

# North Trafford Group 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?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Trafford Group Practice on 19 January 2015. The overall rating for the practice was requires improvement because improvements were required in the safe and well led domains. The full comprehensive report of the January 2015 inspection can be found by selecting the 'all reports' link for North Trafford Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following a period to allow the practice to improve and was an announced comprehensive inspection which we carried out on 5 January 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had improved the systems they had in place to assess and manage risks to patients and these were now well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been 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 and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- Although they continued to have problems maintaining a stable workforce, there was a clear leadership structure and staff felt supported by management. The leaders were working together and proactively sought feedback from staff and patients to improve any concerns.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We also saw areas where the practice should make improvements :

- The practice should continue to seek a stable workforce particularly in relation to nursing staff, fully identify and utilise all staff skills and improve communication through consistently documented meetings.

- The practice should continue to work towards better outcomes for people experiencing poor mental health (including people with dementia).

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had improved the systems they had in place to assess and manage risks to patients and these were now well managed, specifically in relation to medicines management, stock rotation, levels of nursing staff and equipment.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The system to carry out clinical audit had improved and we saw that 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care including nursing care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified for example looking at new ways of working.
- The practice have access to a shared record service which has been developed so that they can review district nurse input to patient records and increase continuity of care.
- 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.

Good



## Are services well-led?

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

- Although the practice continued to have problems maintaining a stable workforce, there was a clear leadership structure and staff felt supported by management. The leaders were working together and proactively sought feedback from staff and patients to improve any concerns.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care.

Good



# Summary of findings

This included arrangements to monitor and improve quality and identify risk. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

- 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
- There was a strong 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

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 people in its population including screening for dementia.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 have a named GP.
- Home visits are carried out for those flu vaccinations and reviews for older patients and others who cannot attend the surgery.
- Electro cardiograms (ECGs), ultrasound scanning and 24 hour blood pressure monitoring are carried out on site are hosted on site.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Agency nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. 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.
- The practice had identified where outcomes needed to improve such as diabetes and hypertension and had increased the ways they contacted patients for review to include mail, text, notes on prescriptions and opportunistic discussions.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 77% compared to the local average of 82% and the national average of 81%.
- A mixture of morning, afternoon and late appointments were available and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, district nurses and health visitors and the practice used the children's community nursing team to help support those patients with eczema, asthma, enuresis, constipation and also chronic health problems.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- A mixture of early, midday and late appointments were available as well as a late surgery each Monday between 6.30pm and 8pm with a GP and a health care assistant. Appointments were also available at the local hub.
- Joint injections and minor surgery were available in house.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good





# Summary of findings

- 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.
- 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.
- Two of the GPs were able to speak many of the languages common in the local area.

## People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face meeting in the preceding 12 months was 70% compared to the CCG average of 81% and the national average of 83%.
- The practice 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 and arranged prescriptions in blister packs for ease of use.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including the early intervention team for younger patients and the South Asian mental health support service. 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. However performance for mental health related indicators was worse than average at 62% which was 30% lower than the CCG and national averages. Action was being taken to improve outcomes.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed that responses relating to access were low when compared with local and national averages. 330 survey forms were distributed and 110 were returned. This represented approximately 1% of the practice's patient list. The practice was exploring new models of care and was working hard to recruit a stable workforce which they hoped would increase access and patient satisfaction.

- 59% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 76% 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 85% and national average of 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 65% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. The patients who completed the cards said the staff were supportive, doctors were excellent and a good service was provided.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two mentioned difficulty obtaining an appointment but said that once they were seen by the GPs they received a positive service.

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## Areas for improvement

# Summary of findings

## Action the service **SHOULD** take to improve

- The practice should continue to seek a stable workforce particularly in relation to nursing staff, fully identify and utilise all staff skills and improve communication through consistently documented meetings.
- The practice should continue to work towards better outcomes for people experiencing poor mental health (including people with dementia).

# North Trafford Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a lead inspector, a GP advisor and a practice manager advisor.

