

Dr Mahendra Patel

Quality Report

Dr Mahendra Patel
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	Outstanding	
Are services safe?	Outstanding	
Are services effective?	Outstanding	
Are services caring?	Good	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

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 Dr Mahendra Patel, Shay Lane Medical Centre, on 7th June 2016. Overall the practice is rated as outstanding.

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

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Outcomes for patients were consistently better than expected when compared with other similar services. The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. They had a responsive and flexible appointment system adapted on a daily basis to meet patient demand.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. They had created a carer's champion role and identified and made contact with all carers. The number of carers identified and supported since March 2016 had more than doubled to 76 which was 1.32% of the practice population...
- Services were tailored to meet the needs of individual people and ensured flexibility, choice and continuity of care. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. They had targeted "did not attend" (DNA) rates (failed appointments) and created leaflets to educate patients on the impact.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, including verbal complaints, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- We received 82 comments cards and all were positive
- The practice scored consistently high and achieved 100% for all Quality Outcome Framework (QoF) over the past three years with very low (always under 2% overall) exception reporting rates.

We saw areas of outstanding practice including:

- There were consistently high levels of staff and patient satisfaction and patient satisfaction results were consistently higher than national and local averages.
- There was a strong collaboration and support across all staff and a common focus on improving quality and people's experiences. For example, the practice contacted the Action for Hearing Loss Charity and a member of clinical and administration staff attended training in basic sign language. The training enabled them to promote good practice and excellent

communication for patients who were hard of hearing. The training was communicated throughout the practice and raised staff awareness of their duties under the Equality Act 2010 and Disability Equality Duty and provided positive interventions for patients with disabilities.

- The practice had recently commissioned practice leaflets in braille for the blind and partially sighted because they had some partially sighted patients and knew this would create a positive impact on their experiences at the practice.
- The lead GP of the practice conducted negotiations to secure and enable the relocation of pharmacy services into an on-site facility. This was done as a direct result of feedback from patients. The lead GP also undertook the discussion, co-ordination and planning of the alterations of the premises to facilitate the relocation which also resulted in additional car parking. Patients reported that the pharmacy had been very positive for both practices at the Medical Centre, reducing the amount of time spent from consultation to receipt of medicines and also giving patients the opportunity to pick up other essentials they might need without having to travel to another location when they were feeling unwell.

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 Outstanding for providing safe services.

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong.
- There was a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that events had been consistently recorded, reported and reviewed over a period of more than ten years.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation and we saw that reviews were undertaken to ensure the learning was embedded. We saw that all staff were involved in discussions even if the incident did not concern them.
- Information about safety was highly valued and was used to promote learning and improvement. It was shared with outside agencies.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Risk to patients were identified and dealt with and medicines wastage was minimised.

Outstanding



Are services effective?

The practice is rated as outstanding for providing effective services.

- Outcomes for people who used services were consistently better than expected when compared with other similar services.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice presented 15 clinical audits and all of them (except three) had two or more completed cycles. They had a continuing clinical audit programme and clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Outstanding



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients at risk of unplanned hospital admissions had care plans and were contacted following an admission to review any changes.
- The lead GP for palliative care also worked for the out of hours service and was the liaison lead resulting in improved and up to date communication with the service.

The practice dealt with all patient requests through one single telephone or face to face contact and completed all work on the day on which it was presented. We saw that this resulted in a stress free environment for both patients and staff.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- We received 82 comments cards and all the comments were positive.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice looked at ways to ensure that information for patients about the services provided was easy to understand and accessible to all patients, including those with disabilities.
- They actively supported the Trussell Trust locally which is a charity aimed at reducing UK hunger.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Services were tailored to meet the needs of individual people and were delivered in a flexible way that ensured choice and continuity of care.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the appointment system was continually reviewed on a daily basis to ensure that it met the demands of the patients.

Outstanding



Summary of findings

- Patients said they found it easy to make an appointment with a named GP and 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- A pharmacy had been commissioned in the building because of direct negotiation by this practice as a response to requests from patients.

Are services well-led?

The practice is rated as outstanding for being well-led.

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development. The group had created leaflets educating patients about the impact of missed appointments and also invited a member of Healthwatch to their meetings to discuss Trafford-wide issues. A GP and the practice manager always attended the Patient Participation Group (PPG) meeting and members felt that action was taken to address gaps in services, such as an in-house phlebotomy service which was under consideration.
- Safety lessons shared with external agencies had led to those agencies altering their governance processes.

