

Dr Hampson & Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greenmount Medical Centre on 16 August 2016. 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an active patient participation group. We were informed they received good support from the practice staff and their views were listened to and taken on board where possible.
- The practice was above average for its satisfaction scores on consultations with GPs and nurses.
- There was a strong ethos for education and a programme of support and training for trainee GPs. The practice has received multiple awards from Manchester University for the standard of education and support given to medical students.

Summary of findings

- A member of staff was appointed as a dementia champion. They worked closely with the carers champion in offering support and advice as needed.
- The practice was part of the Primary Care Quality Scheme for 2015 /16 – NHS Bury CCG. The outcome indicated that the practice had the best overall performance in Bury.

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was above average for its satisfaction scores on consultations with GPs and nurses.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. There was an unlimited number of urgent appointments available which supported the low Accident and Emergency attendance rates.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named and accountable GP
- The building was accessible for patients who may have mobility problems and the practice had a wheelchair for use if required.
- Influenza and pneumonia vaccination clinics were available to patients over 65 years. Data indicated that 98% of patients with diabetes, on practice register, had an influenza immunisation in the preceding 12 months compared to the CCG average of 97% and the national average of 94%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 91% of patients on the diabetes register had a foot examination and risk classification within the preceding 12 months. This was the same as the CCG average and above the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The management and monitoring of patients with long term conditions was continuously monitored.
- Patients with long term conditions which may leave them at increased risk of hospital admission were covered by the 'Unplanned Admission' scheme.

Good



Summary of findings

Families, children and young people

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

Good



- 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.
- Midwives held weekly clinics at the practice along with child development clinics. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data indicated that the practice was above average in cervical screening compared to CCG and national average. 81% of female patients aged 25 to 64 years, attended a cervical screening test within a target period of 3.5 years or 5.5 years. This compared to the CCG average of 76% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered coil checks, removals, changes and fittings. Implants were referred to the local family planning clinics.
- There was a robust safeguarding system in place with a lead clinician appointed for the overall responsibility. All staff were up to date with safeguarding training

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



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering on line services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, 32% of patients had active on-line accounts compared with a national target of 10%
- Early morning appointments were available.
- The practice actively promoted NHS health checks. The practice was a high outlier within the CCG with the second highest uptake rate for NHS health checks.
- There was an active programme for bowel and aortic aneurysm screening. There was an active follow up process for patients

Summary of findings

who did not attend their appointment. Data indicated the practice was above average for bowel screening compared to CCG and national average. For example, 67.1% of patients aged 60-69 were screened for bowel cancer in last 30 months. This compared to the CCG and national average of 58%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients had a named GP who worked in partnership with them to develop an individual care plan to reflect their current care needs. An annual review of their care was carried out.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations in order to promote good health care.
- 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. All staff were up to date with current safeguarding guidelines for both adult and children.
- GP's worked with and referred patients to local drug and alcohol services.
- Patients had access to a programme of exercise on prescription and were supported by a health trainer. There was also a weekly walking group for patients.

Good



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).

- Performance for mental health related indicators indicated the practice was above average when compared to the CCG and national average. 99% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months. This compared to the CCG average of 89% and the national average of 84%.

Good



Summary of findings

- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to the CCG average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Annual reviews were available for patients with complex mental health needs with care plans.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A & E where they may have been experiencing poor mental health.
- Staff were trained and had a good understanding of how to support patients with mental health needs and dementia. One of the GPs took responsibility for supporting patients with dementia and a member of the reception staff was appointed as a carer's champion. They offered additional support to carers and provided information and advice as needed.
- A member of staff was appointed as a dementia champion. They worked closely with the carers champion in offering support and advice as needed.
- Longer appointments were provided as needed and double appointments (30 minutes) were provided for patients with a learning disability.
- The practice is a member of the local Dementia Action alliance and has signed up to the National Dementia Declaration.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 246 survey forms were distributed and 113 were returned.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of service they received. Patients said they felt the practice offered an excellent service and staff treated them with dignity and respect. They said that clinical staff were kind, compassionate and caring. They described the administration staff as friendly, helpful and

professional. They said they felt listened to and had enough time during their consultation to discuss their health care issues. Patients commented they could always get an appointment when needed. One patient commented they had received compassionate care following a recent bereavement, and another commented they had the time to openly discuss issues affecting lesbian, gay, bisexual and transgender patients. One patient commented they could always get an appointment when their children were unwell.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received.