## Background to North Trafford Group Practice

North Trafford Group Practice has two locations. Chester Road Surgery is the main location based on the A56 Chester Road in Stretford. The branch surgery is located within Seymour Grove Health Centre which is owned by NHS England property services. They provide services under a General Medical Services Contract to just fewer than 10,000 patients within the boundaries of Stretford and Firswood. Both buildings have wheelchair access, toilets suitable for the disabled and at Chester Road a lift to the first floor where the nurses' rooms are situated.

There is a lower than average population of people over the age of 50 registered at the practice which is situated in an area at number 4 on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services.

The practice team has undergone a period of instability but is now improving and there are three male and two female permanent GPs along with a consistent team of agency nursing staff and a part time health care assistant. The clinicians are supported by a full time practice manager, an office manager, secretarial, reception and administration staff.

The practice is part of the North Trafford practice managers' forum which consists of 12 GP practices that regularly meet to share information and identify best practice.

Opening hours are as follows :

**Monday** 08:00 - 18:30

**Tuesday** 08:00 - 18:30

**Wednesday** 08:00 - 18:30

**Thursday** 08:00 - 18:30

**Friday** 08:00 - 18:30

**Saturday** Closed    **Sunday** Closed

GP surgery times are 9.00am until 12.30pm and 3.30pm until 6.00pm each day. The surgery offers extended hours each Monday evening from 6.30pm until 8.10pm. When the practice is closed patients are directed to the out of hours' service provided by Mastercall and the GP Walk In Centre located at Trafford General Hospital.

## Why we carried out this inspection

We carried out our first announced comprehensive inspection at North Trafford Group Practice on 19 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement because improvements were required in the safe and well led domains. The full comprehensive report of the January 2015 inspection can be found by selecting the 'all reports' link for North Trafford Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

This inspection was undertaken following a period to allow the practice to improve and was an announced comprehensive inspection which we carried out on 5 January 2017. Overall the practice is now rated as Good.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 5 January 2017. During our visit we :

- Spoke with GPs (substantive and locum), an agency nurse, the practice manager, reception and administration staff and patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

- Reviewed a selection of policies and procedures

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

At our initial inspection on 19 January 2015, we rated the practice as requires improvement for providing safe services. The arrangements to manage risks to patients were not implemented well enough to ensure their safety at all times. Examples included medicine management, stock rotation and the number of consistent nursing staff to manage patient need.

These arrangements had significantly improved when we undertook a full comprehensive re-inspection on 5 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 there was a recording form available on the practice's computer system. The incident recording form 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.
- The practice carried out a thorough analysis of the significant events and we saw that complaints and patient feedback was escalated to a significant event when necessary.

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 making changes to protocols when necessary and sharing the information with all practice staff.

### 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 always 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 and the office manager checked that all agency and locum staff certificates were also up to date.
- 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 lead GP was currently the clinical lead for infection control in the absence of substantive nursing staff. The practice manager and office manager liaised with the local infection prevention teams to keep up to date with best practice and we saw completed infection control audits, with actions that had been identified and addressed.
- At our previous inspection we found that the arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. This mostly related to stock control, storage and handling of medicines. At this inspection we found that systems were in place and were being managed appropriately. In addition, clinical prescribing, recording and the process to manage repeat prescriptions were all satisfactory, particularly in relation to 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. Patient

## Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These needed review to ensure they were signed by all the agency nursing staff.

- 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. Checks extended to agency nurses and locum GPs.

### Monitoring risks to patients

Risks to patients had improved and 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. The practice had undergone a period of instability but had now secured new permanent GPs and consistent agency nursing staff. They were continually trying to improve their staff complement and look at new models of care so that patients received a satisfactory and responsive service.

### 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 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

At our initial inspection on 19 January 2015, we rated the practice as good for providing effective services. At this inspection on 5 January 2015 we found that good practice continued and we rated the practice as good.

### 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.
- A clearer system to communicate, monitor and document information was necessary to ensure that agency and locum staff received and acted on all patient safety alerts.