Outstanding



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 outstanding for the care of older people.

- The majority of the practice patients were over the age of 65. The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients at risk of unplanned hospital admissions had care plans and were contacted following an admission to review any changes. We saw care plans which were utilised and kept up to date by all clinical staff when a patient was reviewed.
- They had a patients' champion who was the nominated liaison with Healthwatch and who, as a longstanding user of their service, was able to assess practice performance.
- The practice was responsive to the needs of older people. Requests for appointments and home visits were fulfilled with same day availability for routine and urgent appointments resulting in the lowest accident and emergency attendance rate in Trafford.
- 74.5% of eligible patients were vaccinated against shingles. The national average was 38%.

Outstanding



People with long term conditions

The practice is rated as outstanding 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. We saw that nursing staff utilised, reviewed and kept up to date care plans for patients with long term conditions.
- Performance for diabetes related indicators was better than the local and national average. Maximum quality outcomes framework (QoF) points and lowest Trafford exception reporting had been achieved in each of the past three years.
- Patients were empowered to become experts in their care and 100% of newly diagnosed diabetic patients had been referred to the Xpert Diabetes Programme giving them knowledge, skill and confidence to deal with the condition effectively.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Outstanding



Summary of findings

- Patients with chronic pulmonary obstructive disease (COPD) were provided with guidance instructions and “rescue” medicines for self-administration during exacerbations thus avoiding unnecessary hospital admission.
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as outstanding 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.
- An audit of safeguarding procedures resulted in the inclusion of a procedure for the registration and safe keeping of asylum seekers. (Five child asylum seekers had been placed with local foster carers over a six month period).
- All staff were up to date with child protection training and we saw evidence that concerns were raised by all staff with the safeguarding lead when identified.
- Staff evidenced that children and young people were treated in an age-appropriate way and were recognised as individuals. Sexual health, contraception advice and chlamydia screening was available to young people.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Child flu clinics were held after school to maximise attendance and there was a weekly antenatal clinic on-site with the community midwife.
- The percentage of female patients whose notes recorded that a cervical screening test was performed in the preceding five years was 86%.

Outstanding



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 appointment system was not fixed, it was continually reviewed and changes were made accordingly to meet patient demand.

Outstanding



Summary of findings

- The practice offered on line services for prescriptions, appointments and access to records. There was an increasing contact from patients by email. They had identified a lead role within the practice to encourage and enable patients to use on-line services.
- Phone consultations were offered in the morning and afternoons which did not have to be pre-booked.
- Meningitis enhanced services were offered to students and a comprehensive travel service including yellow fever was available.
- Flu clinics were offered on Saturdays to allow flexible access for patients and maximise attendance.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and offered services such as extended appointments, personal mobile contact, and information about how to access various support groups and voluntary organisations. The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had a learning disabilities lead and offered longer appointments for patients with a learning disability.
- 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.
- The practice supported the local Trussell Trust (a charitable organisation aimed at reducing hunger in the UK) and donated food supplies together with any food items received from patients such as gifts at Christmas time.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the local and national average of 84%.

Outstanding



Summary of findings

- All the quality indicators relating to mental health were higher than the local and national averages with very low exception rates.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A carers register was maintained and services for carers were publicised in the waiting areas. A carers' champion lead role had been assigned to a member of staff and specific training had been provided in order to develop this area and identify and encourage support for carers.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing better than local and national averages. 246 survey forms were distributed and 123 were returned. This was a 50 per cent response rate and represented just over 2% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 82 comment cards which contained no negative comments at all and were all positive about the standard of care received. Patients used the words excellent, outstanding, never fails, amazing access and couldn't do better, to describe their experiences. Comments were from a range of patients young and old, and those longstanding and new to the practice.

