

Dr Masud Prodhan

Quality Report

Seymour Grove Health Centre
Manchester
Greater Manchester
M16 0LW
Tel: 0161 848 7563
www.oldtraffordsurgery.co.uk

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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 Dr Masud Prodhan (also known as) Old Trafford Medical Practice on 29 July 2016. The overall rating for the practice was requires improvement and the practice were given a period of twelve months to make improvements. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Old Trafford Medical Practice on our website at www.cqc.org.uk.

This inspection was undertaken following the period of time provided for the practice to make improvements and was an announced comprehensive inspection on 11 July 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- Since the previous inspection the provider had introduced a significant number of systems and

processes to improve safety, effectiveness and leadership at the practice. It was evident that the systems were embedded into every day working practice and were being followed.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning and improvement from incidents were evidenced and thorough analysis was taking place.
- The practice used proactive methods to improve patient outcomes. Following an increase in excess of 1500 patients from another practice, two data quality clerks were recruited and new systems were introduced. Data from 2015/2016 evidenced that the practice met or exceeded targets for risk reduction and treatment in most of the indicators.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, as part of their involvement in Productive General Practice a "choose well" system was introduced

Summary of findings

- The surgery was working closely with two local cancer screening providers to increase cancer awareness and a champion was introduced within the practice. The practice could evidence an increase in the uptake of cancer screening because of this intervention.
- The practice implemented suggestions for improvements and made changes to the way it delivered services. They increased the number of telephone appointments, recruited new reception staff and provided customer care training as a consequence of feedback from patients and from the patient participation group.
- There was a clear practice vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. All staff were aware of, and signed up to the practice ethos and values.
- The practice had introduced strong and visible clinical and managerial leadership and governance arrangements. All staff felt supported by management and complied with the duty of candour.

We saw areas of outstanding responsiveness :

- The number of patients with long term conditions, particularly diabetes, increased substantially due to a neighbouring practice closure. The team responded by identifying all those patients with poorly managed diabetes and providing structured education plans with regular monitoring. They were

able to evidence a positive impact on the number of patients with poorly managed diabetes that were now being well-managed and required less input from primary and secondary services.

- Known patients who were hard of hearing had direct access to communicate by email with the medical secretary who arranged appointments and interpreters if and when required. We saw positive feedback from a patient in relation to this service.
- As a result of the need to identify and support all genders within the community, clinical and non-clinical members of the team signed up to the pride in practice award run by the lesbian, gay, bisexual, and transgender (LGBT) foundation. Additional questions introduced to the new patient registration form helped to identify patients and offer advice and support that may not otherwise have been sought. The practice had received a Gold Award for their interventions.

In addition, there were areas of practice where the provider could continue to make improvements. The provider should:

- Introduce a standardised agenda for meetings involving all staff to include items such as safeguarding, significant events and practice developments.
- Review significant events trends more frequently than annually and include review dates on documentation.

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



- Since the previous inspection the provider had introduced a significant number of systems and processes to improve safety, effectiveness and leadership at the practice. It was evident that the systems were embedded into every day working practice and were being followed.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning and improvement from incidents were evidenced and thorough analysis was taking place.
- 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.
- Risks to patients (and other people within and outside the premises) were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from 2015/2016 evidenced that the practice met or exceeded targets for risk reduction and treatment of long term conditions. The practice was able to demonstrate how patients with poorly managed diabetes had been treated and educated to a point where their diabetes was well controlled.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We saw that the practice used clinical meetings to discuss the guidelines and introduce changes that would positively influence and improve outcomes for individual and specific groups of patients.
- The surgery was working closely with two local cancer screening providers to increase cancer awareness and uptake of screening programmes. A cancer champion was introduced within the practice and an increase of uptake was evidenced.

