Longfield Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Longfield Medical Practice on 15 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 15 March 2016 inspection can be found by selecting the 'all reports' link for Longfield Medical Practice on our website at www.cqc.org.uk.

We carried out this announced comprehensive inspection at Longfield Medical Practice on 10 January 2017. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 in the patient waiting area although it was on the practice website.
- Patients said they found it difficult to get through to the practice by telephone to book an appointment.
- The practice had good facilities and was 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.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a newly established patient participation group.

The areas where the provider should make improvement are:

- A record should be kept of clinical staff meetings to ensure issues identified are followed up and monitored.

Summary of findings

- Practice specific policies and procedures should reflect the practises carried out by staff and identify their source, i.e. National Institute for Health and Care Excellence.
- The mental and physical health care needs of patients with mental health issues should be monitored more closely to ensure their needs are being fully met.
- The availability of non-urgent appointments should be reviewed in light of patients raising concerns about not being able to get through to the practice by phone in order to book an appointment.

rofessor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. The safeguarding procedures had been updated to reflect relevant legislation and local requirements.
- Risks to patients were assessed and well managed. Systems and processes to address these risks were implemented to ensure patients were kept safe. All staff were trained in safeguarding procedures and prescriptions were well managed.
- Staff who acted as chaperones were trained for the role and a Disclosure and Barring Service (DBS) check had been completed. 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and reflected the needs of the patient population groups. A meeting had been arranged for GPs to discuss future clinical audits to ensure the ongoing improvement of the service.

Summary of findings

- 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.
- Staff worked with external healthcare professionals, such as district nurses, to understand and meet the range and complexity of patients' needs. Staff reported that regular clinical meetings took place although a record was not always kept of the discussions held.
- Patients' long term conditions were monitored through regular follow-up appointments and opportunistic care intervention.
- Patients were supported to live healthier lives. Staff had identified patients who may be in need of extra support, NHS health checks were completed and a health trainer was available at the practice to support patients with lifestyle issues such as diet and smoking cessation.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with or 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, although not provided in different languages. Patients were directed to the practice website if they needed information in different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they received a good service and staff were helpful and caring, and always treated them with dignity and respect.
- Information was available in the patient waiting area about how to access a number of support groups and organisations in the local area.

Are services responsive to people's needs?

Requires improvement

The practice is rated asrequires improvement for providing responsive services.

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP although they found it difficult to get through to the practice by telephone to book an appointment.
- The GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national average. For example, 34% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%. We discussed this issue with the registered manager to find out what was being done to bring about improvements to this part of the service. We were informed that the telephone system was being improved and additional staff were being appointed to answer the telephone lines at busy times. We were told that this aspect of care would be audited in the future to establish whether improvements had been made.
- A female GP had been recruited on a part time basis.
- The practice had facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was displayed in the practice waiting area. A record of complaints received was held. This showed complaints were investigated and shared with staff and other stakeholders as necessary. There was evidence that patients were kept informed of outcomes and details of investigations.
- Home visits were available for older patients and patients who would benefit from these.
- There were longer appointments available for patients with a learning disability.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a newly established patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- Dedicated appointment slots were available to older patients.
- All patients over the age of 75 had a named GP.
- Influenza, pneumonia and shingles vaccines were available to patients in this population group.

People with long term conditions

Good

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 a range of clinics were available to support patients with long term conditions including type 2 diabetes, asthma, COPD and hypertension.
- Patients at risk of hospital admission were identified as a priority. GPs were in the process of increasing the number of care plans as part of the 'unplanned admissions' scheme. All unplanned hospital admissions were reviewed twice a week along with patients who were new to the care plan register.
- 99% of patients with diabetes, on the register, had had an influenza immunisation in the preceding 12 months compared to the CCG average of 97% and the national average of 94%.
- 94% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less compared to the CCG average of 83% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- 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.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of accident and emergency attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years compared to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. There was a weekly midwife and health visitor clinic.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The 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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- Online appointments, access to the extended hours service and telephone consultations were available to patients unable to attend the surgery during normal working hours.
- NHS health checks were offered to patients over 40 years of age
- Contraceptive advice was available.

People whose circumstances may make them vulnerable

Good

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

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.
- Letters were sent to patients with a learning disability to inform them of their annual health check. This system resulted in 26 out of 30 patients attending their appointment.
- Home visits were available when required.

