Huntley Mount 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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Huntley Medical Practice was inspected on 19 May 2015. This was a comprehensive inspection. This means we reviewed the provider in relation to the five key questions leading to a rating on each on a four point rating scale. We rated the practice as good in respect of being caring and well led, and requiring improvement in relation to being safe, effective and responsive. This gives the practice an overall rating of requires improvement.

Our key findings were as follows:

The practice has systems in place for reporting, recording and monitoring significant events. Significant incidents and events are used as an opportunity for learning and improving the safety of patients, staff and other visitors to the practice.

Patients we spoke with told us that they were communicated with appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment.

Information we received from patients reflected that practice staff interacted with them in a positive and empathetic way. They told us that they were treated with respect, always in a polite manner and as an individual.

Patients at the practice could also access urgent and routine GP appointments via extended hours arrangements at Moorgate Primary Care Centre in Bury seven days a week Monday to Friday between 6pm and 8pm (and between 8am and 6pm weekends and bank holidays).

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

There was no evidence that a risk assessment had been carried in respect of the potential risk from legionella contamination. Legionella is a germ found in the

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environment which can contaminate water systems in buildings. The provider must take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection.

The provider must improve the system of staff recruitment to ensure that patients are protected by operating effective recruitment and selection procedures that includes relevant checks being carried out (and evidenced) when staff are employed or are engaged in a role where such checks are required.

A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. However there was no clear system for recall of patients to attend health reviews and assessments of long term conditions (including those with a learning disability or a mental illness) or for following up on patients who did not attend reviews and assessments. The provider must take action to ensure suitable systems are in place to effectively recall patients to attend health reviews and assessments and to follow up people who do not attend.

In addition the provider should:

The electronic patient records system did not alert the GPs and other clinical staff when a safeguarding issue or safeguarding plan had been identified and developed for child or adult patients. Whilst this information was in the patients record to maximise the awareness of clinical staff (particularly locum staff) the records alert system should reflect where safeguarding issues or a safeguarding plan have been identified or developed.

We saw evidence that checks (audits) had been undertaken to make sure measures taken to prevent the spread of potential infections were periodically risk assessed. However the last record we saw relating to these checks was dated September 2012. To ensure their continued effectiveness and minimise the risks associated with potential infections the provider should conduct such checks more frequently.

We were informed the practice manager who was also the practice nurse had very recently left the practice. This clearly posed significant potential risks for the clinical and management arrangements within the practice. We asked how the potential risks associated with this situation were being managed. The principal GP informed us that a recruitment process had commenced to fill these key roles as soon as possible. We were also informed that in the interim the clinical support that would have been the responsibility of the practice nurse was being provided by the two GPs. However as the principal GP is full time and the locum GP is part time (with their own considerable workload) the risk associated with the lack of a practice nurse is significantly increased for the 3,030 patients registered at the practice. Also in the interim the managerial role of the practice manager was being fulfilled by the assistant practice manager supported by the principal GP. We also noted that staffing provision supporting the reception and phlebotomy functions of the practice had been subject to significant disruption over recent months. Whilst we acknowledge action had been taken to address staffing disruption the provider should continue to ensure staffing levels and skill mix are planned, implemented and reviewed to keep people safe at all times.

We were informed by the principal GP that the decision had been taken not to have an automated external defibrillator or nebuliser as part of the resuscitation equipment used at the practice. The provider should review this decision following consideration of current guidance and national standards that reflects that practices should have particular resuscitation equipment.

We noted formal minuted practice meetings were infrequent. Whilst we acknowledge the practice is relatively small and there were good informal systems of communication between staff, action should be taken to demonstrate that the implications of new guidelines and ways to improve the quality of the services provided are regularly discussed with staff.

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?

Requires improvement 

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice team learnt from such incidents and changed their systems and practices accordingly. Not all risks to patients who used services were assessed because systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. In particular the practice must make improvements in respect of staff recruitment records and in the prevention of potential health care infections.

Are services effective?