Summary of findings

- A number of clinical and non-clinical audits had been undertaken and demonstrated quality improvement. Clinical and non-clinical staff were included in the audit process.
- 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 were mixed for several aspects of care.
- Patients we spoke with 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.
- The practice pro-actively identified and offered assistance to carers and updated the carer's register on a regular basis. A carer's champion role had been introduced.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Good



- The provider invested heavily in the practice and recruited additional GPs, nursing and administration staff to meet the needs of the increased patient population. Clinical sessions increased to 16 per week and nursing/health care assistant sessions increased to 13 per week. All patients benefitted by substantive sessional staff and continuity of care.
- The number of patients with long term conditions, particularly diabetes, increased substantially due to a neighbouring practice closure. The team responded by identifying all those patients with poorly managed diabetes, providing structured education plans, and evidencing that poorly managed diabetes was improved to moderate or well managed for all those patients.
- As part of Providing Productive General Practice, the practice is involved in a project to improve access by helping patients to choose well. When patients telephone they are directed to the

Summary of findings

most appropriate resource available in the surgery, which may not always be an appointment with a GP. This has resulted in many queries being dealt with by trained non-clinical staff with lead roles in specific areas.

- The practice manager, in addition to their work supporting the practice, is influential in this project within the CCG and is also devising an electronic workflow so that the process can be managed within the patient record and minimise the risk of error. Patients are only advised to attend accident and emergency or the walk in centre when it is absolutely necessary.
- The appointment system was reviewed and improved, increased telephone consultations were introduced, new staff were recruited and customer care training was provided as a consequence of feedback from patients and from the patient participation group.
- Facilities within the practice were sufficient for people's needs. Facilities that were not being utilised such as the hearing loop, were advertised and highlighted to patients. Staff were trained on how to use it and as a result communication for patients who were hard of hearing had improved.
- Clinical and reception staff conversant in the language of the most diverse populations had been employed to improve patient communication. The practice responded quickly to issues raised and learning from complaints was shared to make improvements.
- As a result of the need to identify and support all genders within the community, clinical and non-clinical members of the team signed up to the pride in practice award run by the lesbian, gay, bisexual, and transgender (LGBT) foundation. Additional questions introduced to the new patient registration form helped to identify patients and offer advice and support that may not otherwise have been sought. The practice had received a Gold Award for their interventions.

Are services well-led?

- There was a clear practice vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. All staff were aware of, and signed up to the practice ethos and values.
- The practice had introduced strong and visible clinical and managerial leadership and governance arrangements. All staff felt supported by management and complied with the duty of candour.

Good



Summary of findings

- High standards were promoted and owned by all practice staff and teams worked together across all roles with a buddy system in place for clinical and administration staff.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice implemented suggestions for improvements and made changes to the way it delivered services. They allocated champion roles to staff with specific interests and experience of caring, cancer, medicines or data management. They recruited staff with experience and knowledge and interest in their highest population group to help improve communication and trust.
- 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Shingles and Pneumococcal Vaccinations were offered with the addition of catch-up clinics
- Older people had direct access to a prescription clerk within the practice to aid in medication compliance.
- The practice held regular palliative care meetings and a clinical end of life care lead role had been introduced.

People with long term conditions

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

Good



- GPs, Nursing staff and non-clinical staff held lead roles in chronic disease management to ensure that the patients' entire needs were met including identification, attendance, management and maintenance.
- Regular non-clinical audits were completed to ensure that patients received the most appropriate appointments with the most appropriate person at the practice.
- Staff worked with patients on emotional wellbeing initially in order to engage them to become proactive and motivated to manage their own conditions. This was done before discussing problem solving to ensure better outcomes. We saw evidence of improvement in significant numbers of patients with long term conditions such as diabetes and asthma.
- Data indicators for diabetes in 2015/16 were 88% (4% lower than local and national averages). This figure had increased by 10% from the previous year.
- Data indicators for asthma in 2015/16 were 100% which was 3% higher than local and national averages.
- 94% of patients with hypertension had their blood pressure checked in the previous 12 months and action was taken to manage any irregularities.

