

Woodbank Surgery


Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the practice of Woodbank Surgery on 9 June 2017. Overall the practice is rated as good.

The practice had been previously inspected on 19 July 2016. Following that inspection the practice was rated as overall requires improvement with the following domain ratings:

Safe: Requires Improvement

Effective: Requires Improvement

Caring: Requires Improvement

Responsive: Good

Well led: Requires Improvement

At that time:

- The provider did not demonstrate good governance and had not implemented effective governance arrangements to improve communication among the staff team, keep staff informed about identified

risks and the ongoing monitoring and reviewing of the safety of the service including information about significant events, medical alerts, for the purpose of learning and improving outcomes for patients.

The practice provided us with an action plan detailing how they were going to make the required improvements.

The full comprehensive report on the 19 July 2016 inspection can be found by selecting the 'all reports' link for Woodbank Surgery on our website at www.cqc.org.uk.

This full comprehensive inspection on 9 June 2017 was to confirm if the required actions had been completed and award a new rating if appropriate. Following this re-inspection, our key findings across all the areas we inspected were as follows:

Since the last inspection the practice had made the following improvements:

- The practice kept minutes of all meetings. These minutes were shared with the whole staff team including staff that were unable to attend the meeting.

Summary of findings

- Alerts were included as a standard agenda item at all meetings. Discussions were recorded and actions noted.
- Significant events were discussed at staff meetings.
- The medical alerts / critical alerts policy had been reviewed and implemented.
- A nominated person was appointed to keep an electronic record / log book of all staff members being in receipt of any alerts.
- An audit of searches for alerts that require any action would be completed.

Other key findings were as follows:

- Significant events were recorded and discussed for the purpose of learning. However, they were not always identified and thoroughly investigated.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Clinical audits had been carried out and we saw evidence that audits were driving improvements to patient outcomes.
- The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with and below local and national averages.

- Information about how to complain was available. Complaints received were not always logged and managed through the practice's complaint procedure.
- The practice was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Significant events should be analysed thoroughly.
- There should be a record of checks made on doctors' bags.
- GP safeguarding training records should be easily accessible.
- Locum GPs personnel files should be easily accessible.
- The provider should implement systems to improve the patient satisfaction rates with service they receive.
- Detailed records should be kept of discussions held about patients who require end of life care.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, they were not always identified and thoroughly investigated.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However, there was no evidence to demonstrate GPs were trained to level three in safeguarding procedures.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the

Summary of findings

CCG average of 87% and the national average of 85%. And, 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

- 73% 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%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.
- While this data indicated a small improvement from the previous year, it was still below local and national averages.
- The comment cards we received were mostly positive about the standard of care received. Patients said that they were happy with the service they received and felt well looked after. A number of patients commented that the service had improved over the last year. Four patients said that there were too many locum GPs working at the practice. Five patients said that they found it difficult to book an appointment.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice offered extended hours on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours. There were longer appointments available for patients with a learning disability and home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The national patient survey indicated that patients found it difficult to make an appointment. For example, 60% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.

Good



Summary of findings

- Older patients had a named GP to ensure continuity of care and urgent appointments and same day appointments were available.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available. We looked at how one verbal complaint was managed. There was no evidence to demonstrate this complaint was managed through the practice complaint procedure.

Are services well-led?

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

Good



- The practice had a 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. While issues were identified during the inspection that needed improvement, we were told after the inspection that these issues would be addressed by the staff team to improve patient outcomes. Evidence was provided to demonstrate how this would be addressed for some of the issues raised.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The GPs encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients over the age of 75 years had a named accountable GP but could see any clinician of their choice within the practice.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support so they could maintain their health and independence for as long as possible.
- GPs and nursing staff carried out a weekly ward round at a local nursing home for patients registered at the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 80% compared to the CCG of 89% and the national average of 80%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All these patients had a named GP and there was a system to follow up patients for 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.
- Clinicians maintained regular contact with other health care professionals such as Macmillan nurses and third sector services such as AgeUK.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency attendances.
- The IT system highlighted patients who were at risk.
- When parents visited the practice, clinical staff took the opportunity to enquire about the wellbeing of their child if they were highlighted as being at risk of harm.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- A full range of family planning services were available.
- Younger patients were given advice on sexual health and family planning.
- Most staff were up to date with safeguarding training and one of the GPs took responsibility for managing safeguarding alerts and referrals. We were unable to establish clearly the level of training completed by the GPs.

