

Manchester Medical

Quality Report

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

Ratings

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

Summary of findings

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	11

Detailed findings from this inspection

Our inspection team	12
Background to Manchester Medical	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manchester Medical Moss Side Health Centre, Monton Street, Moss Side, Manchester, M14 4GP on 10 January 2017. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered patients consultations via skype. The patients we spoke with told us the service had improved access to consultations and enhanced overall access to a GP.
- The practice held a face to face GP led triage service every morning Monday to Friday. This was evaluated highly by patients and we were told all patients attending this service would be seen. Patients told us the GPs responded compassionately when they needed help and provided support when required.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

The practice team was forward thinking and part of local and national pilot schemes to improve outcomes for patients. For example:

- The practice offered patients consultations via skype. The patients we spoke with told us the service had improved access to consultations and enhanced overall access to a GP.
- The practice held a dedicated clinic held each Thursday afternoon for young people leaving care.
- One of the GPs was a former clinical commissioning lead and was instrumental in developing locally commissioned services. For example: the introduction of community intravenous therapy service. This service enabled patients who required intravenous (IV) antibiotics to be treated in the community rather than in hospital. This pilot scheme had been successful and was subsequently commissioned across the CCG area.

- Another GP was Deputy Clinical Director for Central Manchester CCG.
- Medication reviews were conducted six weeks before the month of Ramadan for those patients with diabetes who identify as Muslims, to ensure safety during fasting. Some Muslim diabetic patients did not wish to have blood tests during Ramadan and diabetic reviews were arranged outside of this month.

The areas where the provider should make improvement are:

- Retain interview notes within staff recruitment files.
- Improve the recording of significant events to demonstrate actions and learning to be able to identify trends more easily.
- Continue to identify and support those young patients who were also carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events (SE). However, the practice did not produce an overview of all SEs that would enable them to identify themes/trends and take action to prevent recurrence.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had introduced an innovative approach to providing integrated patient-centred care. The GPs had developed a skype appointment system in addition to telephone consultations and a GP lead face to face triage system which enhanced overall access to a GP.
- One of the GPs was a former clinical commissioning lead and was instrumental in developing locally commissioned services. For example: the introduction of community intravenous therapy service. This service enabled patients who required intravenous (IV) antibiotics to be treated in the community rather than in hospital. This pilot scheme was successful and commissioned across the CCG area.
- The practice had introduced an after school clinic to ensure there was minimal disruption to children's education. The practice worked closely with Barnardo's and provided a young people leaving care primary medical care service with a dedicated clinic held each Thursday afternoon. The practice also provided a free phone for patients to access the citizens advice bureau (CAB) for support and advice.
- The practice was participating in the Manchester Primary Care Standards Scheme. This aims to improve access and outcomes for patients with long term health conditions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had reviewed the needs of the older population and carers and introduced late lunch clinics from 3pm onwards, with longer appointments.

Good



People with long term conditions

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

- Nursing and clinical pharmacy staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments were available as standard and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 67% which was below the CCG and national average of 82% and 80% respectively.
- 59% of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) which was below the CCG and national average of 89% and 90% respectively. During the inspection the practice provided unverified data to demonstrate this had increased to 81%.
- The practice conducted medication reviews six weeks prior to the month of Ramadan to ensure safety during fasting. Some Muslim diabetic patients did not wish to have blood tests during Ramadan and diabetic reviews were arranged outside of this month.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 61% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) which was below the CCG average of 78% and 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 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- The practice had high rates of female genital mutilation (FGM) and had good reporting mechanisms in place.
- The practice accepted registrations from patients who were homeless, of refugee status or recently released from secure institutions.
- The practice held a dedicated clinic held each Thursday afternoon for young people leaving care. This service provided support and advice regarding healthy living, sexual health and how to access health care services.

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).

- 67% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (2015/2016), which was worse than the CCG and national average of 89% and 84% respectively.
- 56% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) which was significantly lower than both the CCG and national average of 89%.
- 46% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was well below the CCG and national average of 89% and 88% respectively.

During the inspection the practice provided unverified data to demonstrate that the number of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record had increased to 71%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 369 survey forms were distributed and 69 were returned. This represented 19% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national average of 71% and 76% respectively.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 81% and 85% respectively.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 76% and 79% respectively.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were generally positive about the standard of care received. Comments included: friendly, caring and respectful and they go the extra mile.