Summary of findings

- Admission avoidance had been revoked and a frailty register had been introduced. Patients at risk had been identified and categorised and one of the GPs had been identified as frailty lead at the practice.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with their non-clinical buddy at the practice and other relevant health and care professionals to deliver a holistic (overall) and multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The locality safeguarding leads have been shared in order to increase communication and local knowledge.
- The safeguarding lead for the practice had regular “sit down” meetings and communication with the local safeguarding team. We saw positive examples of joint working with midwives and health visitors.
- Immunisation rates were above average (96% across four indicators) for all standard childhood immunisations.
- Staff 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.
- 88% of eligible women had been screened for cervical cancer. This figure was higher than the local average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Chlamydia screening and sexual health advice was available at the surgery.
- Meningitis (ACWY) immunisations were offered to 16-24 year olds.

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 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.
- An average of 88 routine clinical (nurse, advanced nurse practitioner, health care assistant and GP) appointments were available each day in addition to an average of 9 emergency appointments with a GP or advanced nurse practitioner. Telephone consultations were also available on a daily basis.
- 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.
- New patient information forms were recently been amended and questions were tailored to be more holistic and socially applicable to the patient's overall requirements.
- The practice had received the Gold Pride in Practice award and were able to demonstrate how they had made changes to improve services offered to patients who were lesbian, gay, transsexual and/or transgender.

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 and those with a learning disability. In addition there was a register of patients who were hard of hearing, blind or hard of seeing. These registers were reviewed and updated on a monthly basis.
- The practice offered longer appointments for patients with a learning disability and others that needed them.
- 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. We saw evidence that this responsibility was evident even when staff were not working and vulnerable people were protected and reported so that they could be helped.

Good



Summary of findings

- Clinical and non-clinical staff were able to converse with non-English speaking patients in their own languages, including Urdu and Polish.

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).

- Data indicators for 2015/2016 showed that 89
- Data indicators for 2015/2016 showed that 87% of patients with a mental health diagnosis had a care plan in place compared to the local average of 89% and the national average of 89%.The practice was able to evidence that in April 2017 39 patients were coded as having serious mental health issues and all (100%) had a comprehensive care plan in place.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and made referrals to local psychological therapy services.
- 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 including extra telephone reminders and support with booking appointments.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages for some aspects of care although some responses were lower than average. The responses were based on 81 returned surveys out of 377 sent and represented less than 1 per cent of the practice patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and national average of 71%.
- 80% 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 88% national average of 84%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 56% 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 79% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. The practice was described as providing a satisfactory service, thorough and helpful staff and improvement in the service over the previous twelve months. In addition three cards completed by the same person reported negative feedback about the practice in general.

We spoke with nine patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with a member of the patient participation group (PPG) who said that the practice listened and were responsive to feedback from the group.

Areas for improvement

Action the service **SHOULD** take to improve

The provider should:

- Introduce a standardised agenda for meetings involving all staff to include items such as safeguarding, significant events and practice developments.

- Review significant events trends more frequently than annually and include review dates on documentation.

Outstanding practice

- The number of patients with long term conditions, particularly diabetes, increased substantially due to a neighbouring practice closure. The team responded by identifying all those patients with poorly managed diabetes and providing structured education plans with regular monitoring. They were able to evidence a positive impact on the number of patients with poorly managed diabetes that were now being well-managed and required less input from primary and secondary services.
- Known patients who were hard of hearing had direct access to communicate by email with the medical secretary who arranged appointments and interpreters if and when required. We saw positive feedback from a patient in relation to this service.
- As a result of the need to identify and support all genders within the community, clinical and non-clinical members of the team signed up to the pride in practice award run by the lesbian, gay,

Summary of findings

bisexual, and transgender (LGBT) foundation.
Additional questions introduced to the new patient

registration form helped to identify patients and offer advice and support that may not otherwise have been sought. The practice had received a Gold Award for their interventions.

Dr Masud Prodhan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an expert by experience who is a person who has used health and social care services and speaks to patients in attendance during the inspection.

Background to Dr Masud Prodhan

Following the previous inspection in July 2016 the practice was rated as requires improvement and we took regulatory action against the provider in the form of requirement notices in relation to the Safe, Effective and Well Led domains. This inspection on 11 July 2017 was to check that improvements had been made.

