

Park Medical Practice

Quality Report

119 Park Road
Timperley
WA15 6QQ
Tel: 0161 973 3845
Website: www.parkmedicaltimperley.nhs.uk

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

Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Park Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Medical Practice on 15 March 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 a system in place for reporting and recording significant events and these were investigated.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. However we found examples where concerns had not been reported and there was no system to record and investigate near misses.
- Data showed patient outcomes were low compared to the locality and nationally. Although some audits had been carried out, we did not see evidence that regular full cycle audits were driving improvement in performance to improve patient outcomes.

- Risks to patients were assessed and managed with the exception of those relating to health and safety and building risks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Overall, 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.
- Extended hours were over and above contractual requirements and the practice was open from 8am until 8pm on Mondays and Thursdays.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- The provider must accurately record significant events in a timely manner, and review them to ensure they do not happen again.
- The provider must introduce procedures to monitor and manage health and building safety within the practice.

In addition the provider should :

- Complete the required actions following the fire risk assessment carried out on 3rd March 2016.
- Introduce a plan of clinical audit to monitor and improve the services provided.
- Introduce a system of internal peer review that includes all GPs at the practice.
- Relocate the emergency medicines and equipment so they are easily accessible to all staff in the event of an emergency on all floors of the practice.
- Arrange for disposable curtains to be changed every six months.
- Retain copies of identification information on personnel files.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events. However we found examples where events had not been reported and there was no formal log of near misses.
- Lessons were shared to make sure action was taken when required to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, information and a verbal and 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 with the exception of those relating to health and safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed a number of patient outcomes were low compared to the locality and nationally and the practice were dealing with these.
- We saw that some audits and monitoring of quality were carried out but there was no evidence of full cycle clinical audits.
- A plan of appraisal was in place for newly appointed staff and there was evidence of appraisals and personal development plans for most staff with the exception of one of the salaried GPs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed 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 about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified such as new premises which they were moving into in the near future.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was open from 8am until 8pm on Mondays and Thursdays.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a 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 this.
- Actions in safety and effectiveness were required to ensure that the overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and to identify risks such as those relating to health and safety.
- 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.

Summary of findings

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safety and the issues identified affected all patients including this population group. There were, however, examples of good practice and the practice is rated as good overall for the care of older people :

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment reflected current evidence-based practice.
- Patients in care homes received support and a named GP and care plans were in place to support avoidable admissions to hospital.
- One GP was the lead for the main nursing home situated opposite the practice. Proactive care was offered with ward rounds and a regular multi disciplinary palliative care meeting in the home with the carers and nursing staff.

Good



People with long term conditions

The provider was rated as requires improvement for safety and the issues identified affected all patients including this population group. The provider is also rated as requires improvement for the care of people with long-term conditions.

- A number of the performance indicators for patients with diabetes were lower than the national average.
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was lower than the national average.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safety and the issues identified affected all patients including this population group.. There were, however, examples of good practice and the practice is rated as good overall 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 high for all standard childhood immunisations.
- The percentage of patients with asthma who had received a review in the last twelve months was 76% which was comparable with the national average of 75%.
- 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.
- 82% of eligible women had been recorded as receiving a cervical screen within the last five years. This was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and the issues identified affected all patients including this population group. There were, however, examples of good practice and the practice is rated as good overall for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours two evenings a week until 8pm.

Good



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and the issues identified affected all patients including this population group. There were, however, examples of good practice and the practice is rated as good overall for the care of people whose circumstances may make them vulnerable.

- There were alerts on the records of those patients the practice had identified as vulnerable. They included older patients, patients living in vulnerable circumstances and those with a learning disability.
- Longer appointments were available for patients with a learning disability and others when required.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and the issues identified affected all patients including this population group. The provider is also rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- Exception reporting for patients with depression and mental illness were higher than the national averages and were not being addressed as the practice were not aware of the issue.
- 82% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average.
- There were no systems to monitor that prescriptions for patients with mental health conditions were always collected.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages. 206 survey forms were distributed and 109 were returned which was a 46% return rate. This represented 1.75% of the practice's patient list.

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 75%, national average 73%).
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Comments included praise for the GPs, practice nurses and reception staff. Patients described being listened to, feeling respected, being able to book appointments in advance and on the same day. Some comments included a long wait to see a specific GP, some difficulties getting through on the telephone and concerns about general cleanliness due to the age of the building.

We also looked at 149 comments that had been collated from the Friends and Family Test. All with the exception of two comments were positive about all the staff and the environment.

We spoke with three patients during the inspection. All the patients were happy with the care received and thought staff were approachable, committed and caring. Only one patient was dissatisfied with the ease of accessibility.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- The provider must accurately record significant events in a timely manner, and review them to ensure they do not happen again.
- The provider must introduce procedures to monitor and manage health and building safety within the practice.

