

# Adswood Road Surgery

## Quality Report

270 Adswood Road  
Adswood  
Stockport  
SK3 8PN  
Tel: 0161 426 9770  
Website: [www.adswoodsurgery.co.uk](http://www.adswoodsurgery.co.uk)

Date of inspection visit: 8 September 2016  
Date of publication: 07/10/2016

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 Adswood Road Surgery on 8 September 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 that they sometimes had to wait several days to book a routine appointment with a named GP. Despite this patients said they received continuity of care and they were complimentary about the GPs. Urgent appointments were available the same day and the GPs provided a telephone call back service to patients.
- 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 sought feedback from staff and patients, which it acted on. However, the practice confirmed that they could not get volunteers to join a patient participation group (PPG) or even an online patient reference group (PRG).
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

# Summary of findings

- Develop a documented business plan with action plans and timescales to strengthen the practice's governance arrangements and provide a framework for monitoring progress in achieving its objectives.
- Review communication strategies with patients to promote a clearer understanding and explanation of why there are waits to get a routine GP appointment and why some patient appointments are late.
- Continue to try to recruit patients to a patient participation or reference group, to provide a forum for formal patient engagement.

**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



- Significant events and incidents were investigated and areas for improvement identified and implemented. The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation.
- 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 comparable to local and national averages.
- 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 at a comparable level to other practices in the locality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care

# Summary of findings

and treatment. We heard examples where the practice manager and GPs responded to the individual needs of patients. For example patients' with limited verbal communication were able to use email to request support.

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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 participated in the local neighbourhood complex care multi-disciplinary team meetings.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- Weekly visits to a local care home were undertaken by the same GP to ensure continuity of care.
- Home visits to review patients who were housebound and had a long term conditions were undertaken.
- Patients said that they sometimes had to wait several days to book a routine appointment with a named GP and that appointments sometimes ran late. Communication strategies to explain the reasons for this to patients were not clearly developed. Despite this, patients said they received continuity of care and they were complimentary about the GPs.
- Urgent appointments were available the same day and the GPs provided a telephone call back service to patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice participated in pilot schemes to improve outcomes for patients. For example, two GPs had received additional training and equipment to assess and treat skin lesions at the practice. In addition GPs had telephone access to a hospital consultant (for specific specialities) to discuss patients symptoms and health care needs, potentially reducing the need for the patient to be referred to secondary care.

Good



# Summary of findings

- 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.

- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice manager had a 'to do' list of tasks to be achieved. However, the practice had not developed a documented business plan with action plans and timescales.
- 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 not active. However, the practice posted each month results from the Friends and Family test. The practice had also set up a Facebook page.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Weekly visits to a local care home were undertaken by the same GP to promote continuity of care.
- Monthly multi-disciplinary team meetings were held in the local neighbourhood to review specific patients considered at high risk.
- The practice was proactive in supporting patients on the palliative care register and used the electronic communication tool -Electronic Palliative Care Coordination Systems (EPaCCS) to record information that was accessible to the Out of Hours provider and the local hospital.
- A member of staff had recently been trained as a cancer champion.

### People with long term conditions

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

Good



- Nursing staff supported by the GP partners had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance was comparable to the Clinical Commissioning Group (CCG) and the England average in all five of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014/15. The lead practice nurse confirmed a small group of patients with diabetes were resistant to participating in reviews of their condition.
- The practice actively screened patient blood test results to identify those that were pre-diabetic. Those identified were invited in to an appointment to discuss the risk of developing diabetes and review lifestyle choices to mitigate this risk.
- The practice initiated insulin therapy on-site, so patients did not have to travel to attend the local hospital for this service.
- The practice encouraged patients to self refer to education programmes such as Expert for the management of diabetes and other long term conditions.

# Summary of findings

- Longer appointments and home visits were available when needed 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.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the Clinical Commissioning Group (CCG) 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.
- Quality and Outcome Framework (QOF) 2014/15 data showed that the practice's performance for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years was 79% with a clinical exception reporting rate of 2%. This was comparable to the CCG average of 82% and 4% exception reporting rate and the England average of 82% and exception reporting rate of 6%.
- QOF data for 2014/15 showed that 78% of patients with asthma, on the register, had received an asthma review in the preceding 12 months compared to the CCG average of 76% and England average of 75%.
- We heard about positive examples of joint working with midwives, health visitors and school nurses.