We spoke with five patients during the inspection. All those patients said they were more than satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- There were consistently high levels of staff and patient satisfaction and patient satisfaction results were consistently higher than national and local averages.
- There was a strong collaboration and support across all staff and a common focus on improving quality and people's experiences. For example, the practice contacted the Action for Hearing Loss Charity and a member of clinical and administration staff attended training in basic sign language. The training enabled them to promote good practice and excellent communication for patients who were hard of hearing. The training was communicated throughout the practice and raised staff awareness of their duties under the Equality Act 2010 and Disability Equality Duty and provided positive interventions for patients with disabilities.
- The practice had recently commissioned practice leaflets in brail for the blind and partially sighted because they had some partially sighted patients and knew this would create a positive impact on their experiences at the practice.
- The lead GP of the practice had conducted negotiations to secure and enable the relocation of pharmacy services into an on-site facility. This was done as a direct result of feedback from patients. The lead GP also undertook the discussion, co-ordination and planning of the alterations of the premises to facilitate the relocation which also resulted in additional car parking. Patients reported that the pharmacy had been very positive for both practices in the Medical Centre, reducing the amount of time spent from consultation to receipt of medicines and also giving patients the opportunity to pick up other essentials they might need without having to travel to another location when they were feeling unwell.

Dr Mahendra Patel

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 adviser.

Background to Dr Mahendra Patel

Dr Mahendra Patel is the lead GP and sole principal of Drs Patel, Taylor-Bernard, Taylor and Moghal, Shay Lane Medical Centre, Shay Lane, Altrincham. The practice is situated in a purpose built medical centre which also hosts another GP practice and an on-site pharmacy. There is adequate car parking available for both abled and disabled patients. It complies with the Disability Discrimination Act 1995 providing disability access, adequately alarmed disabled toilets, a hearing loop and sign language posters for the deaf and hard of hearing. They have also recently commissioned practice leaflets in braille for the blind and partially sighted.

The practice offers services to approximately 6,000 patients in the least deprived group under a personal medical services contract and provide a number of directed enhanced services. They have a higher than average patients group between the ages of 50 and 55 and over 65 years and much fewer than average patients between the ages of 20 and 40 years.

There are three male and one female GPs. Dr Patel is the lead and managing GP and works full time covering nine sessions. The other GPs cover a total of 18 sessions throughout the week. In addition there are two practice nurses who offer immunisations, cervical smears, family

planning, screening and management of long term conditions and travel advice. They are not a training or teaching practice. The clinical staff are supported by a practice manager and reception/administration staff.

The practice is open from 8.30am until 6pm Monday to Friday and patients are directed to Mastercall when the surgery is closed. They do not offer any formal extended hours but are flexible in their approach and do not turn patients away if they require attention.

Why we carried out this inspection

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7th June 2016. During our visit we:

- Spoke with a range of staff including four GPs, the practice nurse, the practice manager and several reception and administration staff. We also spoke to patients who used the service.
- Observed how patients were being cared for.

Detailed findings

- Reviewed an anonymised sample of sections of the personal care or treatment records of patients.
- Reviewed policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- 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).

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.



Are services safe?

Our findings

Safe track record and learning –

People were protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things went wrong. There was a well-established system in place for reporting and recording significant events.

- All staff were open and transparent and fully committed to reporting incidents and near misses. There was a proactive approach to anticipating and managing risks and the level and quality of incident reporting showed that all staff understood and fulfilled their responsibilities. We saw evidence that events had been consistently recorded, reported and reviewed over a period of more than ten years.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation and we saw that reviews were undertaken to ensure the learning was embedded. We saw that all staff were involved in discussions even if the incident did not concern them. Administration staff told us of two occasions where listening to safeguarding discussions at staff meetings had helped to embed their knowledge and understanding of safeguarding concerns.
- The practice recorded positive significant events and discussed the impact of good practice on the services provided.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example:

- Information about safety was highly valued, was used to promote learning and improvement and was shared with outside agencies. This was evident from a significant event analysis where the hospital concerned was involved in the discussions and also reviewed its internal processes to minimise the risk of reoccurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 GPs attended safeguarding meetings where necessary. There were no children at risk on the current register but the lead GP checked with the safeguarding team every three months to make sure none had slipped through the net.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nursing staff were also trained to level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were medical, clinical and administrative leads for infection control, who communicated well with each other, and the practice manager 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. In-house infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice received 95% compliance following a CCG-wide infection control audit in November 2013; they worked on an improvement plan and achieved 100% compliance following a further CCG-wide audit in December 2015. The practice told us they were the first in Trafford to obtain 100% compliance.



Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, were highly controlled in the practice and kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw stringent processes and good use of IT systems to audit medicines, control stock and dispose of any unwanted items, such as excess vaccines.
- The practice carried out regular in-house medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Risk to patients and medicines wastage was minimised. National data which uses 18 different indicators showed that the practice had the highest MOKTT (medicines optimisation key therapeutic topics) score in Trafford.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed five personnel files and found 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty and staff were able to cover each other's roles.