Requires improvement 

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. However there was no clear system for recall of patients to attend health reviews and assessments of long term conditions or for following up on patients who did not attend reviews and assessments. The provider must take action to ensure suitable systems are in place to effectively recall patients to attend health reviews and assessments and to follow up people who do not attend. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good 

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions

Summary of findings

about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However there was no clear system for recall of patients to attend health reviews and assessments of long term conditions or for following up on patients who did not attend reviews and assessments. The provider must take action to ensure suitable systems are in place to effectively recall patients to attend health reviews and assessments and to follow up people who do not attend. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. This is primarily because the issues identified under the areas of safety, effectiveness and responsiveness all impact on this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of older people. This is primarily because the issues identified under the areas of safety, effectiveness and responsiveness all impact on this population group. A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. However there was no clear system for recall of patients to attend health reviews and assessments of long term conditions or for following up on patients who did not attend reviews and assessments.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of older people. This is primarily because the issues identified under the areas of safety, effectiveness and responsiveness all impact on this population group. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of older people. This is primarily because the issues identified under the areas of safety, effectiveness and responsiveness all impact on this population group. 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.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of older people. This is primarily because the issues identified under the areas of safety, effectiveness and responsiveness all impact on this population group. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of older people. This is primarily because the issues identified under the areas of safety, effectiveness and responsiveness all impact on this population group. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We received 28 completed CQC comment cards and spoke with eight patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with and who completed CQC comment cards commented positively about 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 treated with respect.

We also looked at the results of the January 2015 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England. The survey results included;

What this practice does best;

89% of respondents find it easy to get through to this surgery by phone. (Local CCG average: 68%).

87% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care. (Local CCG average: 81%).

99% of respondents had confidence and trust in the last nurse they saw or spoke to. (Local CCG average: 97%).

What this practice could improve

61% of respondents would recommend this surgery to someone new to the area. (Local CCG average: 78%).

77% of respondents say the last appointment they got was convenient. (Local CCG average: 92%).

62% of respondents are satisfied with the surgery's opening hours. (Local CCG average: 76%).

392 surveys sent out. 114 surveys back. 29% return rate.

Areas for improvement

Action the service MUST take to improve

There was no evidence that a risk assessment had been carried in respect of the potential risk from legionella contamination. Legionella is a germ found in the environment which can contaminate water systems in buildings. The provider must take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection.

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Action the service SHOULD take to improve

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We were informed by the principal GP that the decision had been taken not to have an automated external defibrillator or nebuliser as part of the resuscitation equipment used at the practice. The provider should review this decision following consideration of current guidance and national standards that reflects that practices should have particular resuscitation equipment.

We noted formal minuted practice meetings were infrequent. Whilst we acknowledge the practice is relatively small and there were good informal systems of communication between staff action should be taken to demonstrate that the implications of new guidelines are regularly discussed with staff. This is to help to ensure the effective assessment and treatment of patients at the practice is sustained.

Huntley Mount Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC inspector and a GP specialist advisor. Our inspection team also included an Expert by Experience who is a person who uses services and wants to help CQC to find out more about people's experience of the care they receive.

Background to Huntley Mount Medical Centre

Huntley Mount Medical Centre is situated in the Huntley Mount area of Bury. At the time of this inspection we were informed 3,030 patients were registered with the practice.

The practice population experiences higher levels of deprivation than the practice average across England. There is a lower proportion of patients above 65 years of age (13.2%) than the practice average across England (16.7%). The practice has a higher proportion of patients under 18 years of age (17.2%) than the practice average across England (14.8%). 63.1 per cent of the practice's patients have a longstanding medical condition compared to the practice average across England of 54%.

We were informed the practice manager who was also the practice nurse had very recently left the practice. This clearly posed significant potential risks for the clinical and management arrangements within the practice. We asked how the potential risks associated with this situation were being managed. The principal GP informed us that a recruitment process had commenced to fill these key roles as soon as possible. We were also informed that in the interim the clinical support that would have been the responsibility of the practice nurse was being provided by the two GPs. However as the principal GP is full time and the locum GP is part time (with their own considerable workload) the risk associated with the lack of a practice nurse is significantly increased for the 3,030 patients registered at the practice. Also in the interim the managerial role of the practice manager was being fulfilled by the assistant practice manager supported by the principal GP. We also noted that staffing provision supporting the reception and phlebotomy functions of the practice had been subject to significant disruption over recent months.

The practice contracts with NHS England to provide General Medical Services (GMS) to the patients registered with the practice.