Good



## Working age people (including those recently retired and students)

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

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered flexible surgery times including early morning appointments from 7.20am on Tuesdays and Thursdays and later evening appointments until 7.10pm on Wednesdays and Thursdays. Telephone consultations were available.
- The practice was proactive in offering online services such as booking and cancelling appointments and ordering prescriptions.
- The practice website also offered information on health promotion and screening.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- 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)

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

Good



- Data from 2014/15 showed that 89% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the Clinical Commissioning Group (CCG) average of 87% and the England average of 84%.

# Summary of findings

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was better than the CCG average of 84% and the England average of 81%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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 accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. A total of 350 survey forms were distributed, and 102 were returned. This was a return rate of 29% and represented approximately 2.3% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, all of which were positive about the standard of care received. The comment cards referred to GPs by name and gave examples of where the practice had supported them with their health care needs. Some of the cards referred to the support the

practice provided to their children. Patients said they had enough time to discuss their concerns that they felt listened to and involved in decisions about their treatment. Three comment cards referred to concerns about having to wait to get a routine appointment and four comment cards mentioned that appointments ran late sometimes.

We spoke with three patients by telephone the day after the inspection. All were complimentary about the quality of care they received from GPs and nursing staff. All said that they did have to wait for routine appointments but confirmed they were offered urgent appointments if they requested these. In addition, one patient emailed us, detailing the personalised and responsive care and support, they received and we received positive feedback from one person who used the CQC's Share Your Experience online web form.

The practice did not have an active patient participation group or reference group. However, the practice did advertise they were looking for patients' to join the group. The practice manager posted feedback from the friends and family test on their website each month. This feedback summary advised patients of the number of missed appointments and requested that patients cancelled their appointments if they no longer needed them. The notice also requested volunteers for the patient reference group. The practice also had a Facebook page.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Develop a documented business plan with action plans and timescales to strengthen the practice's governance arrangements and provide a framework for monitoring progress in achieving its objectives.
- Review communication strategies with patients to promote a clearer understanding and explanation of why there are waits to get a routine GP appointment and why some patient appointments are late.
- Continue to try to recruit patients to a patient participation or reference group, to provide a forum for formal patient engagement.

# Adswood Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Adswood Road Surgery

Adswood Road Surgery is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice has 4350 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average male life expectancy in the locality is 76 years compared to the CCG and England average of 79 years. The average female life expectancy for the locality is also 3 years below the CCG and England average at 80 years.

The practice's patient population for the under 18 years of age at 29% is much larger than the local and England average of 20%. Further, the practice is located in an area that has a patient population with a higher rate of long standing health conditions (63% compared to 53% locally and 54% nationally) and there is a higher rate of unemployment at 9% compared to 5% locally and nationally.

The practice is a large adapted bungalow located on a main road in Adswood centre. The building provides ground level access, which is suitable for people with

mobility issues. A hearing loop to assist people with hearing impairment is available. Some car parking is available at the practice and there is on street parking close by.

The practice is a registered partnership between three female GPs. One of the GP partners is on maternity leave. The practice employs a female salaried GP and uses regularly a male locum GP. The practice employs a practice manager, a reception supervisor, two practice nurses, one health care assistant as well as reception and admin staff.

The practice reception is open from 8.00am until 6.30pm Monday to Friday with early morning appointments available from 7.20am, two mornings each week and later evening appointments available until 7.10pm two evenings per week.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book and cancel appointments and order prescriptions.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2016.

During our visit we:

- Spoke with a range of staff including two GP partners, a locum GP, the practice nurse, the health care assistant, the practice manager, the reception supervisor and a receptionist.
- Spoke with three patients who used the service.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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. Different staff told us of incidents that they were aware of. They confirmed there was an open safe environment to raise issues. A policy was in place to support 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).
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. Weekly clinical team meetings were held where learning from significant events and complaints were shared.
- Examples of improvements following significant event investigation included:

Increasing the number of oxygen cylinders available at the practice to ensure there was always sufficient oxygen available when required;

Changes to the recall system and coding on the patient medical record system for patients with hypertension (high blood pressure) and

Improvements in procedures to ensure patients remove clothing fully if their chest or back required examination.

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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. One GP partner was the lead member of staff for safeguarding. GPs were trained to child protection or child safeguarding level 3. A comprehensive understanding and log of all patients designated at risk or with a safeguarding protection plan in place was maintained. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Relationships with school nurses and health visitors were established and ensured an up to date awareness of the risks to those assessed as vulnerable and at risk. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff we spoke with gave examples of where they had flagged potential safeguarding concerns to the safeguarding lead GP.

