

The Birches Medical Centre

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?

Requires improvement



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 The Birches Medical Centre on 11 April 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Four of the eight patients spoken to said they sometimes found it difficult to make an appointment with a named GP. This was also reflected in the CQC comment cards we received.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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 requires improvement for providing safe services.

Requires improvement



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice and when things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. However, records did not always demonstrate the investigation and review process. Following the inspection additional information was provided to demonstrate this issue had been addressed through an improved recording system.
- 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.
- The practice had arrangements to respond to emergencies and major incidents.
- Staff had not worked within the scope of their practice and flu vaccinations were sometimes given without the authority of a GP. Following the inspection additional information was provided to demonstrate this issue had been addressed through staff training and improved monitoring systems.
- There was evidence of quality improvement including clinical audits, although a system of continuous clinical audit was not in place to test the effectiveness of the service and to monitor quality and to make improvements.
- A record was not always kept of meetings held for the purpose of monitoring issues discussed. Following the inspection additional information was provided to demonstrate this issue had been addressed by ensuring improved staff communication and recording keeping.
- The temperature of the vaccine fridges were not checked when nursing staff were not on duty and medicine stock levels should be audited. Following the inspection additional information was provided to demonstrate this issue had been addressed through staff training and improved monitoring systems.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement although there was no formal system in place of continuous clinical audits used to test the effectiveness of the service and to monitor quality and to make improvements.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all but one member of 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 good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice below others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. This was also reflected in the comment cards we received and the patients we spoke with on the day.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- 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.
- Some patients we spoke with said they found it difficult to make an appointment with a named GP, this was also reflected in the CQC comment cards we received.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was part of the Bury extended working hours scheme which meant patients could 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.

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.
- 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 in the main supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, there should be a more systematic approach to monitor risks to patients. For example, a more systematic approach needs to be taken with regard to clinical audits and flu vaccinations must not be given by health care support workers without the authorisation of a GP or non- medical prescriber.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners 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. Information was not always kept about investigations and reviews of significant events.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was provided for all staff.
- 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice pharmacist also carried out home visits.
- The practice identified older patients who may need palliative care as they were approaching the end of life. Older patients were involved in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients who were at risk and discharged from hospital and ensured that their care plans were updated to reflect any extra needs. A register was kept of patients at risk of hospital admission.
- 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 to help them to maintain their health and independence for as long as possible

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. For example, regular clinics were available to support patients with COPD, asthma, diabetes, hypertension and chronic heart disease.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 79% compared to the CCG average of 81% and the national average of 78%.

Summary of findings

- 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.
- All of these patients had a named GP and there was a system to recall 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.
- There was wheelchair access and use of a wheelchair while in the practice.
- The premises were user friendly for patients with a disability. For example, the building was single storey and a disabled toilet was available. The practice was visually impaired friendly and a guide dog policy was available. There was a hearing loop to support patients with a hearing impairment and an alert was placed on their records so that staff could offer additional support as necessary.
- Influenza vaccinations were available to patients with long term conditions.
- The health care needs of patients with cancer were reviewed. Patients diagnosed outside the two week wait rule were treated as a significant event and the Bury Clinical Commissioning Group were informed.
- Regular palliative care meetings were held.
- The practice pharmacist worked with patients with asthma and chronic obstructive pulmonary heart disease so they had a better understanding of how to manage their medication.
- There were shared monitoring protocols for risk assessed patients and safety systems were in place for issuing prescriptions. For example, patients prescribed with warfarin.

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.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. Children under 12 years of age were seen by a GP the same day if their concern was urgent.
- The practice worked with midwives, health visitors and school nurses to support this patient group.
- The practice had emergency processes for acutely ill children and young patients and for acute pregnancy complications.
- There was a childhood immunisation clinic and appointments could be made around school times.
- There was active management of children with asthma. All patients had a personalised care plan and were offered training on the use of inhalers.
- Nasal flu vaccinations were available for age appropriate children.
- All staff were trained in safeguarding procedures.