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. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. This was evidenced recently during a false fire alarm when all patients were removed from the building swiftly and safely and all staff carried out their roles effectively. This had been recorded as a positive significant event.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There was a stringent process in place to ensure that the equipment remained safe for use.
- 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 stored securely. There was a stringent process, managed by the Practice Nurse to monitor the drugs in GPs bag as well as all emergency medicines.
- 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

There was a truly holistic approach to assessing, planning and delivering care and treatment to people who used services. The safe use of innovative approaches to care and how it was delivered, was encouraged. New evidence-based techniques and technologies were used to support the delivery of high quality care.

- The practice assessed and delivered care in line with best practice guidelines such as National Institute for Health and Care Excellence (There were systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and other best practice at their fingertips and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw changes made to reflect best practice, for example in relation to the protection of new born babies through the pertussis (whooping cough) immunisation in pregnant mothers which had been brought forward to 20 weeks of pregnancy .

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 were 100% of the total number of points available. The clinical exception rate was 1.6%. A practice's achievement payments, are based on the number of patients on each disease register, known as 'recorded disease prevalence'. In certain cases, practices can exclude patients which is known as 'exception reporting'. The lower the exception rate, the better.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the local and national average. For example, the percentage of patients with diabetes, on the register, in

whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 85% compared to the local figure of 77% and the national figure of 77%. Only one patient had been excepted.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared to the local figure of 86% and the national figure of 88%.No patients had been excepted.
- Performance for mental health related indicators was better than the local and national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92% compared to the local average of 83% and the national average of 84%.48 patients had been identified as requiring this intervention and two patients had been excepted.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to the local average of 85% and the national average of 88%.No patients had been excepted.
- 74.5% of eligible patients were vaccinated against shingles.The national average was 38%.

There was evidence of quality improvement including clinical audit.

The practice submitted 15 clinical audits completed in the last 18 months. The audits were repeated to show that improvement had been achieved. Where they were still to be repeated they showed how improvements could be made and there was a date to review the information again in the future. We reviewed the following audits :

- Minor surgery infection control audits which continually demonstrated very low post-infection rates.
- Audits of patients with undiagnosed or untreated diabetes mellitus that demonstrated the number of patients not actively managed was reduced from 48 to 11 to none.
- Dementia audits that provided evidence of increased diagnoses rate from 53% to 73% and required interventions.



Are services effective?

(for example, treatment is effective)

- Palliative care audits (three cycles) that identified more patients and demonstrated the use of Gold Standards Framework and required interventions.
- An audit that identified a group of patients at a higher risk of pneumococcal disease.
- An audit of safeguarding procedures which resulted in the inclusion of a procedure for the registration and safekeeping of asylum seekers. (Five children asylum seekers had been placed with local foster carers over a six month period).
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, eating disorders, mental health disorders and gynaecological problems.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

The practice also participated in local audits, national benchmarking, accreditation, in-house peer review, observational studies and research.

Findings were used by the practice to improve services and patient outcomes. Positive impact for patients included :

- Continual monitoring and review of the appointment system to reflect patient demand on a daily basis with evidence that patients did not have difficulty getting an appointment when they wanted one;
- A stringent workflow process where all clinical and administration work was completed on a daily basis;
- Booster immunisations to improve the health and prevent infection in patients with asplenic and renal disease (pneumococcal disease); people who have had their spleen removed, or partially removed are more likely to contract infections.
- Additional fail safe procedures by the practice nurses in conjunction with Child Health to follow up children who failed to attend routine immunisation appointments and E-learning modules for staff in new areas of concern such as female genital mutilation and domestic violence.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

There was good communication with midwives, district nurses, health visitors and palliative care teams who visited the practice on a quarterly basis for meetings with the practice to discuss patients. Other meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- This included care and risk assessments, care plans and medical records which were up to date and investigation and test results which were dealt with daily by the doctors requesting the tests or through a buddy system if they were not available.

Effective staffing

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



Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We looked at six referrals and saw that they were done promptly with good evidence of service user involvement. All had medicine reviews.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred, or after they were discharged from hospital. Unplanned hospital discharges were followed up well and there was a well-established coding and information handling system. Out of hours information was seen and acted on each day and one of the GPs acted as a liaison for the out of hours service.