People experiencing poor mental health (including people with dementia)

Good

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 89% and the national average of 84%.
- 63% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared to the CCG average of 91% and the national average of 88%. We discussed this issue with the registered GP who told us that this data related to patients' physical health rather than their mental health and consequently the data was inaccurate. The practice showed us data to indicate that 73% of these patients had a care plan recorded in their records.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below and in line with local and national averages. 280 survey forms were distributed and 120 were returned. This represented 2% of the practice's patient list.

- 34% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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 36 comment cards which were all positive about the standard of care received. Patients commented that they felt listened to and were always treated with dignity and respect. They said the GPs and nurses were very thorough with their investigations. They described the reception staff has helpful, professional and polite. There was a mixed response about how easy it was to get through to the practice by telephone to make an appointment. Some patients said they still found it difficult to get through to the practice in the morning, while other patients said that booking an appointment had now become much easier. One patient commented that they used the online booking service which they found very efficient.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought that staff were approachable, committed and caring. They said that information about test results was shared with them promptly and they were given information about how to manage their own health. Patients said they were treated with dignity and respect and the doctors and nurses explained their treatments. Patients said they could generally get to see the same GP when they made an appointment and they had enough time during their consultation to discuss their health care issues.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. The results of the FFT for November and December 2016 showed most patients were 'extremely likely' and 'likely' to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- A record should be kept of clinical staff meetings to ensure issues identified are followed up and monitored.
- Practice specific policies and procedures should reflect the practises carried out by staff and identify their source, i.e. National Institute for Health and Care Excellence.
- The mental and physical health care needs of patients with mental health issues should be monitored more closely to ensure their needs are being fully met.
- The availability of non-urgent appointments should be reviewed in light of patients raising concerns about not being able to get through to the practice by phone in order to book an appointment.

Longfield Medical 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 adviser, a practice nurse specialist adviser and an expert by experience.

Background to Longfield Medical Practice

Longfield Medical Practice, Prestwich Health Centre, Fairfax Road, Prestwich, Manchester M25 1BT is located in Prestwich, Manchester. There is local parking and public transport links close to the practice.

There are two male GP partners working at the practice. Both work nine sessions per week. There is one long term female GP locum who works one session per fortnight. There is one nurse prescriber, a practice nurse and a health care support worker. All of these staff are female. The practice is supported by a practice manager and a reception and administration team.

The practice is open between 8.00 am and 6.30 pm Mondayto Friday. Appointments are from 9 am to 5.30 pm Monday to Friday. Patients requiring a GP service outside of normal working hours are advised to call Bury and Rochdale Doctors OnCall (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

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.

There are 5252 patients registered at the practice.

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 was 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 10 January 2017. During our visit we:

- Spoke with a range of staff including the two GP partners, the practice manager, the practice nurse and health care support worker. We also spoke with members of the reception and administration team.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with three patients visiting the practice on the day of the inspection.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.

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?

Detailed findings

- 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.

Good

Are services safe?

Our findings

At our previous inspection on 15 March 2016, we rated the practice as requires improvement for providing safe services. The arrangements to manage safeguarding procedures, staff Disclosure and Barring Service checks and prescriptions were not implemented well enough to ensure patient safety.

These arrangements had improved when we undertook this full comprehensive inspection on 10 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and incidents were recorded. The incident recording supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 when possible and provided reports where necessary for other agencies. 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.
- 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. The 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 we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications 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. The practice was managed by a property maintenance company which carried out regular health and safety checks such as fire safety checks and drills, legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and water temperature tests. There was a health and safety policy available to staff.

Good

Are services safe?

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and staff sickness was covered by the existing staff team or agency staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual 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.
- 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 March 2016, we rated the practice as requires improvement for providing effective services. The arrangements in respect of clinical audits not being completed systematically, no female GP being employed at the practice and data indicating that some areas of patients care was below the CCG and national average was not implemented well enough.

These arrangements had improved when we undertook this full comprehensive inspection on 10 January 2017. The practice is now rated as good for providing safe services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through, audits and random sample checks of patient records.

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 89.5% of the total number of points available.

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 similar to the national average. For example, 93% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months compared to the CCG average of 91% and the national average of 88%.
- Performance for mental health related indicators was worse than the national average. For example, 63% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared to the CCG average of 91% and the national average of 88%. We discussed this issue with the registered GP who told us that this data related to patients' physical health rather than their mental health. The practice produced data to indicate that 73% of these patients a care plan in their records.

There was evidence of quality improvement including clinical audit.