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

Manchester Medical

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Manchester Medical

Manchester Medical is situated in Moss Side in Greater Manchester. The practice is situated within a purpose built property in a residential area. There is a small amount of patient parking available on site and access to local transport links. The practice has six GPs, four male and two female, there is also a female locum GP, a practice nurse and two practice pharmacists and a phlebotomist. The practice is training and teaching practice for medical students, trainee pharmacists, foundation doctors, trainee GPs and return to work GPs. The practice has 7150 patients registered with approximately 1000 students registered.

The practice has a General Medical Services (GMS) contract with NHS England and is part of the NHS Central Manchester Clinical Commissioning Group (CCG).

The registered patient population are predominantly of white British background. The practice age profile demonstrates higher number of patients under 18 years old, and lower numbers of patients aged 65 and over in comparison to the local and national averages.

The practice has a similar proportion of patients with a long standing health condition at 52% compared to the CCG and national averages of 50% and 54% respectively.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Patients were able to ring the practice from 8am to 6pm (1pm on Wednesday) and will be called back the same day. The practice is open between 8.30am and 6pm Monday, Tuesday, Thursday and Friday the practice is closed between 12 noon and 2pm. The practice is open half day from 8.30am to 1pm on Wednesday. Telephone lines are open from 8am each day. Patients are able to attend the practice between 8:30am and 9:30am each morning to join a sit and wait clinic and will be seen by a GP on the day.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. To access treatment outside of the practice opening hours patients are advised to contact Go-To-Doc or to contact the NHS 111 service to obtain healthcare advice or treatment.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017.

During our visit we:

- Spoke with a range of staff including; GPs, pharmacist, practice nurse, administrative staff, managers and we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

As with other practices within the area the practice shared lessons within the wider healthcare system through the Datix system to inform quality improvement initiatives developed by commissioners.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

The practice produced a tabulated annual overview of all significant events (SE) in the previous 12 months which were discussed in a dedicated meeting attended by almost all team members. Both an annual review for complaints and SEs took place in a combined meeting on 28/7/16.

We saw no documentary evidence that lessons were shared and action was taken to improve safety in the practice. For example, significant events were discussed in clinical meetings but not recorded in the minutes to demonstrate learning.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a child safeguarding lead, an adult safeguarding lead and a mental health lead, who each chaired monthly multidisciplinary meetings to review patients at risk. The GPs attended external safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held monthly in house safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3. The pharmacist to level 2 and all other staff level 1 or 2.
- The practice had high rates of female genital mutilation and had reporting mechanisms in place. Although the training matrix we saw included FGM this showed none (0) of the staff had attended the training.
- The practice had high rates of domestic violence and was IRIS (Identification and referral to improve safety) accredited to ensure safety of patients was maintained.
- The practice serves a population at high risk of radicalisation and staff are PREVENT (a system to safeguard people and communities from the threat of terrorism) trained with a lead on reporting to Channel (Channel is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits including high risk medicines, with the two pharmacists working at the practice, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Pharmacists were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all areas which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. In addition some of the GPs were trained at Intermediate life support (ILS) levels above and beyond basic skills. We were informed after the inspection that all clinical staff excluding the phlebotomist were now ILS trained.
- The practice had a defibrillator available on the premises with adult pads and the practice had ordered a set of paediatric pads. Oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. All the staff had lead roles and were engaged in finding ways to improve patient outcomes and developing new pathways.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/2016 showed the practice achieved 65% of the total number of points available.

Data from 2015/2016 showed:

- Performance for diabetes related indicators was worse than the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 49% with the CCG and national average at 89%. The practice provided unverified data to demonstrate this figure had increased to 60%.
- Performance for mental health related indicators was worse than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months was 71% with the CCG and national average of 88% and 89% respectively. After the inspection the practice provided unverified data to show this had increased to 83%.

There was evidence of quality improvement including clinical audit.

- There had been 28 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- At risk patients were offered HIV, Hepatitis and Tuberculosis screening tests.

Findings were used by the practice to improve services. For example; one of the GPs carried out a review of the needs of older patients and their carers. They found these patients required more time in each consultation and as a result, the practice introduced late lunch clinics from 3pm onwards, with longer appointments.

Effective staffing

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

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

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions staff had undertaken updates in diabetes management, and many other long term conditions.

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

The practice had an unsuccessful recruitment campaign to fill a practice nurse vacancy (Manchester has a significant shortage of qualified practice nurses), and the negative impact this had on long term condition management outcomes evident through QOF 2015/2016. The practice innovated on workforce to recruit and train (prior and exclusive of NHS England's clinical pharmacists pilot scheme) practice pharmacists in an effort to plug the nursing skill gap. The larger non-GP clinical team of a practice nurse and two practice pharmacists have started to impact and improve long term condition management.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking (including chewing tobacco and water pipe smoking), recreational drug use and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 62%, which was below the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice held a cervical screening event in December 2016 and reminded women attending for appointments about the importance of this screening.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66% to 72% and five year olds from 60% to 80%.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 35 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also 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. Patients told us that GPs really listened to them and they never felt rushed.