The practice website provides patients with details of how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times. The practice opened from 830am until 6pm Monday, Tuesday, Thursday and Friday and closes at 1pm on Wednesday. GP appointments were accessible from Monday, Tuesday, Thursday and Friday 9.30am to 12.20 pm and 3pm to 5.10pm. On Wednesdays GP appointments were available between 9.am and 11.50.am. Patients at the practice could also access urgent and routine GP appointments via extended hours arrangements at Moorgate Primary Care Centre in Bury seven days a week Monday to Friday between 6pm and 8pm (and between 8am and 6pm weekends and bank holidays). There were also arrangements in place to ensure

patients received urgent medical assistance when the practice and enhanced hour's service were closed. Information about the out of hours service was provided to patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This 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

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 the 19 May 2015. We reviewed all areas that the practice operated, including the administrative areas. We received 28 completed CQC comment cards and spoke with eight patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

We spoke with the principal GP and the long term locum GP, the assistant practice manager, two receptionists and the cleaner.

Requires improvement

Are services safe?

Our findings

Safe Track Record

There were clear lines of leadership and accountability in respect of how significant incidents (including mistakes) were investigated and managed. Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations (for example NHS England and Bury Clinical Commissioning Group (CCG)) to share what they knew. No concerns were raised about the safe track record of the practice. Discussions with the two GPs and written records of significant events revealed that they were escalated to the appropriate external authorities such as NHS England or the CCG when required. A range of information sources were used to identify potential safety issues and incidents. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Significant incidents and events were used as an opportunity for learning and improving the safety of patients, staff and other visitors to the practice. Learning was based on an analysis and investigation of things that go wrong. All staff were encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events were identified. We spoke with clinical and non-clinical staff. They told us that the culture at the practice was fair and open and that they were encouraged to report incidents and mistakes and were supported when they did so. We looked at records relating to how the practice team learnt from incidents and subsequently improved safety standards. The examples we looked at showed how incidents were investigated by defining the issue clearly and identifying what actions needed to be taken to address the risk and minimise or prevent it from happening again.

The practice had a system for managing safety alerts (from external agencies). These were communicated to the GPs and action was taken where appropriate to do so.

Reliable safety systems and processes including safeguarding

Safeguarding policies and procedures for children and vulnerable adults had been implemented at the practice. We were informed that one of the GPs took the lead on safeguarding children and vulnerable adults. Their role included providing support to their practice colleagues for safeguarding matters and liaising with external safeguarding agencies, such as the local social services and CCG safeguarding teams and other health and social care professionals as required. We discussed how safeguarding was managed at the practice and looked at the systems used to ensure patients safeguarding needs were addressed. The electronic patient records system did not alert the GPs and other clinical staff when a safeguarding issue or safeguarding plan had been identified and developed for child or adult patients. Whilst this information was in the patients record to maximise the awareness of clinical staff (particularly locum staff) the records alert system should reflect where safeguarding issues or a safeguarding plan have been identified or developed.

We saw that the practice team were communicating regularly with the safeguarding leads for children and adults at Bury social services and the CCG when required and provided reports to them when requested to do so. Staff training records demonstrated when clinical and non-clinical staff had last been provided with safeguarding training in respect of vulnerable children and adults. We saw evidence that the GPs had received enhanced (level 3) children's safeguarding training.

Patient appointments were conducted in the privacy of individual consultation rooms. Where required a chaperone was provided. No issues in respect of chaperoning were raised by patients we spoke with or received information from. However it was noted that none of the non-clinical staff who carried out chaperoning duties had a Disclosure and Barring Service (DBS) check. Staff who undertake a chaperone role should have a DBS check. No risk assessment had been conducted to assess the chaperoning responsibilities and activities of non-clinical staff to determine if they were eligible for a DBS check and to what level. Where the decision had been made not to undertake a DBS check on staff, the practice must be able to give a clear rationale as to why.

Medicines Management

Systems were in place for the management, secure storage and prescription of medicines within the practice. Management of medicines was the responsibility of the clinical staff at the practice. Prescribing of medicines was monitored closely and prescribing for long term conditions

was reviewed regularly. A procedure was operated to enable patients to request and obtain their repeat prescriptions. It was established practice to monitor the amount of medicines prescribed particularly for the frail elderly and others with complex health needs. Medicine errors were treated as significant events. We looked at the processes and procedures for storing medicines. This included vaccines that were required to be stored within a particular temperature range. We found appropriate action had been taken to achieve this and a daily check and record was made to ensure the appropriate temperature range was maintained.