### 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 92% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets but had identified that their indicators for hypertension, mental health and diabetes were lower than average and were taking action to address this. Data from 2015/2016 showed:

- Performance for diabetes related indicators was 72% which was 16% lower than the CCG average and 18% lower than the national average. Although the practice still had to use agency nurses, they had managed to secure regular and consistent agency nurses on three days each week and those nurses were working to increase and improve all chronic disease management.
- Performance for mental health related indicators was worse than average at 62% which was 30% lower than

the CCG and national averages. We reviewed this in more detail during the inspection and found that action was being taken to improve outcomes for these patients now that a stable GP workforce was in place.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changes to patient medicines where a better alternative would be beneficial.

Information about patients' outcomes was used to make improvements such as audits to ensure that the medicines were being prescribed correctly.

### 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 as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and included information for locum and agency staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that the office manager ensured that the certificates of the agency nurses were up to date so that they effectively delivered a service to patients with long term conditions and children receiving immunisations
- 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



# Are services effective?

## (for example, treatment is effective)

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 supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

However one of the newer GPs in the practice had not been appraised and had specific skills that could be utilised but had not been identified within the practice.

- 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

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.

### 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 alcohol or drug addictions.. Patients were signposted to the relevant services.
- The practice's uptake for the cervical screening programme was slightly below average at 77% compared to the local average of 82% and the national average of 81%. The practice had identified the reasons for this and were implementing a system to make improvement. This included consistent agency staff and improved call and recall systems when patients did not attend.
- 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 all above the required standard. For example :

- Percentage of children aged 1 with full course of recommended vaccines was 98%
- Percentage of children aged 2 with pneumococcal conjugate booster vaccine was 93.5%
- Percentage of children aged 2 with Haemophilus influenza type b and Meningitis C booster vaccine was 93.5%
- Percentage of children aged 2 with Measles, Mumps and Rubella vaccine was 92.7%

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

At our initial inspection on 19 January 2015, we rated the practice as good for providing caring services. At this inspection on 5 January 2015 we found that good practice continued and we rated the practice as good.

### Kindness, dignity, respect and compassion

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

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw an incident where a member of reception quickly recognised that a patient was distressed and took them gently aside to an area of privacy without drawing attention to the situation.
- 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 and conversations taking place in these rooms could not be overheard.

All of the 22 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 to, four patients also told us they were 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 and we witnessed this during the visit.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was lower than average for its satisfaction scores on consultations with GPs and nurses. They had looked at the results and felt that the reasons for this was due to the instability of GP and nursing staff over the previous 12 months. They hoped that the satisfaction scores would improve now that they had employed consistent GP and nursing staff.

- 82% 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%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they compared to the CCG average of 96% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 86% 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 89% 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 personalised.

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. The results were lower than average and the practice was taking steps to resolve this.

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 85% 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%.

## Are services caring?

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. We saw notices in the reception areas informing patients this service was available.
- In addition, two of the GPs, the office manager and the advanced nurse practitioner were able to speak many of the common languages of the patient population.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (just under 1% of the practice list). They used the register to make sure that carers received support and managed their own wellbeing, for example by having regular examinations and understanding where they can get help. Written information was available to direct carers to the various avenues of support available to them.

Families who were bereaved were supported by the practice and could have appointments with GPs at a flexible time and location to meet the family's needs. They received advice and assistance to make them aware of other support services available in the area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 19 January 2015, we rated the practice as good for providing responsive services. At this inspection on 5 January 2015 we found that responsive practice continued and we rated the practice as good.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example :

- The practice offered a late surgery each Monday from 6pm until 8.30pm when a GP and the health care assistant were available.
- There was a self - check in available in several languages
- There were longer appointments available for patients with a learning disability and others who needed them.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered ECG and 24 hour blood pressure monitoring as well as an on site ultrasound scanning service.
- A GP undertook minor surgery and joint injections in-house
- Telephone appointments and consultations were available when required

### Access to the service

The practice opening hours were Monday to Friday 8am until 6.30pm and they were closed on Saturdays and Sundays. GP surgery times were 9.00am until 12.30pm and 3.30pm until 6.00pm each day. The surgery offered extended hours each Monday evening from 6.30pm until 8.10pm. When the practice was closed patients were directed to the out of hours' service provided by Mastercall and the GP Walk in Centre located at Trafford General Hospital.