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:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 92%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 83% and 85% respectively.

- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 88% and 91% respectively.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 80% and 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care to the CCG and national average of 83% and 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Signs were translated into several languages to direct patients to different areas within the practice.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers which represented 0.35% of the practice list. All carers were invited for annual flu vaccination and

additional health checks. Written information was available to direct carers to the various avenues of support available to them. All patients had access to the citizens advice bureau free telephone located in reception.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the GPs was Deputy Clinical Director for the Central Manchester clinical commissioning group (CCG). Another GP was a former clinical commissioning lead and was instrumental in developing locally commissioned services. For example: the introduction of community intravenous therapy service. This service enabled patients who required intravenous (IV) antibiotics to be treated in the community rather than in hospital. This pilot scheme was successful and commissioned across the CCG area.

- One of the GPs was awarded a fellowship to the Royal College of General Practitioners in 2016.
- A female GP was available at every session.
- The practice offered an after school clinic each day from 3.30pm. to minimise the need for children to be taken out of school to attend an appointment.
- There were longer appointments available for patients with a learning disability. Skype consultations were also available for those patients who found attending the practice too stressful.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- In 2013 the practice piloted skype consultations with patients and these were well established in the practice. The patients we spoke with told us the service had improved access to consultations and enhanced overall access to a GP. They were recognised for being the first practice in the UK to introduce video telephone consultations via Skype to improve access for patients.

One of the partner GPs was given an enterprise award, from the Royal College of General Practitioners. (This award was for quality and innovation in the first five years of becoming a GP).

- Patients had access to a daily GP led triage system. The triage GP assessed the patient's clinical needs and the patient was either given an appointment, a telephone or Skype consultation the same day. This was evaluated highly by patients and we were told all patients attending this service would be seen. Patients told us the GPs responded compassionately when they needed help and provided support when required.
- The practice worked closely with Barnardo's and offered extended appointments for young adults leaving the care system with a dedicated clinic held each Thursday afternoon. The practice also provided a free phone for patients to contact the citizen's advice bureau (CAB) for social support and advice on health, wellbeing and lifestyle.
- When the practice was closed, patients registered with the practice were able to use the Click Your GP online system to obtain healthcare advice through the automated triage system. The system advised patients on the best course of action based on their presenting condition. The system allowed patients to select a GP of their choice to seek advice from and also request letters, reports and fit notes. Information requested and provided after the inspection demonstrated only 2 patients had accessed this service (sample date 10/1/17).
- **Access to the service**

The practice was open between 8.30am and 6pm Monday to Friday. Telephone lines opened at 8am. Appointments were from 8.30am to 1pm every morning and 2pm to 6pm daily apart from Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Extended hours were offered between 6pm and 8pm Monday to Friday and 10am to 6pm Saturday and Sunday through the GP Federation.

The practice introduced longer appointments to enable more time to address health needs and enable a holistic approach and 15 minute GP appointments were provided.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 74% and 75% respectively.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 74% and 73% respectively.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice operated a GP lead triage system they would telephone the patient or carer to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a patient raising concerns about their prescriptions being sent to the wrong pharmacy reception staff advised patients that the practice could not redirect prescriptions, nominations were only done by the patients and pharmacies.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. “Commitment to our patients’ needs and continued improvements to patient centred service through shared decision making and communication”.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The partners were encouraging and supported staff at all levels by providing training, allocating lead roles and developing staff skills. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt well 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 and supported in doing so.
- 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had fitted numbers to the consulting room doors and the timing of the triage appointments had been changed from 9am to 8.30am in response to patient feedback.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

Are services well-led?

Good 

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

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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the GP led triage system enabled the practice to offer patients the option to speak to a clinician face to face on the same day.

Manchester Medical was formed in October 2014 after the practice took over a local failing practice.

One of the GPs in their role of Deputy Clinical Director for the Central Manchester CCG led in the development of the Manchester Primary Care Standards for access and long term conditions. These standards were commissioned across the three CCGs in Manchester and were informing the further development of Greater Manchester Primary Care Standards. They were also instrumental in bringing together the three GP federations in Manchester to form a new city-wide GP federation called Manchester Primary Care Partnership and led the successful bid for the Prime Ministers Challenge Fund which delivered the 7 day additional access service across the whole of Manchester.