Cleanliness & Infection Control

We looked around the practice during our visit. Systems were in place for to ensure the practice was regularly cleaned. We looked at records that reflected a cleaning schedule and a risk assessment process was in place. We found the practice to be clean at the time of our visit. A system was in place for managing infection prevention and control. The principal GP had taken over leadership in this area since the very recent departure of the practice nurse. Staff had been provided with regular infection prevention and control training and this included the use of appropriate hand washing techniques. We saw that appropriate hand washing facilities (including liquid soap and disposable towels) and instructions were available throughout the practice. We saw evidence that checks (audits) had been undertaken to make sure measures taken to prevent the spread of potential infections were periodically risk assessed. However the last record we saw relating to these checks was dated September 2012. To ensure their continued effectiveness and minimise the risks associated with potential infections the provider should conduct such checks more frequently.

There was no evidence that a risk assessment had been carried in respect of the potential risk from legionella contamination. Legionella is a germ found in the environment which can contaminate water systems in buildings. The provider must take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection.

We saw that practice staff were provided with equipment (for example disposable gloves and aprons) to protect them from exposure to potential infections whilst examining or providing treatment to patients.

We looked at the three consulting/treatment rooms. These rooms were clean, suitably furnished, appropriately equipped, well lit and provided privacy. Appropriate hand washing facilities were in place.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Clinical waste was stored safely and securely in specially designated bags before being removed by a specialist contractor. We saw records that detailed when such waste was removed.

Equipment

A record of maintenance of clinical, emergency and other equipment was in place and it was recorded when any items were repaired or replaced. We saw that all of the equipment had been regularly tested and the practice had contracts in place for personal appliance tests (PAT) to be completed on an annual basis and for the routine servicing and calibration of equipment.

Staffing & Recruitment

We were informed the practice manager who was also the practice nurse had very recently left the practice. This clearly posed significant potential risks for the clinical and management arrangements within the practice. We asked how the potential risks associated with this situation were being managed. The principal GP informed us that a recruitment process had commenced to fill these key roles as soon as possible. We were also informed that in the interim the clinical support that would have been the responsibility of the practice nurse was being provided by the two GPs. However as the principal GP is full time and the locum GP is part time (with their own considerable workload) the risk associated with the lack of a practice nurse is significantly increased for the 3,030 patients registered at the practice. Also in the interim the managerial role of the practice manager was being fulfilled by the assistant practice manager supported by the principal GP. We also noted that staffing provision supporting the reception and phlebotomy functions of the practice had been subject to significant disruption over recent months. Whilst we acknowledge action had been taken to address staffing disruption the provider should continue to ensure staffing levels and skill mix are planned, implemented and reviewed to keep people safe at all times.

Requires improvement

Are services safe?

A system was in place to plan surgery times that ensured a GP was available for all the sessions. The principal GP was supported by a part time locum GP who was employed on a long term basis.

We looked at staff recruitment practices and the records of two recently recruited staff. A formal recruitment process was in place. This included obtaining information to demonstrate appropriate checks had been made to ensure new staff were appropriately qualified, had medical indemnity cover and were currently registered with a professional body, for example The General Medical Council (GMC). However one of the two staff files we looked at did not contain the required photographic identification or required declaration in respect of the staff member's medical fitness to perform the role they were employed for. Part of this person's duties were of a clinical nature as they took blood samples from patients. However there was no evidence available to demonstrate a DBS check had been made in respect of this person. None of the non-clinical staff who carried out chaperoning duties had a Disclosure and Barring Service (DBS) check. Staff who undertake a chaperone role should have had a DBS check. No risk assessment had been conducted to assess the chaperoning responsibilities and activities of non-clinical staff to determine if they were eligible for a DBS check and to what level. Where the decision had been made not to undertake out a DBS check on staff, the practice must be able to give a clear rationale as to why. The provider must improve the system of staff recruitment to ensure that patients are protected by operating effective recruitment and selection procedures that includes relevant checks being carried out (and evidenced) when staff are employed or are engaged in a role where such checks are required.