Good



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).

Good



Summary of findings

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments were available for patients who were unable to attend during normal working hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Appointments were available from 8 am with the practice nurse and health care assistant.
- Routine GP appointments were available to pre-book in advance from 8.30 am.
- Clinical staff actively promoted NHS Health checks.
- The practice was open from 8 am to 8 pm Monday to Friday.
- Patients were able to book appointments with the extended hour's service through the practice.
- Extended opening hours meant patients could book appointments outside of work.
- Appointments could be booked on line.
- The practice offered a two week turn around for medical reports and work-related medical examinations.

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 those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



Summary of findings

- The IT system alerted staff to patients who failed to collect prescriptions.
- GPs worked with and referred patients to local services such as Bury drug and alcohol services.
- Asylum seekers and patients new to the UK and had increased health care needs were supported by the nursing team who liaised with relevant healthcare professionals. A dedicated GP was responsible for co coordinating their care with extended appointments available.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advanced care planning for patients living with dementia. Annual reviews were carried out with patients with dementia and longer appointments were provided as required including same day access to healthcare services.
- 97%
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months. This was compared to the CCG average of 92% and the national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients had access to drug and alcohol services and more recently to the “Big White Wall” online service that supported patients with mental health problems.
- There was a register of patients with mental health problems.
- GPs supported patients in their appeals as appropriate in relation to benefit claims.

Good



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 local and national averages. 291 survey forms were distributed and 119 were returned. This represented 2.5% of the practice's patient list.

- 72% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 60% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 51% of patients said they would recommend this GP practice to someone who had just moved to the local area compared with the CCG average of 81% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were mostly positive about the standard of care they received. Patients said that they were happy with the service they received and felt well looked after. They said that they were treated with respect and staff were always polite. They described the staff as friendly, caring and

professional. A number of patients commented that the service had improved over the last year. Four patients said that too many locum GPs worked at the practice. Five patients said that they found it difficult to book an appointment.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gave every patient the opportunity to feed back on the quality of care they had received. Results from the patient responses received in January, February and March 2017 indicated the following:

January 2017: 22 patients were 'extremely likely' to recommend the practice to friends and family and 9 were 'likely' to recommend the practice to friends and family. This was based on 47 responses.

February 2017: 18 patients were 'extremely likely' to recommend the practice to friends and family and 11 were 'likely' to recommend the practice to friends and family. This was based on 32 responses.

March 2017: 14 patients were 'extremely likely' to recommend the practice to friends and family and 12 were 'likely' to recommend the practice to friends and family. This was based on 30 responses.

Areas for improvement

Action the service SHOULD take to improve

- Significant events should be analysed thoroughly.
- There should be a record of checks made on doctors' bags.
- GP safeguarding training records should be easily accessible.
- Locum GPs personnel files should be easily accessible.
- The provider should implement systems to improve the patient satisfaction rates with service they receive.
- Detailed records should be kept of discussions held about patients who require end of life care.

Woodbank Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC inspector. The team included a GP specialist adviser, a GP specialist advisor completing induction training with the CQC, a second CQC inspector and a practice nurse specialist adviser.

Background to Woodbank Surgery

Woodbank Surgery is located in Brandlesholme, Bury, Lancashire which is within the Bury Clinical Commissioning Group area. The surgery has a car park for 15 cars including two dedicated disabled parking bays; there is also off street parking. The surgery is located on a bus route which gives easy access to Bury town centre. There are five GPs working at the practice, three are male and two are female. One GP is the medical director, three are long term locums and one is a salaried GP. The GPs work between two and seven sessions per week. There is one senior practice nurse, one advanced nurse practitioner, a health care assistant (all female) and a locum pharmacist (male). There is a full time practice manager and a team of administration staff.