Old Trafford Medical Practice is located in Seymour Grove Health Centre which is an NHS Property Services premises in the North neighbourhood of Trafford. Within the health centre there are several community services including dental and district nursing and a branch surgery of another GP practice. The building is situated on a main road accessible by public transport and there is ample parking. All patients are seen on the ground floor and all rooms are accessible by wheelchair users and patients with prams.

The surgery absorbed in excess of 1500 patients after a neighbouring practice closed in December 2015 and the patient population has increased to 4300. Services are provided under a General Medical Services Contract run by Trafford Clinical Commissioning Group. It is situated in the third most deprived area of the country and more than 50% of the population are under the age of 45. The list is

ethnically diverse with only 1500 patients recorded as white British and the remainder being of other origin, predominantly Asian but with a significant Polish population. Clinical and non-clinical Urdu and Polish speaking staff have been recruited to support the non-English speaking patients.

Since the CQC inspection in July 2016 the provider has recruited clinicians and administration staff and the practice team now consists of a part time GP partner and two part time salaried GPs who undertake 16 clinical sessions over each week. An advanced nurse practitioner who can prescribe medicines has also joined the practice and undertakes three clinical sessions per week. In addition two part time nurses and an assistant practitioner/health care assistant provide 13 clinical sessions per week. The clinical team is supported by a practice manager and deputy practice manager in addition to a number of administrative and reception staff. The practice has also appointed a part time prescription clerk to support medicines management and an additional full time data quality clerk. An apprentice also provides support to the reception team.

The practice is open

Monday 8am to 6.30pm

Tuesday 8am to 8pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

The practice is closed at the weekends when patients can access the out of hour's service and/or the Trafford Hub on Saturday mornings via pre-arranged appointments. Patients can also attend the walk-in centre at Trafford General Hospital seven days a week between the hours of 8am and 8pm.

Detailed findings

Old Trafford Medical Practice are working towards becoming a training practice.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations such as the Clinical Commissioning Group and the Local Area Team to share what they knew. We carried out an announced visit on 11 July 2017. During our visit we:

- Spoke with two GPs, the advanced nurse practitioner, the practice manager and deputy manager, the secretary and various members of the reception/administration team.
- Spoke with 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.
- 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 inspection in July 2016 we rated the practice as requires improvement for providing safe services as arrangements in respect of risks were not well managed. The practice did not have adequate checks and processes in place. They had failed to identify the risks associated with a fragmented leadership structure. They had failed to identify the risks associated with too little time and a limited number of consistent clinical staff to investigate, review and improve the quality of services provided. They did not have systems and processes in place to effectively manage risks.

These arrangements had significantly improved when we undertook a full comprehensive follow up inspection on 11 July 2017. The practice is now rated as good for providing safe services.

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. 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).
- When things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The practice also monitored trends in significant events and evaluated any action taken.

From the sample of documented examples we reviewed we found that the system was effective. We saw that lessons were shared and action was taken to improve safety at the

practice. For example when the surgery ran out of a required vaccination it was identified that a robust stock check and ordering system was necessary. The management policy was updated and in-house order forms were created to enable better stock control and reduce wastage. A stock book was also compiled and designated staff members were identified to manage the process.

Overview of safety systems and process

The safety systems in place were improved following our previous visit and clearly defined and embedded processes and practices were embedded to increase patient safety.

- Arrangements for safeguarding 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 clinical and non-clinical lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings and the names of safeguarding leads across the locality had been shared so that local knowledge and communication could be improved.
- Staff we interviewed demonstrated that they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were also trained to appropriate levels. In addition, staff were aware of the term Prevent, (a government initiative aimed at preventing children from radicalisation) and what they should do if they had any concerns. We saw that the responsibility to report concerns remained with staff when they were outside of work and recently a vulnerable person had been protected by two members of staff on their lunch break. A significant event had been recorded and discussed with the whole practice as per protocol.
- 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

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. Overall cleanliness of the premises were managed by the community services in the first instance and the practice were able to raise concerns, if there were any, through community management. In addition the practice had their own cleaning schedules and monitoring systems in place.
- The advanced nurse practitioner was the clinical infection prevention and control (IPC) clinical lead and there was also a non-clinical lead. They 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.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice had recruited a prescription clerk who worked with the clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Actions required as a result of medicine alerts were discussed at clinical meetings and recorded for future reference.
- 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. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The assistant practitioner/health care

assistant was trained to administer vaccines and medicines against patient specific prescriptions and we saw evidence that these were reviewed and kept up to date.