Working age people (including those recently retired and students)

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

- The needs of 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.
- 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 could be booked online
- There was Wi-Fi access in the patient waiting area.
- Appointments could be booked up to four weeks in advance.
- NHS health checks were available and promoted.
- The meningitis vaccination was available for students
- Appointments with the healthcare assistant and advanced nurse practitioner were available from 8 am.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients 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.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were trained and aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Two of the GPs spoke Polish which supported patients whose first language was not English.
- There was a system for reviewing patients who did not attend their appointment at the practice or at hospital.
- Staff were alerted to patients on the child/adult protection register who were at risk of abuse.
- A drug and alcohol worker held regular clinics at the surgery.

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 advance screening and care planning for patients living with dementia. For example, 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Annual and six monthly health checks were available for patients with dementia and other mental health problems.
- The practice considered the physical health needs of patients with poor mental health and dementia. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 76% compared to the CCG average of 92% and the national average of 89.3%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. For example, patients on lithium therapy had a three month recall for blood tests.
- 64.29% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive,

Good



Summary of findings

agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 92% and the national average of 89%. This issue was discussed with the GPs and nursing staff and we were provided with evidence on the day of the inspection to demonstrate that these patients now had a care plan in place.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment with a longer appointment available if necessary.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 310 survey forms were distributed and 127 were returned. This represented 2.9% of the practice's patient list.

- 77% 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%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 63% 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 all positive about the standard of care received. Patients commented positively on the care and treatment they received from

the GPs and the support provided by other members of the practice team. They said that their privacy and dignity was maintained and that they were always treated with respect. They described the staff as very caring, friendly and helpful. All staff groups were complimented on their professionalism and respectful attitudes. Three patients said they found some of the GPs unhelpful. Fourteen patients' cards said they found it difficult to get through to the practice to book an appointment.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said they were always treated with dignity and respect. Patients said that were given sufficient time to discuss their concerns and that they felt listened to during their consultation. Patients said they were given information about how to manage their health care issues and the GPs and nurses explained their treatments in a way they could understand. A lot of patients told us the practice's procedure for giving blood tests results was unclear.

Areas for improvement

Action the service **MUST** take to improve

Staff must assess the risks to the health and safety of patients receiving care and treatment. In this instance staff must work within the scope of their practice and flu vaccinations must only be given with the authority of a GP

Action the service **SHOULD** take to improve

- A record should be kept of the investigation and review of all significant events.
- A system of continuous clinical audit should be established to test the effectiveness of the service and to monitor quality and to make improvements.

- A record should be kept of meetings held for the purpose of monitoring issues discussed.
- The temperature of the vaccine fridges should be checked daily and medicine stock levels should be audited.
- A record should be kept of the work carried out to improve infection control so that it can be monitored and a review date logged for the next infection control audit.

Following the inspection information was provided to demonstrate these issues had been addressed.

The Birches Medical Centre

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

Background to The Birches Medical Centre

The Birches Medical Centre is located in Polefield Road, Prestwich Manchester. There is local parking and public transport links close to the practice. The Birches Medical Centre is situated within the geographical area of Bury Clinical Commissioning Group.

There are three GPs working at the practice. Two are partners, one male and one female and one is a salaried GP who is female. The GPs work between three and six sessions per week. There are three female practice nurses and a male advanced nurse practitioner. All of these staff work part time. There is also a part time female health care worker. The practice is supported by a practice manager and a team of reception and administration staff.

The practice is open between 8 am and 6.30 pm Monday to Friday (except bank holidays). Appointments are between 8.00 am and 12.30 pm and 1.30 pm and 5.45 pm. Telephone appointments are available daily from 8 am to 6.30 pm.

Patients requiring a GP outside of normal working hours are directed to use the Bury and Rochdale Doctors On Call (BARDOC) using the surgery number.

The practice has a General Medical Services (GMS) contract with Bury CCG. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The Birches Medical Centre is responsible for providing care to 4339 patients.

Why we carried out this inspection

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

How we carried out this inspection

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

- spoke with a range of staff including GPs, the practice manager, two practice nurses and members of the administration team. We also spoke with patients who used the service and a member of the Patient Participation Group.
- reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- looked at information the practice used to deliver care and treatment plans.
- reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- viewed the premises.