The practice is open from 8am to 8pm Monday to Friday. The core hours are from 8am to 6.30pm Monday to Friday.

GP appointment times are as follows:

Monday, Tuesday and Thursday: 8am to 7.45pm

Wednesday and Friday: 8am to 5.30pm

Extended hours are provided Monday to Friday between 6.30pm and 8pm.

The practice is closed every fourth Wednesday of the month between 1pm and 3.30pm for staff training and team meetings.

The practice is part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays. Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

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

4,739 patients are registered at the practice.

Why we carried out this inspection

We undertook a comprehensive inspection of Woodbank Surgery on 19 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, caring and well led services. At this inspection requirement notices had been issued

We carried out this comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions on 9 June 2017. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example, the Bury Clinical Commissioning Group, to share what they knew about the practice. We carried out an announced visit on 9 June 2017. During our visit we:

- Spoke with a range of staff including the practice manager, the area manager, three GPs (one was also the medical director), two reception staff, the advanced nurse practitioner and the practice nurse.
- 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 shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 previous inspection on 19 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing significant events, READ coding and the condition of the minor surgery room were not implemented well enough to ensure that patients were kept safe.

These arrangements had improved when we undertook this full comprehensive inspection on 9 June 2017. The practice is now rated as good for providing a safe service.

Safe track record and learning

There was a system 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.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice with regard to significant events. For example, an error had been identified in the use of a system for communicating information to a local hospital. This issue was highlighted and discussed with the staff team for the purpose of learning and preventing it from reoccurring.
- We found that the practice should be more critical in the way they analyse significant events to ensure issues were identified and thoroughly investigated. For example, the way in which staff managed a verbal complaint about a delayed diagnosis of cancer and that GPs had not recorded the purchase date of a medicine that required specific storage conditions, although it was noted that this medicine was stored correctly at the time. There was no evidence of significant events being reviewed or a trend analysis being completed. Following the inspection we were told that the GPs intended to change their practice by reflecting more critically on the way they viewed and investigated significant events.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies 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. Information about female genital mutilation was included in the safeguarding procedure. We were informed after the inspection that the practice manager intended to obtain information about child sexual exploitation that could be displayed in the patient waiting area and consultation rooms to raise an awareness of this issue.
- GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Staff knew which GP took responsibility for managing safeguarding alerts. GPs were trained on child and adult safeguarding procedures through the practice's online training programme. We saw no evidence they had attended face to face training or this online training was to level three.
- 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). GPs kept a record of when a chaperone was used, although the chaperone did not record that they had carried out this role. We were told after the inspection that the practice had recently changed their procedure and now the member of staff acting as a chaperone recorded on the patients' notes that they had undertaken this role with brief details of their findings.

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Sharps boxes were available in the clinical rooms and a sharps injury policy was available to staff. Sharps bins were kept on a trolley rather than being wall mounted.
- The arrangements for managing medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). We were told that there was a record of the checks carried out on the fridge temperature and medicines and vaccines held, although they could not be located on the day of the visit.
- While the practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety we found one medicine was not stored safely. We were informed this issue would be addressed immediately after the inspection.
- There were recording data sheets for the emergency medicines which were held separately for each box rather than there being one list. After the inspection we were informed that the records kept for checking medicines would be held centrally to ensure a more efficient system.
- The doctor's bag we looked at held a blank prescription form and did not have a thermometer or penicillin. There was no system for checking and recording the contents of the bag. Following the inspection we were told that a system would be set up to regularly check and record the contents of the doctor's bags.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being handed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, 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 to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Information held about locum staff such as the pharmacist and advanced nurse practitioner were unavailable on the day of the inspection. Information was sent to us after the inspection relating to the staffing details of one of the locum staff. A signed confidentiality agreement was not held on each staff file looked at. Following the inspection, information was submitted to indicate that all staff would receive refresher training in this area during their next appraisal in July 2017. Personnel files for locum GPs were unavailable for inspection.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy and checklist available although a risk assessment had not been completed.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. A fire risk assessment had not been completed. After the inspection information was submitted to demonstrate the fire safety risk assessment document that would be used in the future. Evidence was also submitted at a later date to demonstrate the fire risk assessment that had since taken place.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Are services safe?