Data from January to June 2016 indicated that patients overwhelmingly commented they were 'extremely likely' to recommend the practice to their friends and family. Patients made positive comments about the standard of the service they received. In June 2016 patients commented they found it easy to get an appointment. They also commented that they received an excellent service from staff that were friendly, caring and professional.

Areas for improvement

Dr Hampson & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist adviser.

Background to Dr Hampson & Partners

Greenmount Medical Centre is located in Greenmount Bury. The practice is a purpose built single story building. There is a car park for 12 cars with one disabled parking bays. There are good public transport links with bus stops nearby.

The practice has six GP partners (three male and three female), an advanced nurse practitioner (full time), three practice nurses and a telephone triage nurse and a health care assistant (all part time). There is a practice manager and a team of administration staff include 3 data administrators.

The practice is a training and teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors). All partners are or have been GP trainers.

The practice is open between 8am and 6.30pm Monday, Wednesday and Friday, and between 7am and 6.30pm Tuesday and Thursday. Appointments are available between 8am and 6.30pm daily and from 7am on Tuesday and Thursday.

The practice is part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours are advised to call 111.

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

There are 10,134 patients registered at the practice of which 8.7% are over 75 years of age.

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 to share what they knew. We carried out an announced visit on 16 August 2016. During our visit we:

Detailed findings

- Spoke with a range of staff three GPs, the practice manager, the advanced nurse practitioner, the practice nurse and two administration staff.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- Reviewed comment cards where patients had shared their views and experiences of the service.

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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Significant event logs were revisited to check that changes in practice were consistently made by all staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The safeguarding lead met with the practice health visitor each month to review children at risk. Staff demonstrated they understood their responsibilities

and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Reception staff were trained on hand hygiene and how to handle patient samples safely.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines checks, with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All staff employed at the practice were DBS checked to ensure they were suitable for their role.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Small electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 99.3% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data published in March 2015 showed:

- Performance for diabetes related indicators was above the national average.
- 99% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This compared to the CCG average of 97% and the national average of 94%.
- Performance for mental health related indicators was better than the national average. 98% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months. This compared to the CCG average of 92% and the national average of 90%.

There was a practice exception reporting rate of 3.6% which was lower than the average CCG rate of 7.4% and the national average rate of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for

example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Generally lower rates indicate more patients have received the treatment or medicine.

The practice was part of the Primary Care Quality Scheme for 2015/2016 – NHS Bury CCG. The outcome indicated the practice had the best overall performance in Bury.

Staff supported patients who were at risk of unplanned A & E admission. Data indicated the practice had very low admission rates.

Data indicate the practice was performing significantly better than CCG and national averages for breast and bowel cancer screening and cervical cancer screening.

There was evidence of quality improvement including clinical audit.

- There had been an ongoing programme of clinical audit in the last two years. These were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, follow up appointments were provided to patients identified as at risk of cardiovascular disease following an NHS health check.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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.

Are services effective?

(for example, treatment is effective)

- There was a training calendar for the forthcoming year which identified staff learning needs from 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- Electronic care plans (developed by the practice) that were used across the whole CCG were shared with appropriate consent with patients; carers; community health care professionals and acute and ambulance trusts.
- There was extensive use of National Summary Care Records
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These meetings were always minuted for the purpose of monitoring issues and ensuring good communication within the staff team.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and. Patients were signposted to the relevant services within the community or referrals were made to secondary care as necessary.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 76% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 96% to 97%.

Clinical staff were proactive in ensuring patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health

Are services effective?

(for example, treatment is effective)

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. Staff were proactive in carrying out annual health checks for patients with with learning disabilities and with the use of appropriate materials.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 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 the chair of the patient participation group (PPG). They told us they received good support from the practice staff and their views were listened to and taken on board where possible. The group met four times a year and a member of the practice staff always attended the meeting. Meetings were minuted for the purpose of ensuring issues raised were addressed and monitored. An informative newsletter telling patients about the PPG and the work they were involved in was displayed in the patient waiting area and included on the practice website. Members of the PPG attended a staff training event about the services provided to carers and were involved in CCG developments.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% 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%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

We saw notices in the reception areas informing patients this service was available. An extended appointment would be booked if an interpreter was required.