- 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 infection control clinical lead 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. For example, the local authority Infection prevention nurse undertook an infection control audit in March 2015. This identified some areas for improvement. A re-audit was undertaken in November 2015 and this showed the practice had made the required improvements and they scored 100% across all sectors of the audit.
- 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).

## Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had recently been rated eighth out of 21 practices for safe, high quality and cost effective prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained and mentored to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four 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.
- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 staff reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm tests. One fire drill had been recently undertaken, which included the evacuation of patients and staff. All

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. Staff spoken with confirmed they worked together to cover sudden staff absence.

### 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. We saw clinical audit referred to current guidance as a base line for best practice. Clinical staff provided examples of where they had responded to guidance including medicine alerts, such as the use of Valproate and its use in women of child bearing age. Six women were identified and action taken to minimise any potential risks to the women. (Valproate is a medication primarily used to treat epilepsy and bipolar disorder and to prevent migraine headaches.)
- All new guidance came through to the practice manager who ensured clinicians received this.
- Clinical meetings were held weekly, where new guidance and alerts were discussed.

### 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 from 2014/15 were 97% of the total number of points available with a rate of 6.5% exception reporting for all clinical indicators. The rate of exception reporting was slightly higher than the 5.8% average for the Clinical Commissioning Group (CCG) and lower than the England average 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). The practice had consistently

achieved over 96% of the points available since 2011. Unverified date supplied by the practice for 2015/16 showed the practice had achieved 98% of the points available.

This practice was not an outlier for any QOF (or other national) clinical targets. The practice achieved similar percentages for the QOF diabetic indicators in 2014/15 when comparing the clinical exception reporting with the CCG and the England averages. For example:

- Data for diabetic patients and the record of HbA1C blood tests in the preceding 12 months showed 72% of patients had received this, with a 4% clinical exception rate compared to the CCG average of 80% and an exception rate of 8% and the England average of 78% with an exception rate of 12%.
- The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 76% with a 5% clinical exception rate. The CCG average was 80% with a 6% exception rate and the England average was 78% with a 9% exception rate.
- The record of diabetic patients whose last measured total cholesterol 5mmol/l or less within the preceding 12 months was 87%, which was higher than both the CCG average of 84% and the England average of 81%. The practice's clinical exception reporting for this indicator was also lower than the CCG and England average.

The lead practice nurse confirmed there was a core group of diabetic patients who were resistant to attending diabetic reviews despite frequent telephone contact by the practice nurse.

Other data from 2014/15 showed the practice performance was comparable the local and England averages. For example:

- 88% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to the CCG average of 85% and the England average of 84%.
- 78% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG average of 76% and the England average of 75%.



# Are services effective?

## (for example, treatment is effective)

- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was slightly higher than the CCG average of 87% and the England average of 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 91% and England average of 88%.

There was evidence of quality improvement including clinical audit.

- Good evidence from clinical audits was available and these were linked to national guidelines such as NICE. The audit of Chronic Kidney Disease (CKD) was undertaken in August 2015 to identify that patients had been correctly diagnosed, were appropriately investigated and treated and were monitored regularly. The audit identified variation in the number of patients having the required blood and urine tests. Learning points from the audit were shared with clinicians and subsequent actions included inviting all those patients in for appointments to carry out the outstanding tests, ensuring patient review dates were diarised and providing the health care assistant with a simple chart of the monitoring tests required for patients with CKD. The re-audit in December 2015 identified that 100% patients with CKD had a blood test (initial audit was 97%) and 94% had received a urine dip test (initial audit was 79%). The recommendations of the re-audit were to continue with the current actions and to re-audit in 12 months' time. Other clinical audit cycles included Coeliac disease, emergency contraceptive audit, a joint injection audit and a Mesalazine audit (Mesalazine is an anti-inflammatory drug used to treat inflammatory bowel disease).
- Patients receiving different treatments such as disease-modifying anti-rheumatic drugs (DMARDs) or lithium were monitored monthly to ensure that they were receiving the required health checks such as blood tests. Patients at risk of developing diabetes (pre-diabetes) were also monitored and called in for regularly health checks.