Consent to care and treatment

Staff sought patients' 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were cared for in-house as much as possible, and signposted to the relevant service if and when required.
- The practice had identified a few patients with eating disorders and realised that this was a condition on the

increase. They had developed practice protocols for identification and action to be taken so that none of these patients slipped through the net and advanced care planning could be quickly implemented.

- Patients were empowered to become experts in their care and 100% of newly diagnosed diabetic patients had been referred to the Xpert Diabetes Programme giving them knowledge, skill and confidence to deal with the condition effectively.
- Patients with chronic pulmonary obstructive disease (COPD) were provided with guidance instructions and "rescue" medicines for self-administration during exacerbations thus avoiding unnecessary hospital admission.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 83% and the national average of 82%. Of the practice population 1363 (23%) patients had been identified as requiring cervical screening and 13 patients (less than 1%) had been excepted. There was a policy to send a written reminder to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by encouraging opportunistic screening, providing education specifically for those with a learning disability and ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and five year olds from 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.

All of the 82 patient Care Quality Commission 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 spoke with five members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored higher than the CCG and nationally for all its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views.

We also saw that care plans were constructed with the input of community teams and were regularly updated. We reviewed several care plans and saw that all the clinical components were recorded and there was clear evidence of service user and carer involvement.

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. Results were all higher than local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that there was not much need for translation services but they were available for patients who did not have English as a first language.

Are services caring?

- Information leaflets were available in easy read format and the practice had recently commissioned the practice leaflet in brail for blind and partially sighted patients. There was also sign language posters in reception to assist deaf or hard of hearing patients to communicate.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted all staff if a patient was also a carer and a carer champion role had been created. Since the implementation of that role, the number of carers identified (since March 2016) had doubled to 76 (1.36% of the practice population). The practice also identified patients who were cared for. The member of staff

in the carer champion role had received additional training and was pro-active in signposting carers to other avenues of support and encouraging them to obtain health checks and immunisations at the practice.

The practice generally managed their own palliative care and the GPs provided patients and carers with their personal mobile numbers.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

We were told that when a bereavement occurred all staff were advised promptly via the email system. This was to ensure that letters were not sent, and inappropriate conversations did not take place.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took the needs of its local population very seriously. There was extensive evidence provided on how they had met the needs which is highlighted under the population groups section of this report. The practice also engaged with NHS England and we saw that services were delivered in a way that ensured flexibility, choice and continuity of care. The involvement of other organisations and the local community were also integral to the planning and delivery of existing and future services.

- The practice continually reviewed its appointment system and made sure all needs were dealt with “on the day” including all documentation.
- GPs made themselves available at weekends if necessary to accommodate some religious beliefs.
- Longer appointments were always available for patients with more than one problem to limit the amount of times the patient had to re-attend, regardless of whether they had long term conditions or it was a “one off” visit.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for all patients and we saw evidence of immediate responsiveness.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop, sign language posters, translation and brail leaflets available.

Access to the service

The practice was open Monday to Friday between 8.30am and 6pm with appointments at various times throughout each day. Extended hours appointments were not offered routinely at this location, but all matters were dealt with “on the day” and no patients were turned away if the practice was still open. When the practice was closed patients were directed to the Out of Hours service provided by Mastercall.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the local average of 79% and national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the local average of 79% and national average of 73%.
- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and national average of 79%.

People told us on the day of the inspection that they were able to get appointments when they needed them. All the comments and feedback we received were positive about how accessible the practice was and patients said they did not need to wait until their appointment was urgent before they got seen. They told us that if they felt they needed to be seen, they were seen.

The practice had a system in place to assess whether a home visit was clinically necessary and to determine the urgency of the need for medical attention. This was done by telephone call to the patient or carer in advance to gather information and allow for an informed decision to be made on prioritising according to clinical need. In cases where the urgency of need would be so great that it would be inappropriate for the patient to wait for a GP home visit alternative emergency arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

There was an active review of complaints and comments and these were managed and responded to. We saw changes to practice and improvements made as a result of people's feedback both positive and negative.



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

- The practice 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 on the practice website and through leaflets in reception.

No written complaints had been received in the last 12 months. We looked at an on-going complaint in addition to a folder with complaints recorded over a number of years. We saw that they were satisfactorily handled. They were dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and complaints were also analysed to see whether trends were apparent. We also saw many examples of thanks and compliments that had been kept over the years.

Are services well-led?