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 living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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).
- From the sample of documented examples we reviewed we found that 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 where significant events were discussed. The practice carried out an analysis of the significant events although a record was not always kept of investigations and reviews. Following the inspection additional information was provided to demonstrate this issue had been addressed through an improved recording system.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, improvements were made to administration procedure for referring patients to secondary care.
- The practice discussed significant events with staff although they were not monitored for trends and patterns.

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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff interviewed demonstrated 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.
- The practice had recently completed a self-assessment of its safeguarding systems at the request of the Bury CCG. This assessment had highlighted three areas that needed to be improved which had been addressed.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A 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. An annual infection control audit had taken place in June 2016. While we were informed that outstanding actions had been addressed, a record was not kept of when this had taken place and who was responsible for monitoring these actions. A review date was not logged for when the next infection control audit should take place. Following the inspection additional information was provided to demonstrate this issue had been addressed through an improved recording system. This system could be further improved by recording the risk level identified when completing the audit.
- 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). Medicines were stored securely and records kept of checks were mostly well maintained. There was a system to ensure the temperature of the vaccine fridges was checked regularly. Records indicated this

Are services safe?

check was not carried out when nursing staff were not on duty. There was only one thermometer attached to each fridge. Doctors' bags were well managed and vaccine stocks were audited every month. Medicine stock levels were not audited. Following the inspection additional information was provided to demonstrate this issue had been addressed through staff training and improved monitoring systems.

- There were processes for handling repeat prescriptions. Repeat prescriptions were signed before being dispensed 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 practice nurses was undertaking a non-medicine prescribing training and received mentorship and support from one of the GPs for this extended role. A member of the clinical staff team was trained to administer some vaccines with the authorisation of a GP. Records indicated this authorisation was not always sought prior to a vaccination being given. Following the inspection additional information was provided to demonstrate this issue had been addressed through staff training and improved monitoring systems
- We reviewed four 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.

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 available.

- 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.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% 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, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 79% compared to the CCG average of 81% and the national average of 78%.
- Performance for mental health related indicators was below the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 64% compared to the CCG average of 92% and the national average of 89%. This issue was discussed with the GPs and nursing staff and we were provided with evidence on the day of the inspection to demonstrate that these patients now had a care plan in place.

There was evidence of quality improvement including clinical audit:

- Clinical audits demonstrated quality improvement although there was no formal system in place of continuous clinical audits used to test the effectiveness of the service and to monitor quality and to make improvements.
- Findings were used by the practice to improve services. For example, an audit was completed into patients with pre diabetes. This resulted in a patient register being developed and all patients having an annual review.

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 all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. We found that a member of staff was administering flu vaccines without the authority of a GP or non- medical prescriber.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All but one member of staff had received an appraisal within the last 12 months. We were informed shortly after the inspection this issue had been addressed.

Are services effective?

(for example, treatment is effective)

- 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.
- Nursing staff worked back to back shifts which did not allow time for discussion of patients care and working practices. Following the inspection additional information was provided to demonstrate this issue had been addressed by ensuring improved staff communication and recording keeping.

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 took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured 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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term conditions. A pharmacist, medicines optimisation technician, drug and alcohol worker and a midwife were also available at the practice to support patients with their care needs following a referral from their GP.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 83% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 96% to 98% and five year olds from 89% to 93%.

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 by contacting patients by phone and letter. 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.

Most of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. We also spoke with a member of the PPG. They told us they met regularly with the practice manager and GPs to talk about how they could improve the service. They said their ideas and suggestions were listened to and taken on board by the practice staff. For example, the PPG group was involved in improving patient access to the service through the provision of an additional phone line. They told us they were also involved in surveying patients for their views of the service and monitoring improvements from the previous year.

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

- 82% 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 87%.

- 79% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw which was the same as the CCG average and compared to the national average of 92%.
- 76% 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%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% 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%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were mixed in comparison to local and national averages. For example:

- 79% 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%.

Are services caring?

- 76% 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 to the national average of 82%.
- 89% 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%.
- 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 national average of 85%.