- Information leaflets were available in easy read format to support patients with a learning disability.
- The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission.

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 100 patients as carers. Written information was available to direct carers to the various avenues of support available to them such as Bury Carers Group. A member of staff was appointed as a dementia champion. They worked closely with the carers champion in offering support and advice as needed.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments from 7am on Tuesdays and Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was an externally mounted defibrillator installed at the practice. Staff worked in conjunction with the local community to provide this facility.
- The practice has received the Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation. This initiative acknowledges the standard of service provided in lesbian, gay and bisexual healthcare. Receiving this award included providing staff with training on LGBT health care awareness.
- The practice worked within the Gold Standard Framework for palliative care. They had received a silver award for their services in this area.
- The practice provided a service to patients with dementia living in three care homes. This scheme provided a weekly ward round with a regular doctor to ensure continuity of care and a review of patients' medicines (in association with the CCG medicines management team) to ensure patients maintained good health. There was a proactive meeting with relatives and a joint preparation of the patient's care plan. Data

demonstrated that this scheme had resulted in a significant fall in emergency admissions to hospital.

The scheme was subsequently rolled out within the CCG as an enhanced service.

Access to the service

The practice was open between 8am and 6.30pm Monday, Wednesday and Friday, and between 7am and 6.30pm Tuesday and Thursday. Appointments were available between 8am and 6.30pm daily and from 7am on Tuesday and Thursday.

In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. The number of urgent appointments was unlimited and this reflected the high access satisfaction score and low Accident and Emergency attendance rate. For example, the practice was rated at 12% per 1,000 population compared to the CCG average of 17% and the national average of 15%.

The practice was part of the Bury extended working hours scheme which means patients could access a designated GP service in the Bury area between 6.30pm and 8.00pm Monday to Friday and between 8am and 6pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours are advised to 111.

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

- 94% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. For example, the patient was telephoned 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

Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters were displayed in the patient waiting area and a summary leaflet was available.

We looked at a summary of the complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care.

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's vision was that staff were 'committed to providing excellence in healthcare, advice and support for all patients whatever their individual needs'. There was a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Each GP and practice nurse took responsibility for the different areas of care. This ensured effective management and good communication amongst the staff team.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- We were told us there was an open no blame culture within the practice and staff had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- There were identified leads for key clinical and administrative duties which provided leadership and accountability on behalf of the practice.
- There was evidence of learning throughout the whole team to ensure staff learnt from incidents where the quality of care fell below the expected standard.
- 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.
- There was a strong ethos for education and a programme of support and training for trainee GPs. We were informed that the positive feedback received from medical students resulted in the practice receiving multiple awards from Manchester University. The We have had positive feedback from Trainee GPs too.

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. The PPG met regularly and submitted proposals for improvements to the practice management team. The staff had a close working relationship with the PPG which had an active involvement

Are services well-led?

Good 

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

in the development of the practice. Recent changes made as a result of feedback and consultation with the PPG included: a new telephone system, a hearing loop and a community noticeboard. The defibrillator was now located outside the practice so it could also be used by the public and a bicycle parking ramp was in place opposite the practice.

- 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.
- The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Data from January to June 2016 indicated that patients overwhelmingly commented they were 'extremely likely' to recommend the practice to their friends and family. Patients made positive comments about the standard of the service they received. In June 2016 patients commented they found it easy to get an appointment. They commented they received an excellent service from staff who were friendly, caring and professional.

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.

GPs placed a great deal of emphasis on consulting with staff about developments and it was evident staff worked well as a team.

A carers champion had been identified who would work with carers to offer support and advice, and improve the established links with Bury Carers Centre.

The practice was involved in national and local pilot schemes to improve technology. For example, in 2015 the practice was the principal development site for Greater Manchester North East Sector Integrated Digital Clinical Record. In 2016 the practice will be the pilot site (one of four sites nationally) for electronic prescriptions service phase 4.

The Quality Practice Award was awarded to the practice by the Royal College of General Practitioners.

Plans were being made to recruit two salaried GPs and a pharmacist.

Plans were being made to refurbish some parts of the building.