Action the service **SHOULD** take to improve

In addition the provider should :

- Complete the required actions following the fire risk assessment carried out on 3rd March 2016.

- Introduce a plan of clinical audit to monitor and improve the services provided.
- Introduce a system of internal peer review that includes all GPs at the practice.
- Relocate the emergency medicines and equipment so they are easily accessible to all staff in the event of an emergency on all floors of the practice.
- Arrange for disposable curtains to be changed every six months as per best practice guidance.
- Retain copies of identification information on personnel files.

Park Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Park Medical Practice

Park Medical Practice is situated within a large converted house, located on the main road linking Timperley and Altrincham which is an affluent area with low deprivation. There is onsite parking at the front and rear of the building with access to public transport close by. The practice were planning to move into newly purpose built premises with another practice in the next twelve months.

There was two GP partners (one male and one female) and two part-time female salaried GPs. One of the salaried GPs is currently on maternity leave and a long term locum is providing cover. Overall the two partners carried out seven sessions each, the salaried GP undertook six sessions and the locum undertook five sessions providing a total of 25 GP consulting sessions per week.

There are two practice nurses who undertake clinics for long-term health conditions such as asthma, diabetes, minor ailments and cervical smears. There are two practice managers, a medical secretary and administration and reception staff to undertake the day to day management of services.

The practice offers treatment to people of all ages and provides a range of medical services under a Personal Medical Services contract. A number of enhanced services

were also provided and included childhood immunisations, extended hours, learning disabilities, minor surgery, patient participation, risk profiling and stratification, flu and pneumococcal vaccinations, rotavirus and shingles immunisation, unplanned admissions and facilitating timely diagnosis and support for people with dementia. Direct enhanced services are schemes where practices are offered the opportunity, and are paid, to provide services that are linked to national priorities.

There are currently 6234 patients registered at the practice with a recent influx due to the closure of a neighbouring practice. They are a teaching practice taking on medical students but there were no current trainees at the time of our inspection.

The practice is open Mondays and Thursday from 8am until 8pm and on Tuesdays, Wednesdays and Fridays from 8am until 6.30pm. These extended hours are over and above contractual obligations and appointments are available at staggered times throughout each day starting at 8am when required and ending twice weekly at 7.20pm. There is guidance for patients on the practice website and over the telephone on how to access out of hours services when the practice is closed.

Why we carried out this inspection

We inspected this service as part of our 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. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016.

During our visit we:

- Spoke with a range of staff including the two GP partners, the two practice managers, the practice nurses, medical secretary and various reception and administration staff.
- Observed how patients were being cared for.
- Reviewed sections of the personal care or treatment records of patients.
- Reviewed comment cards and friends and family responses 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 a 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.
- We saw that when the practice recorded significant events they carried out analysis of the events and learning was shared appropriately with appropriate staff. However events that had not been recorded were highlighted during the inspection. For example an incident relating to fridge management where the temperature had been breached was not logged and no action was taken. Other incidents were discussed and it was acknowledged during discussion that they had not been formally logged.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw examples of policies being changed following significant events, and saw that learning was shared with staff at the monthly practice meetings.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- 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 check (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).
- We saw that appropriate standards of cleanliness and hygiene were maintained. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken by the Clinical Commissioning Group (CCG) and we saw evidence that action was taken to address any improvements identified as a result. Curtains to maintain patient dignity were clean and disposable and were last changed in July 2015. However they were not changed every six months as per National Patient Safety Alert (NPSA) guidance on infection control.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored in a locked cupboard in reception.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions if required.
- 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

Are services safe?

appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However they had not kept copies of photographic evidence on personnel files.

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed with the exception of general health and safety.

- There was a health and safety policy, but there were no formal procedures in place for monitoring and managing building risks to patient and staff safety. The practice had carried out a limited number of risk assessments but we found no evidence that building risks or legionella checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A fire risk assessment had been undertaken on 3rd March 2016 which showed actions were required to ensure compliance. These included six-monthly fire drills, appropriate fire training for new staff, monthly in-house checks of fire extinguishers, monthly service checks of emergency lighting, gas boiler servicing and the removal of combustibles from the boiler room. We advised that these actions should be completed as soon as possible.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which could be used to alert staff to any emergency.
- All staff received annual basic life support training. There were emergency medicines available which were monitored and fit for use. A defibrillator was available on the premises as well as oxygen with adult and children's masks. However, the different locations of the emergency medicines and emergency equipment meant that they were not easily accessible to all staff in emergency.
- A first aid kit and accident book were available.
- All the medicines we checked were in date and fit for use.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 533 out of 559 which was 95% of the total number of points available, with 7.2% overall exception reporting compared to the CCG which was 5.4%. (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).

Exception reporting for patients with depression and mental health illnesses were higher at 30.5% and 14.8% when compared with the CCG (22.7% and 8.5%) and national averages (24.5% and 11.1%). The practice were unaware of the high exception figures and said they would look into the issue now that it had been brought to their attention.