Monitoring Safety & Responding to Risk

Procedures were in place for dealing with medical emergencies. Resuscitation medicines and oxygen were readily accessible. We were informed by the principal GP that the decision had been taken not to have an automated external defibrillator or nebuliser as part of the resuscitation equipment used at the practice. The provider should review this decision following consideration of current guidance and national standards that reflects that practices should have particular resuscitation equipment. Records and discussion with staff demonstrated that all practice staff received regular basic life support training. We also looked at records that showed that resuscitation medicines and equipment were checked on a regular basis to see they were in date or functioned correctly.

Arrangements to deal with emergencies and major incidents

A written contingency plan was in place to manage any event that resulted in the practice being unable to safely provide the usual services. This demonstrated there was a proactive approach to anticipating potential safety risks, including disruption to staffing or facilities at the practice. The plan had been developed in conjunction with the CCG and identified a local 'buddy' practice that would provide support in the event of an emergency or major incident occurring.

We looked at records that demonstrated the practice had carried out risk assessments to identify all risks associated with their premises and that they were managing these risks. The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of some practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. However we noted formal minuted practice meetings were infrequent. Whilst we acknowledge the practice is relatively small and there were good informal systems of communication between staff action should be taken to demonstrate that the implications of new guidelines are regularly discussed with staff. This is to help to ensure the effective assessment and treatment of patients at the practice is sustained.

Discussion with the two GPs and looking at how information was recorded and reviewed, demonstrated that patients were being effectively assessed, diagnosed, treated and supported.

Management, monitoring and improving outcomes for people

Information about the outcomes of patients care and treatment was collected and recorded electronically in individual patient records. This included information about their assessment, diagnosis, treatment and referral to other services.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. We saw two recent examples of these relating to lithium monitoring and vaccinating patients with coeliac disease. The audits seen had been completed or were still in progress and identified dates when they were due to be reviewed.

We saw evidence of individual peer review and support and some practice meetings being held to discuss issues and potential improvements in respect of clinical care. However we noted formal minuted practice meetings were infrequent. Whilst we acknowledge the practice is relatively small and there were good informal systems of communication between staff action should be taken to demonstrate that there are regular discussions with staff to discuss issues and potential improvements in clinical care.

Feedback from patients we spoke with, or who provided written comments, was very positive and complimentary in respect of the quality of the care, treatment and support provided by the practice team. There was no evidence of discrimination of any sort in relation to the provision of care, treatment or support.

Effective staffing

We were informed the practice manager who was also the practice nurse had very recently left the practice. This clearly posed significant potential risks for the clinical and management arrangements within the practice. We asked how the potential risks associated with this situation were being managed. The principal GP informed us that a recruitment process had commenced to fill these key roles as soon as possible. We were also informed that in the interim the clinical support that would have been the responsibility of the practice nurse was being provided by the two GPs. However as the principal GP is full time and the locum GP is part time (with their own considerable workload) the risk associated with the lack of a practice nurse is significantly increased for the 3,030 patients registered at the practice. Also in the interim the managerial role of the practice manager was being fulfilled by the assistant practice manager supported by the principal GP. We also noted that staffing provision supporting the reception and phlebotomy functions of the practice had been subject to significant disruption over recent months. Whilst we acknowledge action had been taken to address staffing disruption the provider should continue to ensure staffing levels and skill mix are planned, implemented and reviewed to keep people safe at all times.

Staff training records and discussions with staff demonstrated that all grades of staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. We saw that yearly staff appraisals had taken place and included a process for documenting, action planning and reviewing appraisals. Staff we spoke with said they being supported to access relevant training that enabled them to confidently and effectively fulfil their role.

Requires improvement

Are services effective?

(for example, treatment is effective)

GPs were supported to obtain the evidence and information required for their professional revalidation. This was when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice.

Working with colleagues and other services

Systems were in place to ensure patients were able to access treatment and care from other health and social care providers where necessary. This included where patients had complex needs or suffered from a long term condition. There were clear mechanisms to make such referrals in a timely way and this ensured patients received effective, co-ordinated and integrated care. We saw that referrals were assessed as being urgent or routine. All referrals were frequently tracked by one of the practice staff to ensure patients could access appointments effectively. Patients we spoke with, or received written comments from, said that if they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

We saw that clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. This approach included regular contact with other health care professionals to plan and co-ordinate the care of patients. There was also a co-ordinated approach to communicating and liaising with the provider of the GP out of hour's service. In particular the practice provided detailed clinical information to the out of hour's service about patients with complex healthcare needs. Also all patient contacts with the out of hour's provider were reviewed by a GP the next working day.