- As a result of learning from a recent CQC inspection at another practice, the provider had updated existing protocols to ensure that the review of uncollected prescriptions and blood results were properly monitored.

We reviewed five personnel files, of new and existing clinical and administration staff, 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. We also saw that appropriate checks were undertaken for locum staff.

Monitoring risks to patients

- There was a lead member of staff responsible for health and safety and they liaised with the premises community team to ensure that health and safety checks were up to date. There was a health and safety policy and in-house safety assessments had been carried out. Legionella checks were up to date. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)
- Designated fire marshals for the practice were in place. The practice had an up to date fire risk assessment and regular fire drills were carried out by the community team. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- 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 and a protocol to ensure that regular locum GPs were used whenever possible.
- Protocols, as a result of significant incidents, had been introduced to ensure that all certificates and training of

Are services safe?

locum GPs were kept up to date. A locum pack had been created to ensure that locum GPs read and understood practice protocols in relation to reviewing patients, home visits, referrals, safeguarding and workflow management. We spoke to a locum GP who confirmed this to be the case although they were still awaiting access to workflow management.

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 within the premises and oxygen. A first aid kit was available and an accident book was in place for recording purposes.
- Emergency medicines were easily accessible to staff in several secure areas 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 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 previous inspection on 26 July 2016, we rated the practice as requires improvement for providing effective services. Arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), clinical audits and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a full comprehensive follow up inspection on 11 July 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. All Best Practice Guidance received into the practice was forwarded to the practice secretary for file management and discussion as a standing item under Risk & Governance at each weekly minuted Clinical Meeting. If earlier action was required, communication was sent electronically to all relevant members of staff. These were monitored to ensure they were received and actioned.
- We saw evidence of learning and improvement in the form of documented discussions between staff where mentorship was apparent, best practice guidelines were highlighted and appropriate action was taken when necessary.

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 95% of the total number of points available.

Data showed outliers for the practice in relation to the prescribing of antibiotics. This was something that the practice had identified and they were able to evidence that a plan was in place to reduce this. Other outliers for any QOF (or other national) clinical targets were positive variations such as for childhood vaccinations, patients with hypertension and cervical screening.

Data from 2015/2016 showed:

- Data for diabetes showed that the practice attained 87% of the total points available which was 4% below the CCG and 3% below the national averages.
- To reduce the risk of patients developing diabetes and also enabling early intervention the practice screened for and audited pre-diabetic changes. Evidence highlighted that only 6.9% of patients with pre-diabetes indicators, developed diabetes. This was in line with the 5-10% expectation.
- Data for patients with other long term conditions such as asthma, depression, hypertension, epilepsy and learning disabilities showed that the practice attained 100% of the total points which was better than the CCG and national averages.
- 2015/2016 data showed that 85% of patients with a serious mental health condition had an agreed care plan in place. The practice was able to evidence that in April 2017 this figure had risen to 100%.

There was evidence of quality improvement including clinical audit.

- The practice presented a number of audits and data collection that had been gathered since the previous inspection. Two of those were completed audits where the improvements made were implemented and monitored. Other audits were discussed at the inspection some of which required review and repeat.
- We saw evidence that audit was a standing item at practice data quality meetings and changes were implemented that improved outcomes for patients.
- The practice participated in local audits, national benchmarking, accreditation, in house peer review and

Are services effective?

(for example, treatment is effective)

research. Bowel and breast cancer screening audits were carried out to identify patients who had not responded. An action plan with more than 20 interventions, such as notice boards, coloured paper for appointments, screen savers, training and clinical discussions with patients had been implemented. The practice were able to evidence that screening uptake had increased because of action taken.

