

# West Gorton Medical Practice

## Quality Report

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

### Ratings

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 21 July 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 generally assessed and well managed, although recruitment was not always conducted in line with the policies.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider must make improvements:

- Ensure the recruitment of all staff, including locum staff, includes all the necessary employment checks, including a Disclosure and Barring Service check, and records are kept of these.
- Ensure documented evidence of staff appraisals and training is available.

**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**



- The system for reporting and recording significant events was effective.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, 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.
- The practice did not always follow its recruitment procedures and the staff files were not completed. The checks for locums were not always completed and staff appraisals were not embedded.
- Staff had not received appropriate training to act as chaperones.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- 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.
- Staff worked with multidisciplinary teams 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**



- 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.

# Summary of findings

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was performing better than the local and national averages for its satisfaction scores in areas such as:
- 99% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 85%, national average 87%).
- 97% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 91%).
- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

## 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 to secure improvements to services where these were identified.
- 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.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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.

# 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.
- All elderly patients had been informed of their named GP.
- The practice offered same day appointments as well as telephone and face to face consultations.
- The practice had case management meetings where care plans were discussed monthly.
- The practice has a programme for annual visiting with case planning for the housebound.
- Monthly case management meetings held with the multidisciplinary team.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for four of the five diabetes related indicators was below the national average.
- 90% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
- A record of foot examination was present for 83% of patients compared to the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 76% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85% compared to the national average of 81%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 73% compared to the national average of 78%.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had patient registers with various long term conditions such as diabetes, COPD, asthma, heart disease, hypertension, thyroid disease, cancer, rheumatoid arthritis, stroke and peripheral heart disease.
- There was a “one stop shop” to reduce the number of times patients had to attend for review.
- the practice provided a locally commissioned service (LCS) for patients on the heart failure register.
- Practice provided LCS for initiating insulin for type 2 diabetics.

## 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.
- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80%, which was in-line with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 90% to 96%.
- 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.
- The practice focused on knowledge, skills and competences to recognise and respond to an acutely ill child.
- The practice aimed to offer ante-natal care, including booking the appointment at the practice, to reduce number of visits to hospital.

Good



# Summary of findings

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

Good



The practice is rated as good 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 reflects the needs for this age group.
- Telephone appointments were available if patients wished to discuss test results and urgent concerns and for those who may have difficulty attending surgery due to work commitments.
- The practice was a pilot site for referral to "Fit for work" (a service for keeping people at work with recent illness) and "Health Manchester" (a service for helping long term sickness patients back into work).

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- Patients were encouraged to participate in health promotion activities, such as breast screening, cytology, blood borne virus screening and vaccination against hepatitis.
- Patients had access to the practice's services without fear of stigma and prejudice.



# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced 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 percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 87%, compared to the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 87% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 78% compared to the national average of 84%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was mostly above the local and national averages in some areas (315 survey forms were distributed and 120 (38%) were returned).

- 70% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, 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 three comment cards which were positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and good service from the receptionists and the practice manager.

We spoke with four patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure the recruitment of all staff, including locum staff, includes all the necessary employment checks, including a Disclosure and Barring Service check, and records are kept of these.

- Ensure documented evidence of staff appraisals and training is available.

# West Gorton Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

## Background to West Gorton Medical Practice

West Gorton Medical Practice is based in the culturally diverse area of West Gorton, Manchester. It is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has 6,439 patients. The practice provides services under a Personal Medical Services contract, with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 72 years for males and 78 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were generally similar to the average GP practice in England.

The practice has a similar percentage (54%) of its population with a long-standing health condition than the England average (54%). The practice has a similar percentage (61%) of its population with a working status of being in paid work or in full-time education than the England average (62%). The practice has a higher percentage (13%) of its population with an unemployed status than the England average of (5%).

Services are provided from a purpose built building with disabled access and a private car park. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors.

The service is led by 6 GP partners (two male and four female), three nurses, a healthcare assistant, a deputy practice manager as well as the practice manager. The team is supported by an administration team including a number of reception/administrative staff who also cover other duties such as drafting prescriptions.

The practice is open from 9am to 6:30pm Mondays, Wednesdays, Thursdays and Fridays and 8:30am to 6:30pm on Tuesdays. The surgery is closed between 12:30pm and 2pm. The practice offer two late evening sessions of appointments per week which are usually on Monday and Tuesday evenings from 6.30pm to 8pm. The practice is also a part of a federation of GP practices who provide extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients are able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover is provided by the NHS 111 service and Go to Doc.

