfied with the practices' opening hours compared to the national average of 78.53%.
- 73.69% of patients said they could get through easily to the surgery by phone (CCG average 55.6%, national average 73.32%).
- 77.9% of patients described their experience of making an appointment as good (CCG average 66%, national average 73.3%).
- 70.5% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 66.6%, national average 64.8%).

The premises at both sites were accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing. A translation service was available for patients who did not have English as a first language.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the lead person for ensuring complaints were managed appropriately. Information about how to make a compliant was provided to patients in the patient information leaflet. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had

Good

Are services responsive to people's needs?

(for example, to feedback?)

been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and apology when this was appropriate. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

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 aimed to deliver high quality, patient centred care and treatment and promote good outcomes for patients. Staff were confident that the practice delivered this. A recent staff survey had been carried out and the results were used to develop the mission and vision of the practice.

Feedback from patients indicated that they were happy with the standard of care and treatment provided and that they experienced good outcomes from the service.

The GPs were aware of challenges to the service and worked to meet these. The future aspirations of the practice had been considered and the GP partners were working towards achieving these.

The practice had a patients' charter which informed patients of their rights and what they could expect in terms of matters such as referrals to secondary care and the appointments system.

A regular staff bulletin was produced and shared with the staff team. This provided news and information about the changes and developments at the practice.

Governance arrangements

Systems and procedures were in place to ensure the service provided was safe and effective. Practice specific policies and standard operating procedures were available to all staff. There were effective arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks. There were clear methods of communication that involved the whole staff team to disseminate best practice guidelines and other information.

The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured. A programme of continuous clinical audit was in place and this was used to monitor quality and to make improvements to outcomes for patients.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

The GPs had met their professional development needs for revalidation. Every GP is appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed which allows them to continue to practice and remain on the National Performers List held by NHS England.

Leadership, openness and transparency

The GPs aimed to provide safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they felt able to raise any concerns.

Staff were aware of who had specific responsibility for different areas of work, for instance who the safeguarding lead was and who the infection control lead was.

The processes for reporting concerns were clear and staff told us they felt confident to raise concerns without prejudice. The GPs, clinical staff and support staff had learnt from incidents, events and complaints.

Staff attended a range of meetings on a regular basis. The GPs and clinical staff attended a range of multi-disciplinary meetings, locality meetings and development meetings.

Seeking and acting on feedback

The practice encouraged and valued feedback from patients, the public and staff. Patient feedback was sought through the patient participation group (PPG) and through patient surveys and complaints received. An action plan had been provided in response to patient feedback and the practice manager was able to share examples of how they had implemented changes as a result of patient feedback.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. This included the practice being involved in local schemes to improve outcomes for patients. The practice shared information with us about the challenges to their work and about the plans they had for future improvement. These include: the recruitment of a salaried GP, to secure the placement of a trainee GP, to implement the 'Doctor first' appointment system (this is a system whereby clinicians talk with patients first to establish if they require a face to face appointment or if their needs can be met without this and they were focusing on an action plan developed from a

Are services well-led?

Good

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

capacity and demand audit), to start providing a dermatology service and the GP partners were in the process of sourcing new modernised or purpose built premises.