Outstanding



(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 and values, driven by quality and safety which reflected compassion, dignity, respect and equality. There was a clear and realistic strategy that had been developed with regular engagement of people who used the service and the staff.

- The practice mission statement was to be a forward thinking practice with traditional family doctor values. We found evidence that staff knew, understood and were supportive of these values. They regularly discussed ways to implement and maintain those values and each member of staff we spoke to said that they followed the examples of the lead GP.
- The practice had a well implemented strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- They were aware of future challenges which included increasing pressures on GP practice, increase in prevalence of certain diseases and changes to national policies. They had identified issues and were reviewing ways to continue to deliver high quality personal care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Leaders had an inspiring shared purpose to deliver and motivate staff to succeed. New members of staff were told about the ethos of the practice during interview and were trained, motivated and encouraged to continue that vision. We spoke to two new members of staff who clarified this and were able to demonstrate how organisation and support made the working day manageable and effective for both staff and patients.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. We were presented with 15 completed clinical audits. 12 audits had been repeated and they all demonstrated improvement. There were audits that had not yet been repeated, but demonstrated where improvement could be achieved in

the future and a review date had been made. Changes to working practice had been identified and effected both within the practice and within the Trafford-wide environment.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- A comprehensive understanding of the performance of the practice was maintained
- There were well established arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the leaders in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us and were able to evidence that they prioritised safe, high quality and compassionate care and we saw this during the visit. Staff told us all the GPs and the practice manager were approachable and always took the time to listen to all members of staff. They received protected time for learning and were encouraged to attend courses which helped them improve services for patients such as mental capacity training, safeguarding, dementia training, equality and diversity, long term condition updates, gynaecology and cervical screening updates.

We found that there were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement and all staff had at least one lead area of responsibility. Staff at all levels were actively encouraged to raise concerns and there was a zero blame culture. Patient satisfaction was also important to the practice and this was demonstrated throughout.

The lead GP was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

Are services well-led?

Outstanding



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

patients about notifiable safety incidents. The lead GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. We saw consistent record keeping over a period of more than seven years.
- The practice kept written records of verbal interactions as well as written correspondence and used the information to monitor trends.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. We saw minutes from those meetings and saw that all staff, including administration staff, were included in discussions about significant events, vulnerable patients and the future of the practice. We saw that Trafford-wide issues were discussed with all practice members to keep them informed about changes currently and in the future. Staff told us that hearing information about safeguarding concerns helped them to understand the process and made them more confident about looking out for and raising any issues.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team training days were held on a regular basis.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.
- As well as being a strong leader, the lead GP had effected a very inclusive leadership style to ensure that the ethos was sustainable into the long term future of the practice.

Seeking and acting on feedback from patients, the public and staff

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. We were told by patients that communication for clinical matters was excellent.

Letters for immunisations were sent out in good time and the process on the day was organised and stress free. For general communications there was an active patient participation group that operated both virtually and face to face. It worked with the practice manager and lead GP to identify issues from the patients, prioritise them and form action plans with clear objectives. Results were published on the internet and were available to view in the surgery.

- The practice had gathered feedback from patients through the friends and family test, in-house patient surveys, the national patient survey and personal comments from patients. We saw many letters from patients with words of encouragement, thanks and suggestions for improvement over a number of years. Following on from suggestions from the members of the Patient Group a number of patients had requested that a pharmacy within the building would enable a 'one-stop' service. In response to this negotiations began and a pharmacy was moved into the building.
- The practice had gathered feedback from staff through staff meetings, appraisals and one-one supervision and discussion. Staff told us they felt very involved and engaged to improve how the practice was run.
- We received letters and testimonials from members of the patient participation group (both young and older) who were unable to attend on the day of the inspection and wanted to share their experience with us.
- The practice had commissioned braille leaflets to help partially sighted and blind people and had also had basic sign language training delivered to staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had identified future challenges and was working towards addressing them. They discussed and kept abreast of changes both within the Trafford-wide clinical commissioning group, throughout Greater Manchester and Nationally.

They embraced new technology and pro-actively encouraged patients to make use of internet and on-line services. An example was the Accessible Information standard which is a standard that must be followed by 31st July 2016. A member of the administration team had been

Are services well-led?

Outstanding



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

given a lead role to ensure that this was delivered effectively. They had received training and explained how

they would help patients to understand the benefits and advantages of on-line access which could allow them to see their medical records and consultations for example if they were abroad.