## 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 21 July 2016.

During our visit we:

- Spoke with a range of staff including the GPs, the nurse, a healthcare assistant, the deputy practice manager and the practice manager as well as staff from the administration team.
- Observed how patients were being treated by the staff and spoke with patients, carers and family members
- 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.
- There were five significant events recorded for 2015. The practice had carried out a thorough analysis of the significant events including a yearly review.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was a near miss possible breach of confidentiality in the practice whereby two documents about different patients in the practice had been scanned into a patient's medical record as one document. The error was spotted and a staff meeting was held to discuss the seriousness of possible consequences of a breach of confidentiality. The practice put a system in place to ensure that records were checked regularly by a designated person.

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 some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, there were some areas of concern identified during the inspection in relation to chaperone training and recruitment checks.

- 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 GP lead for safeguarding adults and children. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. The clinical staff were all trained to child protection or child Safeguarding level 3.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse was the infection control clinical lead. There was an infection control protocol in place and annual infection control audits were undertaken.
- 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Prescription pads and prescription paper were securely stored and there were systems in place to monitor their use.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the practice were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- A notice in the waiting room and in the treatment rooms advised patients that chaperones were available if required. Staff who carried out chaperone duties had received an appropriate 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). However, the staff had not received appropriate training in how to act as a chaperone which meant they could not carry out their duties in an effective manner.
- The practice had a recruitment policy but this was not appropriate as it did not include the process to follow or carry out the appropriate checks to conduct during the recruitment process. We reviewed eight personnel files and two locum GP files. We found that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification was not always available. References,

## Are services safe?

qualifications, registration with the appropriate professional body were not always completed. The practice manager told us there was a low turnover of staff and the majority of staff had been employed for a number of years.

- The practice utilised locum GPs who covered any leave. We looked at two locum GP files and saw there was evidence of liability insurance and checks with the General Medical Council (GMC) (Doctors must be registered with a license to practice with the General Medical Council (GMC) to practice medicine in the UK). However, there were no checks conducted to ensure the qualifications were appropriate or if the training was current and up to date. We noted the DBS checks for the locum GPs had been conducted at their previous work places and were not current.
- Where staff did not have a DBS check, there was no risk assessment to state why one was not required, for example the deputy practice manager and the practice manager did not have a DBS check or risk assessment in place.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality. However, evidence of staff undertaking an induction was not available in the staff files this on the day of inspection.
- Staff told us their learning needs were identified through a system of appraisals, meetings and reviews of practice development needs. Although we saw evidence of the most recent appraisal in the staff files, there was no evidence that appraisals had been undertaken on a yearly basis.

### Monitoring risks to patients

There was an up to date fire risk assessment with yearly fire drills. 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 an assessment in place for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). Systems were in place to ensure the Control of Substances Hazardous to Health (**COSHH**) regulations were being adhered to.

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. There was a four week wait for an appointment with the nursing team. The nursing staff told us the population was increasing and they worked together to ensure they could work affectively but felt additional nursing hours would benefit the team.

### 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 as well as alarm buttons which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator and an oxygen cylinder with adult and children's masks. A first aid kit and accident book was also 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 fit for use.
- The practice had a 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 (2014-2015) were 94.2% of the total number of points available, with 10.9% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014-2015 showed;

- Performance for four of the five diabetes related indicators was below the national average.
- 90% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
- A record of foot examination was present for 83% of patients compared to the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 76% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85% compared to the national average of 81%.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 73% compared to the national average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 87%, compared to the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 87% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 78% compared to the national average of 84%.

### Clinical audits

- There had been a number of clinical audits completed in the last two years. We reviewed three audits and saw evidence of improvements being implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit into safe prescribing of inhalers to people with asthma was conducted in 2015 and the findings were analysed. The results showed an increase in the number of asthmatic patients with some patients overusing their inhalers whilst other patients had not received an asthma review. A system was implemented as a result whereby an alert was added to the electronic notes for patients with asthma so they could be checked regularly.

### Effective staffing

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

- 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



# Are services effective?

## (for example, treatment is effective)

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.

- Staff received on-going training that included: safeguarding, fire procedures and basic life support.