- Findings were used by the practice to improve services. For example, recent action taken as a result included investment in the clinical and administration team. New members of staff included an advanced nurse practitioner, a practice nurse, a health care assistant, an additional data clerk and a part time medicines clerk.

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 dealing with emergencies, fire, appointments, security, use of equipment, information sharing and how to manage test results. Safeguarding and infection control were part of mandatory training that staff undertook over the year.
- 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 and those with lead roles, where we saw that training was up to date.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Plans for the

advanced nurse practitioner included training so that contraceptive coils could be implanted at the practice without the need for patients to attend secondary services.

- 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 secondary care or other support teams.
- The names of identified safeguarding leads at other practices had been shared to improve communication and increase patient safety across the community.

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 regular basis when care and treatment was 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. However not all the clinical staff had received formal training in this subject and administration staff had not undertaken awareness training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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. Best interest meetings had taken place to ensure the best outcome for the patient concerned.
- Checks were made to ensure that the process for seeking consent was followed when patients attended for minor surgery.

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. The assistant practitioner was able to provide health checks for patients with hypertension.
- Information and advice was given to patients where possible and patients were signposted to other services such as support services for carers and patients with learning disabilities.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. To encourage self-referral the Improving Access to Psychological Services (IAPT) service could be texted to the patients and/or printed on the right hand side of a prescription for a patient.

In 2015/2016 the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been

performed in the preceding 5 years was 88%. This was a positive variation when compared to the local average of 83% and the national average of 81%. Data for Old Trafford Medical Practice had been historically low in this outcome and the practice recognised that action was required. They focussed on health inequalities and introduced various campaigns which resulted in an increase of women attending for smears. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and we saw that the practice followed up women who were referred as a result of abnormal results.

A cancer champion had been introduced, audits on bowel and breast screening had been undertaken and systems had been put in place to increase the number of patients taking part in cancer screening programmes.

The practice was above the national standard for childhood immunisation rates. For example the percentage of children aged one year with a full course of recommended vaccines was 100%. The practice attained a score of 9.6 out of 10 compared to 9.1 nationally for immunisation indicators.

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. The health care assistant was trained to offer advice on smoking cessation and healthy eating.

Are services caring?

Our findings

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.

20 patient Care Quality Commission comment cards received were positive about the service experienced. Three cards completed by the same person had negative statements about the practice. Comments from patients stated that they felt the practice offered a satisfactory service and that they were treated with dignity and respect. Patients we spoke with were happy that they could communicate with clinicians and receptionists in their own languages.

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

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 97%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 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 86% and the national average of 87%.

- 83% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% 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%.
- 87% 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%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Comments on the comments cards indicated that patients felt involved in decision making about the care and treatment they received with templates for annual reviews. New plans had been introduced for long term conditions which were more personalised and holistic (overall) and explored the patient's social wellbeing. Results from the national GP patient survey showed patients responses were mixed about the GPs as to whether they felt involved in planning and making decisions about their care and treatment.

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with 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 83% and the national average of 82%.

The practice had reviewed the results which they felt could have been attributable to the lack of continuity of GPs. In response, the lead GP had increased their clinical sessions and two substantive GPs and an advanced nurse practitioner had been recruited.

Results in relation to the nurses were more consistent to the local and national averages. For example:

Are services caring?

- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 85%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example their opinions were sought and they were spoken to directly when discussing treatment options. There were signs in every treatment room and also in reception and waiting areas informing patients about Gillick competency and Fraser guidelines. (Gillick competence is the principle used to judge capacity in children to consent to medical treatment. Fraser guidelines are used specifically for children requesting contraceptive or sexual health advice and treatment).

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

- Less than half of the patient population were white British and the largest ethnic group was Pakistani. There was also a substantial number of eastern Europeans. There were a number of reception staff and clinicians who were able to speak the languages of the largest populations including Urdu, English and Polish. Interpretation services and language line was frequently used for patients who did not speak any of the most common languages.
- One of the nurses was fully trained in sign language to help patients who were hard of hearing and these patients had an alert on their records. Known patients who were hard of hearing had direct access to communicate by email with the medical secretary who arranged appointments and interpreters if and when required.