- The practice also participated in pilot schemes including providing practice based assessment and treatment of skin lesions and using the 'GP Consultant Connect' scheme to discuss a specific patient health care conditions directly with a hospital consultant.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had a strong commitment to developing their staff team. The practice was committed to providing staff with training and support to ensure they provided evidence based clinical care.
- 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, the lead practice nurse was the lead for the management of patients with diabetes and those identified with pre-diabetes. The clinical nursing team were up to date with the required specific training for administering vaccines and taking samples for the cervical screening programme the lead nurse provided a mentorship and support role to her fellow practice nurse and the health care assistant.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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 plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was proactive in supporting patients on the palliative care register and used an electronic communication tool Electronic Palliative Care Coordination Systems (EPaCCS) to record information that was accessible to the Out of Hours provider and the local hospital. This ensured that clinicians could provide the right level of care and treatment in accordance with patient wishes.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

### 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 and Deprivation of Liberty Safeguards (DoLS).
- 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. For example, patients identified as 'pre-diabetic' were signposted to a half-day course "Walk Away from Diabetes".
- QOF data from 2014/15 showed that the practice's uptake for the cervical screening programme was 79% with a clinical exception reporting rate of 2%. This was comparable to the CCG average of 82% and 4% clinical exception rate and the England average of 82% an exception rate of 6%.
- The practice sent reminder text messages, letters and made calls to patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for cervical screening and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, although data supplied from the National Cancer Intelligence Network (NCIN) indicated that the practice's screening rates for breast cancer and bowel cancer were lower than the CCG and England averages. The practice was aware of this and one member of the reception team had recently become the practice's cancer champion. The staff member explained that they had attended local meetings exploring ways to raise patient awareness and to increase patient uptake of the screening. Areas being explored included sending out letters translated into the patients' first language and ensuring the practice's patient electronic record included a message for clinicians to discuss with the patient during an appointment.
- Childhood immunisation rates for the vaccinations given in 2014/15 were similar to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 84% compared to the CCG range of 93% to 79%. Rates for five year olds ranged from 93% to 89% compared to the CCG range of 93% to 88%.

## Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new

patients and NHS health checks for patients aged 35–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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 45 patient Care Quality Commission comment cards we received were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three comment cards also referred to concerns about having to wait to get a routine appointment and four comment cards mentioned that appointments ran late sometimes.

We spoke with three patients by telephone the day after the inspection. All were complimentary about the quality of care they received from GPs and nursing staff. All said that they did have to wait for routine appointments but confirmed they were offered urgent appointments if they requested these. One patient also emailed us and told us about the personalised and responsive care and support they received. In addition, we received positive feedback from one person who used the CQC's Share Your Experience online web form.

The practice did not have an active patient participation group or reference group. However, the practice did advertise they were looking for patients' to join the group. The practice manager posted feedback from the friends and family test on their website each month. This feedback summary advised patients of the number of missed appointments and requested that patients cancelled their appointments if they no longer needed them. The notice also requested volunteers for the patient reference group.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service provided to patients similar to the Clinical Commissioning Group (CCG) and England averages. Results from the national GP patient survey showed patients felt on the whole that they were treated with compassion, dignity and respect. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England 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' responses were similar to the averages for the CCG and England. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.

## Are services caring?

- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England 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 and we were provided with examples when these services had been used.
- A hearing loop system was available for those people with hearing impairment and a sign language service was also available if required.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area. These told patients how to access a number of support groups and organisations. Information display boards contained information on a range of health and social care support services. These included signposting to Stockport Targeted Prevention Alliance (formerly known as FLAG -For Local Advice and Guidance); AGEUK; Healthy Walks and Pantry at No 5 ( a discounted food shop created through partnership working, with Stockport Homes, Stockport Council, FareShare, B4Box and Repair 1st ).

The practice confirmed they had approximately 2% of their patient population registered as carers.

The practice supported bereaved patients. They offered support as requested by the patient.

# 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 flexible surgery times including early morning appointments from 7.20am on Tuesdays and Thursdays and later evening appointments until 7.10pm on Wednesdays and Thursdays.
- There were longer appointments available for patients with a learning disability or special health care needs.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- The health care assistant visited housebound patients with a long term condition to carry out regular monitoring and review.
- GPs provided home visits to patients living in care homes as requested. In addition the practice carried out weekly visits to the care home allocated to their practice. This reduced the number of requests by the care home for urgent visits and ensured continuity of care for patients.
- The practice offered yearly reviews of patients with dementia and care plans were recorded for these patients.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice was working with the CCG and participated in pilot schemes to improve services for patients. For example two GPs had received training in dermatology and been provided with a Dermatoscope (an instrument to study skin lesions in more detail). The aim of the service was to reduce the number of patient referrals to dermatology (secondary care) by providing GPs with the additional knowledge and equipment to undertake a more thorough assessment of skin lesions.
- The practice also participated in the local pilot scheme 'GP Consultant Connect'. This enabled GPs to contact a

hospital consultant to discuss a specific patient health care condition. The aim of the pilot was to provide a more responsive service to the patient and potentially reducing the need for a hospital referral.