### 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice scored 100% in 2016 for the Manchester Cancer Care Improvement Partnership locally commissioned service. This helped co-ordinate services to the needs of patients from diagnosis to treatment through to Palliative Care and End of Life planning. The practice had been an exemplar practice in Central Manchester for the use of the Gold Standards Framework and the monthly held multidisciplinary palliative care 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.
- 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 records audits.

### 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 percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80%, which was slightly below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 90% to 96%.

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 three Care Quality Commission (CQC) comment cards we received were positive in relation to the care patients experienced. We also spoke with four patients who said they felt the practice offered a safe and considerate service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was performing better than the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

The CQC comment cards had positive comments in relation to how the patients were treated. All the patients

we spoke with felt the doctors listened to them and empowered them to make positive decisions about their healthcare. Patients on the day confirmed they were satisfied with the service.

### 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 above the local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### 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.

The practice's computer system alerted GPs if a patient was also a carer so they could direct them towards the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a card if it was deemed

## Are services caring?

appropriate. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the other practices in the area to provide urgent appointments via the federation. The use of a common clinical system ensured all GPs had access to the medical records.

- 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.
- The practice was based in an area with a large number of non-English speaking patients. The practice did not currently have staff or GPs who spoke other languages but translation services were available.
- Access for disabled persons was provided by a ramp at the front entrance.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice was part of a local practice scheme which provided same day appointments at other nearby practices as part of a federation.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Patients could order repeat prescriptions and book appointments on-line. A leaflet explaining the online service the practice provided was available in the waiting area.

### Access to the service

The practice was open from 9am to 6:30pm Mondays, Wednesdays, Thursdays and Fridays and 8:30am to 6:30pm on Tuesdays. The surgery was closed between 12:30pm and 2pm. The practice offered two late evening sessions of appointments per week which were usually on Monday and Tuesday evenings from 6.30pm to 8pm. The practice was also a part of a federation of GP practices who covered

a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients were able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover was provided by the NHS 111 service and Go to Doc.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was above the local and national averages for one area:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

But below the local and national averages for the following two:

- 70% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 49% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

Patients told us on the day of the inspection 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. There was a lead GP to handle any clinical complaints.

We saw that information was available to help patients understand the complaints system such as posters and leaflets in the reception area.

The practice had received 21 complaints between January 2015 and December 2015. We looked at two of these and found they had been dealt with in a timely and open manner. The practice had undertaken a comprehensive analysis of the complaints where lessons were learnt from the concerns and complaints and action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice mission statement was “Quality Service, Quality Life”. They intended to provide high quality care to the population of West Gorton. The practice valued the contribution of all members of the team and recognised the need for strong leadership within and outside of the practice.

The practice had guiding principles and values which stated:

- “We will continue to lead the delivery of high quality services with good access for our population and work with others when it makes sense to do so.
- We will continue to lead and support education and training of our students and professionals in primary care
- We will continue to offer pastoral support and care for our staff and colleagues and be sensitive to each other’s needs and wishes.
- We will retain our ‘can do’ attitude when addressing problems and taking opportunities.
- We will remain open, honest and democratic in our approach to running the practice.
- We will strive to maintain a work/life balance that strengthens the organisation whilst maintaining the health of individuals”.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The practice ethos was “to have the best interests of the patient in mind at all times” and this was apparent throughout the inspection. The staff told us they had a strong sense of belonging. The GPs and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Staff told us the GPs were visible in the practice and the management team were approachable and always took the time to listen.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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.
- All doctors and staff were involved in the annual Practice Development Plan that sought to develop, with input from all members, an action plan for improvement for the year.

### 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 surveys and complaints received and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff meetings and clinical sessions. Staff told us they

# Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- Staff had participated in an away day where they were involved in the planning and development of the practice plans.

## Continuous improvement

- A considerable amount of development was being undertaken in West Gorton and the practice was also included in East Manchester's regeneration project resulting in the renewal of local housing stock and relocation of the practice to new premises in 2017.
- The practice had a comprehensive plan in place to relocate to a new purpose built building nearby. The staff told us how they had provided feedback to maximise the full potential of the new building in delivering high quality services for the patients.
- The practice was exploring new ways of engaging with the patients as the patient demographic was changing due to the regeneration of the local area.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  We found the registered person did not operate an effective system to recruit staff, to provide adequate training, supervision and appraisal as necessary to enable staff to carry out the duties they are employed to perform. Staff did not always have the appropriate DBS checks.