- The practice had a variety of other risk assessments 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).
- Although a legionella test had been completed, a risk assessment had not yet been carried out. After the inspection information was submitted to demonstrate the legionella risk assessment document that would be used in the future. Evidence was also submitted at a later date to demonstrate the legionella risk assessment that had since taken place.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- At the last inspection a concern was raised about the standard of the facilities in one of the clinical rooms. We found that the lino flooring was damaged by the door and split around the edges of the room and some of the cupboards were damaged and could not be closed properly. At this inspection we observed that these issues had been addressed.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. An accident book was available.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included guidance for staff about their role and responsibilities and what constitutes an emergency. The contact telephone numbers for senior staff and utility were available. A copy of the business continuity plan was also available off site in case it could not be accessed at the practice in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 July 2016, we rated the practice as requires improvement for providing effective services as full clinical audits were not carried out well enough to ensure that an effective service was provided.

These arrangements had improved when we undertook this full comprehensive inspection on 9 June 2017. The practice is now rated as good for providing an effective service.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 / 2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 80% compared to the CCG of 78% and the national average of 80%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, 100% 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 92% and the national average of 89%.

There was evidence of quality improvement including clinical audit:

- We looked at the four clinical audits submitted prior to the inspection. These were full cycle audits where the improvements made were implemented and monitored. There were plans to re audit and there was an audit plan for the forthcoming year.
- Findings were used by the practice to improve services. For example, a medication review audit showed improvement in the appropriateness of patients seeing the pharmacist for their medication review rather than the GP or nurse. Another audit was completed in relation to antibiotic prescribing in patients with a urinary tract infection. This showed quality improvement in the appropriate use of antibiotics for this purpose.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A GP locum information pack was unavailable on the day of the inspection. A copy of this information was sent to us following the inspection. This provided basic details about the practice systems and procedures.
- 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. A record of GPs safeguarding and mandatory training was not available for inspection.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings sometimes took place with other health care professionals when care plans were reviewed and updated for patients with complex needs. These meetings were not always minuted and other health care professionals did not always attend. This would make it difficult to enable good communication and monitoring ongoing issues.

The practice told us that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. However, while a record was kept of clinical meetings, the Gold Standard

Framework was not in place to ensure care was delivered in line with recognised good standards. For example, there was no detailed record of discussions held about individual patients.

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 and signposted them to relevant services. 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.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 83% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme 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. There were failsafe systems 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 immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccinations given were comparable to CCG/ national averages. For example, rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 97% to 98%.

Are services effective?

(for example, treatment is effective)

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-up appointments were available for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 19 July 2016, we rated the practice as requires improvement for providing a caring service as the arrangements to monitor and improve patients satisfaction rates were not implemented well enough to ensure that patients were satisfied with the standard of the care provided.

These arrangements had slightly improved in some areas when we undertook this full comprehensive inspection on 9 June 2017. The practice is still rated as requires improvement for providing a caring service.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that they were happy with the service they received and felt well looked after. They said that they were always treated with respect and staff were always polite. They described the staff as friendly, welcoming, caring and professional. A number of patients commented that the service had improved over the last year. Four patients said that there were too many locum GPs working at the practice. Five patients said that they found it difficult to book an appointment.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were mixed results in relation to patient satisfaction scores on consultations with GPs and nurses compared to the local and the national average. For example:

- 73% 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%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 93% of patients said the nurse gave them enough time. This was the same as the CCG average and comparable to the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 89% 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%.
- 82% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The friends and family results indicated the following:

January: 22 patients were 'extremely likely' to recommend the practice to friends and family and 9 were 'likely' to recommend the practice to friends and family. This was based on 47 responses.

February: 18 patients were 'extremely likely' to recommend the practice to friends and family and 11 were 'likely' to recommend the practice to friends and family. This was based on 32 responses.

March: 14 patients were 'extremely likely' to recommend the practice to friends and family and 12 were 'likely' to recommend the practice to friends and family. This was based on 30 responses.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was mostly positive. Patients commented that they felt listened to and supported by staff who they described as friendly, caring and professional.