- Information leaflets could be made available in easy read format for patients with learning disabilities and letters and information leaflets could be translated into Polish for Polish speaking/reading patients.
- 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) and patients received support to use the system from staff members when needed.

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 and help with long term conditions 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 50 patients as carers (0.8% of the practice list) and held a register which was updated on a regular basis. Carers were coded on the electronic records and were offered an annual review and a protection against influenza. A member of staff had accepted a role as carers' champion and was liaising with Trafford Carers Association to improve services and information for carers. An amended new patient registration form has been implemented asking if the patient is a carer or not. This was another way that the practice had made changes to increase the number of carers identified.

The practice had a process in place to support patients and their families who were recently bereaved. The death was recorded within family member's records and an alert placed on the record to highlight bereavement to clinicians. If necessary patients could be referred to bereavement counselling services within Trafford.

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 which was significantly diverse in ethnicity and had used that understanding to meet the needs of the patient groups.

- In particular the practice had recruited administration and clinical staff who were able to speak the language of the largest population group which was mainly Pakistani. They did this to reduce the number of consultations with interpreters and improve communication and trust.
- They had also recruited a Polish speaking receptionist to overcome any language barriers in the large number of eastern European patients.
- Patients were directed to the most appropriate person to deal with their enquiries in order to reduce the number of unnecessary appointments. This could sometimes be a non-clinical member of staff. For example a part time prescription clerk was recruited and trained specifically to support patients with prescription queries.
- There were longer appointments available for patients with a learning disability and patients with communication difficulties, long term conditions or complex needs.
- Extended hours were offered on a Tuesday evening until 8.00pm and home visits were always provided for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These were carried out by GPs and nursing staff.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- Minor surgery was available to patients and extended family planning services were being introduced.
- A cancellation list was introduced and unattended and/or cancelled appointments were monitored. Patients wishing to be seen urgently when no appointment was

available were asked if they wished to be placed on the list and were called back if an appointment became available. A protocol was in place to support this and all staff had received training.

- One of the GPs and the deputy practice manager had signed up to the pride in practice award run by the lesbian, gay, bisexual, and transgender (LGBT) foundation and Old Trafford Medical Practice had received a Gold Award. Additional questions had been introduced to patient registration forms and patient care plans in order to improve information collected from patients that may not otherwise be volunteered.

The provider recently invested in the practice and increased the number of GPs, nursing staff and administration staff to meet increased demand. In addition to recruiting a number of additional staff, the provider requested a mock inspection from the LMC to identify any further improvements. The following was implemented as a result of feedback :

- A secondary care DNA (missed appointment) process was created in order to reduce the number of missed referral appointments. Patients who did not attend their appointments were contacted by the medical secretary to establish a reason and see if additional help or information was needed. This encouraged attendance and reduced the risk of long term issues developing.
- A cancer-screening volunteer was identified to contact non-attenders of bowel and breast screening appointments. As a result of that intervention 11 requests for new screening kits were despatched to patients in one week.
- A superior process for non-clinical triage of appointment requests was identified. Training was provided to all the reception team and a traffic light system was introduced. This process was clearly displayed for the team to refer to when guiding patients to seek the most appropriate resource within the practice. This reduced demand on emergency appointments.
- The availability of the hearing loop was advertised on the notice board and on the front of reception. All team members received training on its use and directed patients to the availability of this resource.
- An action plan was devised and was ongoing to improve membership of the patient participation group.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open :

Monday 8am to 6.30pm

Tuesday 8am to 8pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

Appointments and clinic sessions were at various times during those opening hours.

The practice was closed at the weekends when patients could access the out of hour's service and the Trafford Hub by pre-arranged appointment. Patients could also attend the walk-in centre at Trafford General Hospital seven days a week between the hours of 8am and 8pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed when compared to local and national levels.