A system was in place for hospital discharge letters and specimen results to be reviewed by a GP who would initiate the appropriate action in response.

Information sharing

All the information needed to plan and deliver care and treatment was stored securely (electronically) but was accessible to the relevant staff. This included care and risk assessments, care plans, case notes and test results. The system enabled staff to access up to date information quickly and enabled them to communicate this information when making an urgent referral to relevant services outside the practice. We saw examples of this when looking at how information was shared with Bury local authority and CCG safeguarding teams.

Consent to care and treatment

Patients we spoke with told us they were communicated with appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The January 2015 GP patient survey reflected that 87% of respondents said that the last GP they saw or spoke with at the practice was good at involving them in decisions about their care. 85% said the last GP they saw or spoke to was good at explaining tests and treatments and 88% say the last nurse they saw or spoke to was good at explaining tests and treatments.

Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. Clinical staff we spoke with clearly understood the importance of obtaining consent from patients and of supporting those who did not have the mental capacity to make a decision in relation to their care and treatment.

Clinical staff spoken with demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

New patients, including children, were offered appointments to establish their medical history and current health status. This enabled the practice to quickly identify who required extra support such as patients at risk of developing, or who already had, an existing long term condition such as diabetes, high blood pressure or asthma.

A range of health promotion information was provided to patients particularly in the patient waiting areas of the practice. This was supplemented by advice and support from the clinical team at the practice during appointments. Health promotion services provided by the practice included smoking cessation and weight management. The practice had arrangements in place to provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation and influenza vaccinations were provided.

Requires improvement

Are services effective?

(for example, treatment is effective)

The provision of health promotion advice was an integral part of each consultation between clinician and patient. Patients were also enabled to access appropriate health assessments and checks. A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. However there was no clear system for recall of patients to attend health reviews and assessments of long term conditions (including those with a learning disability or a mental illness) or for following up on patients who did not attend reviews and assessments. The provider must take action to ensure suitable systems are in place to effectively recall patients to attend health reviews and assessments and to follow up people who do not attend.

Patients experiencing long term sickness were provided with fitness to work advice to aid their recovery and help them return to work.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received 28 completed CQC comment cards, spoke with eight patients on the day of our visit. We spoke with patients from various age groups and with people who had different health care needs. Feedback we received from patients and those who were close to them was very positive about the way staff treat them. Because the patient numbers were relatively small staff knew them well and appreciated their concerns more easily. Patients told us that the practice staff communicated with them well. They also told us that staff at the practice treated them with respect, in a polite manner and as an individual. The January 2015 GP patient survey reflected that 96% of respondents had confidence and trust in the last GP they saw or spoke to. 99% of respondents had confidence and trust in the last nurse they saw or spoke to. 78% of respondents said the last GP they saw or spoke to was good at treating them with care and concern. 92% said the last nurse they saw or spoke to was good at treating them with care and concern.

We observed staff to be respectful, pleasant and helpful with patients and each other during our inspection visit.

Patients informed us that their privacy and dignity was always respected and maintained particularly during physical or intimate examinations. All patient appointments were conducted in the privacy of individual consultation rooms. Examination couches were provided with privacy curtains for use during physical and intimate examination and a chaperone service was provided.

Staff we spoke with said that if they witnessed any discriminatory behaviour or where a patient's privacy and dignity was not respected they would be confident to raise the issue with the principal GP or assistant practice manager. We saw no barriers to patients accessing care and treatment at the practice. Practice staff sought to work with patients who had at times presented with behaviour that was challenging. The approach adopted at the practice was to seek to resolve the issue and keep engaging with the individual patient.

Care planning and involvement in decisions about care and treatment

Comments we received from patients reflected that practice staff listened to them and concerns about their health were taken seriously and acted upon. They also told us they were treated as individuals and provided with information in a way they could understand and this helped them make informed decisions and choices about their care and treatment. A wide range of information about various medical conditions was accessible to patients from the practice clinicians and was prominently displayed in the waiting areas.

Where patients and those close to them needed additional support to help them understand or be involved in their care and treatment the practice had taken action to address this. For example language interpreters were readily accessed (face to face or by telephone) and extended appointment times were provided to ensure this was effective.