Are services caring?

Results from the national GP patient survey results gave mixed results compared to local and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 81%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

Following the inspection we were informed that the practice staff intended to discuss the survey outcomes in terms of changes from the previous year's analysis and consider an action plan for improving all areas of patient satisfaction.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff that might be able to support them.

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers register and had identified 43 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, regular health checks and a flu vaccination.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours Monday to Friday until 8pm for working patients who could not attend during normal opening hours.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Improvements had been made to the telephone system to improve patients' access to appointments.
- There were baby changing facilities were available.
- There was a range of health promotional information in the patient waiting area along with information about local community services.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Appointments were between 8am and 7.45pm Monday, Tuesday and Thursday and between 8am and 5.30pm Wednesday and Friday. Extended hours appointments were offered on a Monday, Tuesday and Thursday between 6 pm and 8pm. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. The practice was closed every fourth Wednesday of the month between 1pm and 3.30pm for staff training and team meetings.

The practice was part of the Bury extended working hours scheme which meant patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays. Patients requiring a GP outside of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

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

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared with the CCG average of 68% to the national average of 73%.
- 62% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 76%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 60% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 47% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system 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 saw that information was available to help patients understand the complaints system. For example, there was a poster displayed in the patient waiting area and information was available on the practice website.
- There was a 'grumbles book' which patients could record less serious concerns. While this was checked by the practice manager, there was no system to monitor

trends for the purpose of ensuring issues did not reoccur. Most of the comments recorded were positive although one patient had commented that their appointment had been cancelled.

- We were informed that the practice had not received any complaints in 2017. However, we were also told about a verbal complaint received by the practice in January 2017 relating to a delayed cancer diagnosis. This was not logged as a formal complaint therefore there was no recorded evidence of any communication with the complainant. This issue was discussed with relevant staff for the purpose of learning although it was not viewed as a significant event.

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 July 2016, we rated the practice as requires improvement for providing well led services because the governance arrangements did not ensure that risks, staff communication and monitoring and reviewing information for the purpose of learning and improving outcomes for patients were implemented well enough.

These arrangements had improved when we undertook this full comprehensive inspection on 9 June 2017. The practice is now rated as good for providing a well led service.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values. The practice had a strategy which reflected the vision and values and was 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the practice nurse was responsible for infection control, the practice manager was responsible for health and safety and one of the GPs was responsible for safeguarding. Individual GPs had specialist areas of interest such as palliative care, cancer and dementia care. One of the GPs (the medical director) took responsibility for minor and community surgery.
- At the last inspection we were informed that locum GPs were not supported and monitored and that a GP locum pack was unavailable. At this inspection we were told that the communication between GPs had improved and a GP locum pack was now available. The GP locum pack was not available to look at on the day of the inspection but a copy was sent to us following the inspection.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. A record of these meetings was kept to ensure good communication amongst the staff team and to ensure issues could be monitored.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, electrical equipment had been tested for its safety and staff who acted as chaperones had completed a disclosure and barring scheme check to ensure they were appropriate for the role.
- Clinical meetings were minuted to ensure good communication amongst the staff team and to allow for lessons to be learned and information to be shared.

Leadership and culture

On the day of inspection the GPs that we spoke with 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 GPs were approachable and always took the time to listen to all members of staff.

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

- Staff told us the practice held regular team meetings.
- 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 GPs 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.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback from:

- The patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and had recently appointed a new chair person. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. In 2017, patients were surveyed for their views of the practice and an action plan was developed from the results of this survey. The action plan included proposals to display information in the patient waiting area about the services provided at the practice and include information about the PPG in the new patient registration packs.

- the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and discussion. Staff 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

We were told there was a focus on the continuous improvement of the service at all levels within the practice. This inspection highlighted shortfalls in the management of the practice. Following the inspection we were informed about the changes that the practice had made and planned to make to address these shortfalls. The medical director and the practice manager gave us an assurance that they were committed to improving the service by making the necessary changes to the leadership, management and governance of the practice.