This practice was an outlier for three of the QOF targets. Data from July 2014 until June 2015 showed that the practice were higher than national average in relation to the prescribing of certain hypnotic and certain antibiotic medicines. The practice were aware of these outliers and said they were addressing the issues. However there was no formal system in place to monitor action required and/or improvement.

Other performance indicators showed:

- Four of the five indicators for diabetes were lower than the national average. For example patients with diabetes whose records recorded that they had received a foot examination in the last twelve months was 82% compared to the national average of 88% and those receiving appropriate blood tests was 74% compared to 78% nationally. Those who had received a flu immunisation was 97% compared to 94% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average at 81% compared to 83%.
- Performance for mental health related indicators was comparable (two higher and two lower) compared to the national average. Patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 96% compared to the national average of 87%. However, exception reporting was higher for this group.

Clinical audits demonstrated that actions were required to improve outcomes. However the audits we looked at were not full cycle audits and it was not possible to tell whether improvements had been achieved.

- There were four clinical audits presented as evidence for the purposes of the inspection. None of those were completed audits where the improvements required had been implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- A benchmarking exercise had been documented regarding referrals across the CCG. Higher referrals were seen in the GPs who were not partners in the practice. There was no system of follow up, support or learning in place for clinical staff. We were told that a system of review had been discussed had not yet been implemented.

We did find that action was taken when issues about patients' outcomes were identified. For example, patients identified as having inappropriate smears had been recalled and satisfaction scores for patients receiving joint injections had been reviewed.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. One of the new members of administration staff had received a three monthly review. However, one of the salaried GPs who had been at the practice for six months had received no formal 1-1, peer review or clinical supervision.
- Staff had access to newly implemented appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing informal support during sessions, appraisals and facilitation and support for revalidating GPs. A programme of appraisal was in place for all staff.
- A new training system had been introduced to ensure that staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders and send letters for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 97% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.

The 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also looked at 149 comments that had been collated from the Friends and Family Test. All with the exception of two comments were positive about all the staff and the environment.

We spoke to three patients. Who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 88%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)

- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% , national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language though they did not have a lot of diversity in their patient population. There were notices informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified carers and offered them support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement they were contacted by the practice and condolences were

offered. A contact was followed up by a patient consultation if that was requested and the practice were flexible to meet the needs of the family. Advice on where to find support was also offered.

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, such as the Trafford Care Co-Ordination Centre which endeavoured to improve data sharing, prevent duplication and manage the patient journey more efficiently.

- The practice offered extended hours on a Monday and Thursday evenings until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice were moving to newer purpose built facilities better suited to patients with physical disabilities. In the meantime, they had taken action to accommodate these patients by offering consultations on the ground floor.
- Patients had access to services on line such as making appointments and requesting prescriptions.

Access to the service

The practice was open Mondays and Thursday from 8am until 8pm and on Tuesdays, Wednesdays and Fridays from 8am until 6.30pm. Appointments were available at staggered times throughout each day starting at 8am when required and ending twice weekly at 7.20pm. There was

guidance for patients on the practice website and over the telephone on how to access out of hours services when the practice is closed. Saturday appointments were available at another practice in the area.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was high when compared with local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG national average of 73%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 63% patients said they always or almost always see or speak to the GP they prefer (CCG average 64%, national average 69%).

With the exception of one patient, all the patients we spoke to told us that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw leaflets and posters to help patients understand the complaints system

We looked at two complaints received in the last 12 months and found that they were handled in a satisfactory and timely way with openness and transparency. We saw complaints escalated to significant events when necessary with learning and action taken to ensure that any errors were not repeated.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework. Actions were required in safety and effectiveness to ensure that the overarching governance framework supported the delivery of the strategy and good quality care. For example robust arrangements to monitor health and safety and a programme of continuous clinical and internal audit to monitor quality and make improvements.

The practice did have structures and procedures in place which ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions (with the exception of those relating to health and safety).

Leadership and culture

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

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 and we saw minutes of those meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We were told that staff away days took place annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, accessibility for people with disabilities was being reviewed by the group to see if improvements could be made.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff at team meetings and through informal discussions on a daily basis. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw examples where staff had requested help and support in their working environment and this had been acted upon. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area which included moving to more practical, purpose-built premises and a merge with another practice in the area.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.
Maternity and midwifery services	The registered person did not do all that was reasonably practicable to mitigate risks relating to the health, safety and welfare of service users and others who may be at risk.
Surgical procedures	This was in breach of regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	How the regulation was not being met: Significant events were not always recorded at the time they occurred and there was no review of significant events to ensure they were not repeated. Actions required following a fire risk assessment required completion. There was no up to date health and safety policy, no health and safety representatives and no routine monitoring to assess and mitigate risks. 17 (1) (2) (a)