The lead GP was aware that they were offering slightly less appointments than average and this had been due to the unstable workforce over the previous twelve months. The managers at the practice had undertaken an exercise with the CCG to review the appointment structure and see if it could be improved. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 59% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 83%. A new telephone system was being introduced to try and increase patient satisfaction in this area.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. 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. Reception staff understood their roles and responsibilities in this regard and there were protocols to follow if they were unsure of what action to take.

### 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 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 in the form of leaflets and a notice board. The practice had not responded to complaints on NHS choices which may enable them to better manage trends and make improvements.

We looked at six complaints received in the last 12 months and saw that they were handled effectively in a timely way with openness and transparency. We also saw a complaint

# Are services responsive to people's needs?

(for example, to feedback?)

that was escalated to a significant event so that adequate action could be taken. We saw that lessons were learnt

from individual concerns and complaints and also from analysis of trends. Action was taken when necessary, such as discussions with staff and changes to protocols to prevent the same thing from happening again.

# 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 19 January 2015, we rated the practice as requires improvement for providing well led services. At that time they had a vision and a strategy but not all staff were aware of it and their responsibilities in relation to this. Most staff felt supported by management but at times they weren't sure who to seek guidance from about issues they had. Governance meetings were held regularly but not all staff attended these

These arrangements had significantly improved when we undertook a full comprehensive re inspection on 5 January 2017. The practice is now rated as good for providing well led services.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This had developed over the previous few months when they had secured a new partner, more substantive GPs and a consistent nurse team, albeit Agency nurses.

- The practice had a mission statement which staff knew, understood the values and recognised their responsibilities in relation thereto.
- There was a strategy and supporting business plans 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice held regular documented meetings for clinicians and management. We looked at minutes from recent meetings and found them to be clear and well documented. We saw that topics were wide reaching and reflected the sorts of issues that we would anticipate reflecting good practice. Discussion with GPs and other members of the practice team demonstrated that a fair and open culture at the practice enabled staff to contribute to arrangements and improve the service being offered. The lead GP told us about their plans to include agency nurses at these meetings so that communication across all disciplines would improve.

### 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 high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that things had improved since more staff had been secured and they were looking forward to the new partner starting. They felt that the lead GP was 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 and training for all staff on communicating with patients about notifiable safety incidents. We saw evidence where they had flagged up a significant event to the CCG. The leaders 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 team meetings, which they had plans to increase, and that minutes were distributed to staff who had not attended so that they knew what had taken place.

# Are services well-led?

Good 

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

- 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 and were becoming more involved in discussions about how to run and develop 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Minutes of meetings were available on the practice website and showed areas where the practice had made improvements.
- Patients were finding it difficult to get through to the practice on the telephone. To make improvements the practice have done an audit and agreed that a new phone system with a queuing facility may be the best option. This was due to be installed by April 2017.

- The practice had gathered feedback from staff through meetings and other discussions. Staff told us they would feel comfortable offering their suggestions for change or improvement and felt that they would be listened to.
- The lead GP was a GP appraiser and a member of the Local Medical Committee. This enabled them to learn from other GPs and share improvements.

## 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. They had stabilised the work force and :

- Secured a new partner who had now started to work at the practice and this would support the lead GP moving forward
- Taken on another three long term GPs
- Improved continuity of nursing care by ensuring that the agency nurses took regular sessions and planned on improving this further by increasing communication between the agency nurses and other staff.
- The practice was working with the Clinical Commissioning Group to improve general practice by implementing new ways of working.