- The practice promoted patient access to a range of community health care support initiatives including patient education programmes for the self-management of long term conditions such as diabetes.
- The practice supported their patient population with signposting to a range of community support initiatives including AGEUK, Healthy Walks and the Pantry at No 5. In addition, until recently Healthy Stockport based themselves at the practice to provide an open door drop in service where patients and people living in the community could get advice and signposting to support with lifestyle choices including diet, alcohol and drugs use. Patient interest had declined recently so the practice and Healthy Stockport had agreed to stop the service for a short period and then re-introduce again in a couple of months.
- Patients were able to receive travel vaccinations available on the NHS.

### Access to the service

The practice reception was open from 8.00am until 6.30pm Monday to Friday with extended early morning appointments available from 7.20am two mornings Tuesdays and Thursdays and later evening appointments until 7.10pm on Wednesdays and Thursdays each week.

Patients could pre-book appointments up to four weeks in advance; urgent appointments were also available each day for people that needed them. The practice had a policy of offering each patient an on the day appointment if they requested it. Telephone consultations were available each day.

At the time of our visit the next routine appointment slot available was on the following Monday. The practice monitored patient attendance at appointments and displayed the number of hours lost due to patients not attending booked appointments.

Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

# Are services responsive to people's needs?

(for example, to feedback?)

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them but those spoken with confirmed that they did have to wait for routine appointments and sometimes appointment times did run late. The practice was aware of this and reviewed appointment availability regularly. However, patients struggled to understand why they had to wait for appointments or why appointments sometimes ran late at the surgery.

The practice had a policy in place whereby the practice telephone was answered within four rings. The reception staff team worked together to support each other in answering the telephone. The practice confirmed that they anticipated installing a new telephony system to allow call routing, once the CCG trial of the system was completed.

## 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

The practice had received six complaints in the last 12 months. We reviewed three of these. We saw that complaints had been responded to appropriately in a timely way, with openness and transparency. The complaint investigations we reviewed and the responses to the complainant contained an apology where appropriate and detailed the reflective practice and changes the practice made to minimise the risk of re-occurrence. Evidence was available to demonstrate that the practice used the learning from complaints to improve the quality of service they provided to patients.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's Mission statement "Quality healthcare for Everyone" was underpinned by its values "To ensure the delivery of high quality, safe healthcare which is accessible and responsive to our patients' needs".

- The staff we spoke with were all committed to providing a high standard care and service to patients.
- The practice had a strategy that reflected the vision and values to deliver a quality service, however a documented formal business plan was not available. The practice manager used a 'to do' list. A documented business plan with action plans and timescales would strengthen the practice's governance arrangement and provide a framework for monitoring progress in achieving its objectives.

### 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:

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice partners had distinct leadership roles and there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice encouraged inclusive team work and all staff had been allocated specific areas of responsibility and leadership.
- Clinical governance procedures were well established and weekly clinical governance meetings were undertaken.

- Clinical and internal audit, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for individuals.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective. These were reviewed regularly.
- The practice engaged with the Clinical Commissioning Group (CCG) and attended meetings to contribute to wider service developments.

### Leadership and culture

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 very 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). 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 support, truthful information and an appropriate 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. A range of meeting minutes were available.
- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.



# Are services well-led?

Good 

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

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

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

- The practice did not have an active patient participation or patient reference group. However there was evidence available to show that the practice was trying to recruit patients to join a patient feedback group.
- The practice manager had recently set up a Facebook page for the practice. This enabled the practice to share information and update their patient population in real time about any practice and local issues.
- The practice posted feedback from its Friend and Family test results on their website and responded to patient's comment when appropriate.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was managed.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice was a teaching practice and supported undergraduate medical students to develop their knowledge and skills of working in a GP practice.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice recognised future challenges and areas for development. Some of the challenges included improving the telephone system and recruitment of GPs.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.
- The practice worked closely with the Clinical Commissioning Group (CCG).