- 75% of patients were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 80% 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 85% and the national average of 85%.
- 66% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 65% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

There was also a process to establish whether a home visit was clinically necessary and the urgency of the need for medical attention. A clinician was always contacted to decide whether a home visit was required or whether a telephone consultation could be utilised. 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.

As part of Providing Productive General Practice, the practice were involved in a project to improve access by helping patients to choose well. This involved directing patients to the most appropriate resource available which was not always a clinician or a GP appointment. This had resulted in many queries being dealt with by trained non-clinical staff with lead roles in specific areas. The practice manager, in addition to their existing workload, was influential in this project within the CCG and was also devising an electronic workflow so that the process could be managed within the patient record to minimise the risk of error and increase patient safety.

Listening and learning from concerns and complaints

The practice had a system 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 in the form of leaflets and information on the practice web page was available to help patients understand the complaints system. Leaflets were also available in different languages if required. A Polish receptionist had prepared leaflets for the population of eastern European patients.
- We looked at the log of complaints received in the last 12 months and found that lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. We saw examples where complaints had been escalated to significant events and had been dealt with as such. We saw where protocols were changed or new protocols were introduced to support change and improvement. For example in relation to locum concerns, an electronic note was added to locum appointments highlighting the services that locum could undertake, such as electronic prescribing or home visits. This made best use of appointments and helped staff to triage what patients should be seen by locums.

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 26 July 2016, we rated the practice as requires improvement for providing well-led services as there was a fragmented leadership, a lack of substantive clinicians and low staff morale.

At this inspection on 11 July 2017 we found that significant improvements had been made. In particular the provider had invested heavily in the practice and recruited additional GPs, nursing and administration staff to meet the needs of the increased patient population. Clinical sessions had increased to 16 per week and nursing/health care assistant sessions increased to 13 per week. Patients now benefitted from substantive sessional staff and continuity of care. The practice is now rated as good for being well led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was a clear practice vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. All staff were aware of, and signed up to the practice ethos and values.
- There was a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The provider had invested into the practice to provide a stable team of clinical and administration staff and an overarching governance framework which supported the delivery of the strategy and good quality care. The framework underpinned the structures and procedures and ensured that:

- There was a strong and visible leadership and staffing structure. Clinical and non-clinical staff held lead roles and all staff were aware of their responsibilities in relation thereto. This related to areas such as chronic disease management, dementia, safeguarding, prescribing and information governance.
- Practice specific policies were implemented and were available to all staff. These were updated, followed and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held more than monthly and provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. GPs, nursing, administration and reception staff were included in the processes.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as significant incidents and complaints.
- We saw evidence from minutes of a meetings structure lessons were learned and shared and action was taken following significant incidents and complaints.

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 and we saw evidence of that. Staff told us the partners were approachable and always took the time to listen to all members of staff. Following the inspection in July 2016 there had been several overall staff changes and staff reported a feeling of team development, peer support and optimism.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave patients, effective, reasonable support, truthful information and a verbal and written apology when they raised concerns.
- They kept written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Good 

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

- There was evidence of a team ethos and minutes were held and minuted for a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. The meeting structure had improved and communication was evident at all levels. Protected time away from the surgery had been introduced to facilitate discussions and training involving discussions and a monthly staff briefing letter was also introduced.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and they were encouraged to identify opportunities for improvement.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Members of staff were currently introducing ways to improve attendance

and increase membership. The partners had also requested a mock inspection and feedback from the Local Medical Committee and had acted on that feedback to make improvements in the way the services were delivered.

Continuous improvement

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

The practice manager was influential within the CCG as part of the Productive General Practice Programme and was involved in the implementation of three projects to improve access and information sharing for patients across the community and not just within their own surgery.

One of the GPs and the deputy practice manager had signed up to the pride in practice award run by the lesbian, gay, bisexual, and transgender (LGBT) foundation and Old Trafford Medical Practice had received a Gold Award. Additional questions had been introduced to patient registration forms and patient care plans in order to improve information collected from patients that may not otherwise be volunteered.

There was a plan for the practice to become a training practice.

The advanced nurse practitioner was being trained to fit intra uterine devices.