

The Alexandra Practice

Quality Report

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Date of inspection visit: 20/08/2015
Date of publication: 01/10/2015

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Alexandra Practice on 20 August 2015. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed. Including those relating to recruitment checks following improvements in the recruitment and selection process.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an urgent appointment with a GP and in the main routine appointments with a named GP, ensuring that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

The practice for many years have looked after patients in two large nursing homes and a residential home and participate in the Primary Care Manchester Nursing Home Project where they provide weekly ward rounds, review patient care and developed advanced care plans.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality and consistently above average nationally. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice for many years have looked after patients in two large nursing homes and a residential home, with one GP being the clinical lead for Primary Care Manchester Nursing Home Project. The practice provided weekly ward rounds, have dedicated clinical time weekly to review patient care and developed personalised care plans. This work has resulted in better communication between care homes and GPs, a reduced number of unplanned hospital admissions and enabled patients to receive end of life care in their place of choosing.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Multidisciplinary meetings and use of local data enabled the practice to identify patients with long term conditions at most risk. Personalised care plans were then developed to meet patients' needs and improve outcomes.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were

Good



Summary of findings

recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

The practice provided a clear confidentiality statement for young people on their website and also supports TG:UK a campaign to educate young people in the dangers of bullying, cyber bullying and in internet safety, by supplying education booklets to a local secondary school and providing links on the website.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services, communication and health promotion information via Facebook and Twitter, as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice participated in a local extended service scheme in which patients can be seen locally by a GP in the evening and weekends. From September 2015 the practice will also be offering early morning appointments, which was in response to feedback from patients and the Patient Participation Group. Patients were also able to access telephone consultations with a GP.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, prisoners out on license and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability or those who required a translator.

The practice provided a responsive service to a local Approved Premises (Where prisoners out on licence before discharge from prison are placed), ensuring they are seen by senior practitioners, that they are seen promptly (because of curfew or signing in requirements they may have), liaising with a local pharmacy for the safe delivery of medications to the hostel. They also offered support for mental health problems linking with local services.

Good



Summary of findings

The practice is an IRIS approved practice, which means all members of staff at the practice have been trained to identify domestic violence. The practice worked closely with a domestic violence advocate who saw patients at the practice and where necessary supported patients into emergency accommodation.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The practice had a wide range of information and self-help resources available for patients, which included details of in-house and local counselling and mediation services, as well as offering self-help books and relaxation CDs/IT downloads for patients. These resources had been evaluated by the PPG and there were some resources specifically for Muslim patients.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 117 responses which represents 2% of the practice population.

- 87% describe their overall experience of this surgery as good compared with a CCG average of 80% and a national average of 85%.
- 81% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 89% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 55% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.

- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 80% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Comments included right care at the right time and staff are helpful.

The Alexandra Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor, practice nurse specialist advisor and an expert by experience. Experts by Experience are members of the public who have direct experience of using services.

Background to The Alexandra Practice

The Alexandra Practice provides primary medical services in Central Manchester, from Monday to Friday. The practice is open between 8.30am – 6.00pm Monday to Friday, with a range of appointments available between 8:40am and 5:50pm

The Alexandra Practice is situated within the geographical area of NHS Central Manchester Clinical Commissioning Group (CCG).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The Alexandra Practice is responsible for providing care to 5882 patients of whom 50% were male and 50% were female, with 47% of patients between the ages of 15 and 44 years. The practice population included 35% black and minority ethnic (BME) patients.

The practice is a training practice, accredited by the North Western Deanery of Postgraduate Medical Education and has GP specialist trainees and registrars.

The practice consists of five GPs, two male and three female, a practice nurse and assistant practitioner. The practice was supported by a practice manager, deputy manager, receptionists and secretary.

When the practice is closed patients were directed to the out of hour's service GoToDoc.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

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:

Detailed findings

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

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 20 August 2015. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with 22 patients and 12 members of staff. We spoke with a range of staff, including the GPs, practice manager, practice nurse, assistant practitioner and reception staff.

We reviewed 12 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

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. The practice investigated complaints and responded to patient feedback in order to maintain safe patient care. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw examples of detailed investigations following significant events and how the practice responded effectively to address any safety concerns and implement changes where required.

The practice used DATIX, a patient safety data system, introduced within the CCG to allow practices to report incidents they have experienced by external providers such as hospitals and pharmacy. Data provided by the practice showed they were actively reporting concerns about quality and safety and sharing learning and outcomes.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice worked

closely with the IRIS team, (Identification and Referral to Improve Safety) a general practice-based domestic violence referral programme, working alongside local support agencies and providing a private space within the practice for other organisations to meet with and support victims of domestic violence.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The new practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and monthly checks were undertaken. We saw evidence that action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Recruitment checks were carried out and the four files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Following a significant event the practice had reviewed all recruitment and selection policies and procedure and we saw from the files of newly appointed staff all appropriate checks had been carried out on professional qualifications and registration.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with 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 basic life support training and there were emergency medicines available in the treatment room. There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, an audit was conducted to ensure patients initiated with HRT were being treated in line with NICE Guidance; as a result a template was created to support clinicians in their decision making. The practice monitored that these guidelines were followed through learning events, meetings and significant event analysis.