Patient/carer support to cope emotionally with care and treatment

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact a patients care and treatment may have on them and those close to them. The practice had taken proactive action to identify, involve and support patient's carers. A wide range of information about how to access local support groups and self-help organisations was available and accessible to patients from the practice clinicians and in the reception area. A counselling support service was also available to provide emotional support to patients following referral by a GP.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had planned and implemented a service that was responsive to the needs of the local patient population. The practice actively engaged with commissioners of services, local authorities, other providers, patients and those close to them to support the provision of coordinated and integrated care and treatment to ensure the patient's needs were appropriately met.

Efforts were made to ensure patients were able to access appointments with a named doctor where possible. Where this was not possible continuity of care was ensured by effective verbal and electronic communication between the clinical team members. Longer appointments could be made for patients such as those with long term conditions or who were carers. Home visits were provided by the GPs to patients whose illness or disability meant they could not attend an appointment at the practice.

A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. However there was no clear system for recall of patients to attend health reviews and assessments of long term conditions (including those with a learning disability or a mental illness) or for following up on patients who did not attend reviews and assessments. The provider must take action to ensure suitable systems are in place to effectively recall patients to attend health reviews and assessments and to follow up people who do not attend.

We saw the practice carried out checks on how it was responding to patients' medical needs. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. This activity analysis was shared with Bury CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). The QOF data for this practice showed it was performing below the practice average across England. The practice had recognised and acted upon the need to improve outcomes relating to responding to patient's medical needs. For example systems were in place to identify when people's needs were not being met and informed how services at the practice were developed and planned. A variety of information was used to achieve this. For example profiles of the local prevalence of particular diseases, the level of social deprivation and the age distribution of the population provided key information in planning services. Significant events analysis, individual complaints, survey results and clinical audits were also used to identify when patients needs were not being met. This information was then used to inform how services were planned and developed at the practice.

The practice had a reception area, a patient waiting area and consultation and treatment rooms. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. There were also facilities to support the administrative needs of the practice.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The premises and services had been adapted to meet the needs of people with disabilities. There was a suitable entrance at the front of the building for wheelchair use access. We also saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

People in vulnerable circumstances (including asylum seekers) were enabled to register with the practice.

Access to the service

We received 28 completed CQC comment cards and spoke with 8 patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with or received comments from spoke positively in respect of being able to access the service. We also looked at the results of the January 2015 GP survey. 62% of respondents were are satisfied with the surgery's opening hours. 89% of the respondents found it easy to get through to the practice by phone. 70% were able to get an appointment to see or speak to someone the last time they tried and 88% said the last GP they saw or spoke to was good at giving them enough time. 84% of respondents found the receptionists at the practice helpful. Also 77% said the last appointment they got was convenient and 61% described their experience of making an appointment as good.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The opening hours and surgery times at the practice were prominently displayed in the reception and patient waiting areas and were also contained on the practice website and in the practice information leaflet readily available to patients in the reception area. The practice opened from 830am until 6pm Monday, Tuesday, Thursday and Friday and closes at 1pm on Wednesday. GP appointments were accessible from Monday, Tuesday, Thursday and Friday 9.30am to 12.20 pm and 3pm to 5.10pm. On Wednesdays GP appointments were available between 9.am and 11.50.am. There was no access to a practice nurse at the time of our visit. The practice was in the process of recruiting a new practice nurse. Patients at the practice could also access urgent and routine GP appointments via extended hours arrangements at Moorgate Primary Care Centre in Bury seven days a week Monday to Friday between 6pm and 8pm (and between 8am and 6pm weekends and bank holidays).

GP consultations were provided in 10 minute appointments. Where patients required longer appointments these could be booked by prior arrangement. A system was in place for patients who required urgent appointments to be seen the same day.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

We looked at four formal complaints received in the last 12 months. In line with good practice all complaints or concerns were recorded and investigated. The complaints record detailed the nature of the complaint, the outcome of the investigation and how this was communicated to the person making the complaint.

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

There was a well-established leadership structure with clear allocation of responsibilities amongst the GPs The principal GP described to us a clear value system which provided the foundations for ensuring the delivery of a high quality service to patients. The culture at the practice was one that was open and fair. Discussions with GPs, other members of the practice team and patients supported that this perception of the practice was shared.