- The practice submitted three clinical audits completed in the last year, one of these was a full cycle. The clinical audits had taken place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics relevant to their role such as information governance, IT systems, safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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.
- 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 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, clinical support from GPs and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice manager agreed it would be beneficial to develop an in-house training programme rather than wait to be directed by the Bury CCG as to the training that should be completed.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 and. Patients were also signposted to other relevant service through the practice website and information was displayed in the patient waiting area. A health trainer worked at the practice each week in order to provide patients with information and support on how to maintain a healthy lifestyle.

The practice's uptake for the cervical screening programme was 75%, which was the same as the CCG average and comparable to 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 99% and five year olds from 87% to 99%.

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.

Good

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 they could offer them a private room to discuss their needs.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they received a good service and staff were helpful and caring, and always treated them with dignity and respect. We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought the staff were approachable and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with and above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% 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%.
- 87% 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 96% and the national average of 95%.
- 92% 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 the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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.

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 in line with and above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the CCG and national average
- 84% 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 the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format, though not in a different language. Patients were directed to the practice website for information in other languages.

Patient and carer support to cope emotionally with care and treatment

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Information about bereavement services was displayed in the patient waiting area.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 March 2016, we rated the practice as requires improvement for providing responsive services because the arrangements for enabling patients to access the service were not implemented well enough.

These arrangements had not improved when we undertook this full comprehensive inspection on 10 January 2017. The practice is rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- 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 children and those patients with medical problems that require same day consultation.
- Telephone appointments were available daily for patients who could not attend the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and baby changing facilities.
- Translation services were available on request.
- Online appointment booking and online repeat prescription requests were available via the practice website.
- There was level access at the front door and automatic doors to help patients with their mobility.
- Information about the services provided at the practice was displayed in the patient waiting area and included in the practice leaflet.
- A room was available for patients to speak in private with staff if necessary.
- A mental health nurse held a clinic at the practice each week.
- A GP undertook minor surgery and joint injections.

Access to the service

The practice was open between 8.00 am and 6.30 pm Monday to Friday. Appointment times were from 8.00 am to 5.30 pm. Appointments could be booked in advance and urgent appointments were also available for patients that needed them. Patients requiring a GP service outside of normal working hours were directed to use the Bury and Rochdale Doctors On Call (BARDOC) using the surgery number.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the CCG and national average.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 78%.
- 34% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%. We discussed this issue with the registered manager to find out what was being done to improve to this part of the service. We were informed that the telephone system was being upgraded in February 2017 and additional staff were being appointed to answer the telephone lines at busy times. We were told that this aspect of care would be audited in the future to establish whether the new system was effective in improving patients' access to the service.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care 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

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance.
- There was a designated responsible person who handled all complaints in the practice.
- We noted that information about how to make a complaint was available in the patient waiting area and

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

was also displayed on the practice website. The patients spoken with told us they would speak with a senior member of staff if they were unhappy with the standard of service they received.

We looked at the record of complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints.

Are services well-led?

Good

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

Our findings

At our previous inspection on 15 March 2016, we rated the practice as requires improvement for providing well led services as the arrangements in respect of governance and leadership did not support the provision of a good service.

These arrangements had improved when we undertook this full comprehensive inspection on 10 January 2017. The practice is now rated as good for providing safe services.

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 staff knew and understood the values.
- The practice had a strategy which reflected the vision and values and were regularly monitored.

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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Although these were reviewed annually, they did not always reflect the practises carried out as they held only minimal information. The polices did not identify their source, i.e. National Institute for Health and Care Excellence.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider 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 patients about notifiable safety incidents. The partners 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
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular clinical team meetings, although a record was not always kept of these meetings which would ensure issues identified were followed-up and monitored.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by 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 pro-actively sought patients' feedback and engaged patients in the delivery of the service.

The practice had recently established a patient participation group (PPG). The PPG had met once and made suggestions on how best to move forward to consider ways of making a positive contribution to the practice. The first meeting had resulted in a newsletter being drawn up for staff and patients.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team had taken action to address the areas identified for improvement at the previous inspection on 15 March 2016. The GPs and practice manager gave us an assurance that they were committed to improving the service through making the necessary changes to the leadership, management and governance of the practice. The practice had identified that their main challenges related to our dealings with NHS Property Services (in order to maintain the upkeep of the building), improving the telephone system to improve patients' access to the service and managing staff sickness.