Patients' consent to care and treatment was always sought 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, however there was no formal policy and procedure in place for staff to follow. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice for many years have looked after patients in two large nursing homes and a residential home and participate in the Primary Care Manchester Nursing Home Project where they provide weekly ward rounds, review patient care and developed advanced care plans. This work has resulted in better communication between care homes and GPs, a reduced number of unplanned hospital admissions and enabled patients to receive end of life care in their place of choosing.

Patients were then signposted to the relevant service. An in-house counsellor was available for patients to be referred as well as a weekly in-house alcohol counsellor. A midwife provides a clinic at the practice twice weekly.

The practice's uptake for the cervical screening programme was 79%, which was comparable with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, NHS England figures showed in 2013, 91% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

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 were aware of the higher than average rates of Hepatitis C and HIV within the community and therefore offered screening for blood borne viruses to all new patients registering at the practice.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly where patient needs were discussed and care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for 2014/15 provided by the practice were 97% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for diabetes related indicators was better compared to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related indicators was better to the national average.
- The dementia diagnosis rate was above to the national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last year, three of these were completed audits where the improvements made were checked and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included, improvement in cancer care, based on the Macmillan Cancer Improvement Locally Commissioned Service.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered job specific roles as well as topics such as fire safety, health and safety and confidentiality.
- The newly appointed practice nurse was supported with a structured induction programme, provided with a mentor and numerous opportunities to gain skills, enabling them to meet the needs of patients.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and monthly in-house training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 12 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the PPG and 22 patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The national GP survey results showed 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register with 49 patients who were cared for identified and 84 carers. The practice were proactive in offering support and referred patients to Carers UK for additional support. Newly identified carers could access a non-clinical carers champion within the practice for individualised help and support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or

by giving them advice on how to find a support service. Patients could also be referred to the in-house counsellor who specialised in bereavement including child bereavement.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had similar satisfaction scores on consultations with doctors and nurses to national and CCG scores. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.

Care planning and involvement in decisions about care and treatment

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

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.

Are services caring?

- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

The practice proactively used care plans to understand and meet the emotional, social and physical needs of patients, including those in nursing homes, at high risk of hospital admission and poor mental health. There was clinical time dedicated weekly for care planning.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area.

There was an active patient participation group (PPG) which met on a regular basis and had 40 active members. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team and had recently carried out a review of the self-help literature the practice provided in relation to mental health. The PPG had also suggested the practice explored having an additional member of staff designated for reception to greet and support patients arriving at the practice following feedback from patients. The practice subsequently employed a designated staff member for reception, to welcome and support patients when they arrived at the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people who required a translator or those with a learning disability.
- The practice used computer software to coordinate tests and reviews for patients with long term conditions, which enabled patients with multiple conditions to have all their conditions reviewed during one longer appointment, therefore avoiding multiple consultations for different long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for all patients who felt they needed to be seen on the day, this included children, patients with poor mental health and those with serious medical conditions.
- A GP contacts all patients on discharge from hospital and offer a face to face review if required.
- The practice have a higher than average number of patients within nursing homes and have been proactive in tailoring their approach to meet the needs of patients within nursing and residential care, for example they provided weekly ward rounds, review patient care and developed advanced care plans.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 08:30am and 6:00pm Monday to Friday. Appointments with GPs were from 08:40am to 10:50am every morning and 2:00pm to 5:50pm daily.

Extended hours surgeries were being developed, due to start in Autumn 2015 offering early morning appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, and urgent appointments were also available. For same day or urgent appointments the practice had introduced an initial telephone consultation with a GP, following which appointments would be offered where appropriate.

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:

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 67% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This included notices and a complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Are services responsive to people's needs? (for example, to feedback?)

We looked at four of eleven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was a culture of openness and transparency by the practice when dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed for staff and patients. Details of the vision and practice values were part of the practice's strategy and business plan.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated key areas such as: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Regular newsletters for staff had been introduced to ensure staff were up to date with practice developments, training, policies and procedures.

- A clear induction, mentoring and support structure was in place for trainee GPs.
- The practice hold monthly training and practice development events for all staff to participate.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.
- A GP partner is a board member of the Central Manchester Clinical Commissioning Group (CCG) and on the Accreditation Advisory Committee for the National Institute for Health and Care Excellence (NICE).
- A GP partner is the clinical lead for the Manchester wide nursing home project, in which they share the learning and good practice developed at the practice.
- One Partner is the clinical lead for IRIS, in which they help to train practices across Manchester in identifying domestic violence.

Innovation

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

The practice team was forward thinking, engaged with the local community, participated in research programmes and pilot programmes wherever possible, for example the practice financially supported two local initiatives; TGUK an anti-bullying project and a local youth festival. The practice also referred older patients who are identified as potentially lonely to a local organisation Chorlton Good Neighbours.