Governance arrangements

There were defined lines of responsibility and accountability for GPs and non-clinical staff. We noted formal minuted practice meetings were infrequent. Whilst we acknowledge the practice is relatively small and there were good informal systems of communication between staff action should be taken to demonstrate that the implications of new guidelines and ways to improve the quality of the services provided are regularly discussed with staff. Discussion with GPs and other members of the practice team revealed the practice operated an open and fair culture that enabled staff to challenge existing practices and thereby suggest improvement to the services provided. The principal GP actively participated and interacted with Bury Clinical Commissioning Group (CCG) and was clearly very aware of and knowledgeable about local health care trends and developments and shared this with his colleagues in order to enable them to consider what improvements could be made to develop and improve the services they provided to patients.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. This activity analysis was shared with Bury CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). The QOF data for this practice showed it was performing below the practice average across England. The practice had recognised and acted upon the need to improve outcomes relating to responding to patient's medical needs. For example systems were in place to identify when people's needs were not being met and informed how services at the practice were developed and planned.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. We saw two recent examples of these relating to lithium monitoring and vaccinating patients with coeliac disease. The audits seen had been completed or were still in progress and identified dates when they were due to be reviewed.

Leadership, openness and transparency

The service was transparent, collaborative and open about performance. There was a clear leadership structure. We spoke with five members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

Whilst formal practice meetings were infrequent staff told us that there was an open culture within the practice and they had the opportunity to raise issues during the regular informal discussions and contacts with colleagues that took place on a daily basis.

Measures were in place to maintain staff safety and wellbeing. Induction and on going training included safety topics such as the prevention of the spread of potential infections and other health and safety issues. A procedure for chaperoning patients was also in place to protect staff as well as patients.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patient surveys, comment cards and complaints received. We looked at the results of the January 2015 GP patient survey. This reflected high levels of satisfaction with the care, treatment and services provided at the practice.

The practice was actively seeking to re-establish a patient participation group in order to maximise feedback from patients and involve them more in developing and improving services at the practice.

The practice had gathered feedback from staff through some staff meetings, appraisals and informal discussions. Staff told us they were able to give feedback and discuss any concerns or issues and that their contributions were respected and valued.

Are services well-led?

Good

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

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their professional development through regular training and appraisal. We saw that staff appraisals had taken place and included a process for documenting, action planning and reviewing appraisals. Staff told us that the practice was very supportive of them accessing training relevant to their role and personal development.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where doctors demonstrate to their regulatory body, The General Medical Council (GMC), that they were up to date and fit to practice.

The practice had completed reviews of significant events and other incidents and shared the outcomes of these with staff during meetings to ensure outcomes for patients improved.

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 Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was no evidence that a risk assessment had been carried in respect of the potential risk from legionella contamination. Legionella is a germ found in the environment which can contaminate water systems in buildings. The provider must take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection. Regulation 12(2)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We looked at staff recruitment practices and the records of two recently recruited staff. A formal recruitment process was in place. This included obtaining information to demonstrate appropriate checks had been made to ensure new staff were appropriately qualified, had medical indemnity cover and were currently registered with a professional body, for example The General Medical Council (GMC). However one of the two staff files we looked at did not contain the required photographic identification or required declaration in respect of the staff member's medical fitness to perform the role they were employed for. Part of this person's duties were of a clinical nature as they took blood samples from patients. However there was no evidence available to demonstrate a DBS check had been made in respect of this person. None of the non-clinical staff who carried out chaperoning duties had a Disclosure and Barring Service (DBS) check. Staff who undertake a chaperone role should have had a DBS check. No risk assessment had been conducted to assess

This section is primarily information for the provider

Requirement notices

the chaperoning responsibilities and activities of non-clinical staff to determine if they were eligible for a DBS check and to what level. Where the decision had been made not to undertake out a DBS check on staff, the practice must be able to give a clear rationale as to why. The provider must improve the system of staff recruitment to ensure that patients are protected by operating effective recruitment and selection procedures that includes relevant checks being carried out (and evidenced) when staff are employed or are engaged in a role where such checks are required.

Regulation 19 (1)(3)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. However there was no clear system for recall of patients to attend health reviews and assessments of long term conditions (including those with a learning disability or a mental illness) or for following up on patients who did not attend reviews and assessments. The provider must take action to ensure suitable systems are in place to effectively recall patients to attend health reviews and assessments and to follow up people who do not attend. Regulation 9 (1)(3)