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.
- Information leaflets were available in easy read format.
- The practice had a hearing loop installed in reception.
- Home visits were provided by the practice pharmacist, in addition to GPs and practice nurses.

- There was a dedicated telephone line for patients who required urgent access to staff.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers. 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, home visits and longer appointments.

Staff told us that if families had experienced bereavement, their usual GP gave them advice and information about how to find a local 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:

- 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.
- There were accessible facilities, which included a hearing loop, and interpretation services were available.
- There was ramped access and hand rail at the front of the practice and a disabled toilet.
- Baby changing facilities were available and a poster informed patients that a private room was available for mothers who were breast feeding their baby.

Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday (except bank holidays). Appointments were between 8.00 am and 12.30 pm and 1.30 pm and 5.45 pm. Telephone appointments were available daily from 8 am to 6.30 pm. Patients requiring a GP outside of normal working hours were directed to use the Bury and Rochdale Doctors On Call (BARDOC) using the surgery number. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

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

- 65% 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%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 65% 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%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 37% 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%.

GPs were aware that patients found it difficult to get through to the practice to book an appointment. In response to this issue an additional telephone line had been installed and patients' access to the service was being monitored for improvements.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. For example, 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. The practice pharmacist also carried out home visits.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, posters were displayed and a practice leaflet was available in the patient waiting area.

We looked at the complaints received in 2016 and found these were dealt with in a timely way with openness and transparency. Lessons were learned from individual

concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was made about a patient being unable to get through to the practice to book an appointment. In response the practice wrote to the patient to explain the appointment book system and the actions being taken to improve the appointment system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The practice had a patient charter which was displayed in the waiting area. Staff demonstrated good values in the way they worked and cared for patients. This was reflected in the comments made by the patients we spoke to. Patients spoke highly of all staff teams and described the service as professional and efficient and staff as kind and caring.

Governance arrangements

The practice had an overarching governance framework which in the main supported the delivery of the strategy and good quality care which included arrangements to monitor and improve quality and identify risk. However, there should be a more systematic approach to monitor risks to patients. For example, a more systematic approach needs to be taken with regard to clinical audits and flu vaccinations must not be given without the authorisation of a GP. A record should be kept of the investigation and review of all significant events and a record should be kept of meetings held for the purpose of monitoring issues discussed.

Governance structures and procedures 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, a practice nurse for infection control, the practice manager for health and safety and one of the GPs for safeguarding vulnerable adults and children.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Patients had been surveyed for their views of the service in January 2016. Results indicated that patient satisfaction rates for their ability to book an appointment remained low. However, the practice remained focused on improving this aspect of the service.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- Clinical audits demonstrated quality improvement although there was no formal system in place of continuous clinical audits used to test the effectiveness of the service and to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, fire safety checks had been carried out to ensure the safety of the building and staff were trained in safeguarding procedures to ensure they were aware of their responsibilities with regard to keeping vulnerable patients safe. However, staff had not always worked within the scope of their practice and flu vaccinations were sometimes given without the authority of a GP. A record was not always kept of meetings held for the purpose of monitoring issues discussed. The temperature of the vaccine fridges were not checked when nursing staff were not on duty and medicine stock levels should be audited.

Leadership and culture

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

The provider was aware of and had systems 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 affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure 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)

- The practice held and minuted 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 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. For example, the PPG group was involved in improving patient access to the service through the provision of an additional

phone line. They were also involved in surveying patients for their views of the service and collating and monitoring responses to ensure ongoing improvements to service provision.

- The practice had gathered feedback from staff generally 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

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 was involved in a pilot scheme run by Bury CCG to support vulnerable patients out of hours.
- GPs recognised that diabetic care was an area for improvement. In light of this, additional staff training had been provided and there was a newly developed plan for the future management and support of patients with diabetes. This area of the service was being monitored for improvement through clinical audits.
- Patient access to the service was being monitored to ensure improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services.</p> <p>Staff must work within the scope of their practice and flu vaccinations administered by health care support workers, must only be given with the authority of a GP or non- medical prescriber.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	