

Gatley Group Practice

Quality Report

Gatley Group Practice
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gatley Group Practice on 20 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients were extremely positive in their feedback to us about the care they received. They said they were treated with compassion, dignity and respect and they

were involved in their care and decisions about their treatment. They told us that staff often went over and above their duties in order to ensure patients needs were met.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP or nurse and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

We saw an area of outstanding practice:

- The practice accepted registrations from patients who were resident outside the geographic boundaries of

Summary of findings

the surgery, as long as it was clinically safe to do so. This allowed for greater flexibility for patients who, perhaps due to work commitments, would find it easier to attend appointments in Gatley.

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

The provider should:

- Ensure learning outcomes are identified from clinical audit and disseminated to staff where appropriate to maximise opportunities for service improvement.
- Review any changes to practice resulting from significant event analysis to ensure changes implemented have been effective.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Staff were aware of their safeguarding responsibilities. Information about safety was recorded, monitored, and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe. All equipment was regularly maintained to ensure it was safe to use.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams, for example they adhered to the Gold Standard Framework for end of life care and attended multidisciplinary meetings every six weeks.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Feedback from patients during the inspection about their care and treatment was consistently and strongly positive. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality. We were told of several examples both by staff and patients where the care offered exceeded expectations and staff went out of their way to ensure patients received appropriate, accessible treatment in a timely manner.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Good



Summary of findings

secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff, and changes to practice implemented to ensure mistakes did not happen again.

Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were available if required. There was a range of enhanced services, for example, in dementia diagnosis. The practice participated in the Gold Standard Framework in order to optimise the coordination and quality of care offered to patients in the final year of their life. The practice provided services for approximately 50 patients in residential care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had a low rate of emergency admissions. Specific clinics were offered for patients with diabetes, asthma, Chronic Obstructive Pulmonary Disorder (COPD) and Chronic Kidney Disease (CKD). Longer appointments and home visits were available when needed. All these patients had structured annual review to check that their health and medication needs were being met. The practice had completed 78.31% of medication reviews for those patients on four or more repeat medications. Care plans were discussed and agreed with patients. The practice planned to run a pre-diabetes clinic with one of its Health Care Assistants (HCA) who had a background in dietetics so that appropriate dietary advice could be offered to patients from different cultural backgrounds.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Immunisation rates were above CCG averages for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. GPs regularly attended multidisciplinary safeguarding meetings. Weekly antenatal clinics were offered by the midwives and weekly child health and immunisation clinics were also available. These were planned to coincide with health visitor clinics that also ran on site.

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. Appointments were available outside normal working hours. Patients between the ages of 40-74 were able to access NHS health checks. Text message reminders were available for patients who opted in to this service. The practice participated in the patient choice initiative for 'out of area' patients, meaning that patients would be registered if clinically safe to do so even if they did not live in the practice area. This meant that patients who may find it more convenient to access services at this practice for example due to working in the locality could do so.

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 for example those with a learning disability. The practice provided services for 34 patients with learning disabilities. The practice offered longer appointments for people with a learning disability. Alerts were used on the practice's electronic records system to ensure that staff were aware of a patient's circumstances. There was a hearing loop in reception and staff told us that they had facility to print out information leaflets in large print if they knew a patient had difficulties with vision. Reminder letters were sent out to patients who did not attend appointments.

Patients with caring responsibilities were identified by the practice and signposted to relevant local support groups.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record. Regular reviews were offered for patients experiencing poor mental health, and the practice undertook opportunistic screening of at risk patients when they attended an appointment for a different reason. Reception staff would telephone patients with a diagnosis of dementia to remind them of upcoming appointments. The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 82.65% compared to the national average of 83.82%. Training for receptionists was planned to support patients with poor mental health. Community counsellors were also housed in the premises.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 136 responses and a response rate of 44.4%.

- 73.4% find it easy to get through to this surgery by phone compared with a CCG average of 78.2% and a national average of 73.3%.
- 92.2% find the receptionists at this surgery helpful compared with a CCG average of 88.9% and a national average of 86.8%.
- 92.5% would recommend this surgery to someone new to the area compared with a CCG average of 80.8% and a national average of 77.5%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87.6% and a national average of 85.2%.
- 94.2% say the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.
- 69% describe their experience of making an appointment as good compared with a CCG average of 75.9% and a national average of 73.3%.

- 75.4% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66.4% and a national average of 64.8%.
- 61.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.5% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all extremely positive about the standard of care received. The comments on the cards gave specific praise to both clinicians and reception staff for their manner with patients. Staff were said to be caring and treated patients with respect. We also spoke with seven patients during the inspection. All were extremely complimentary about the practice and the care offered. Many gave us specific examples of how staff both clinical and non clinical had gone above and beyond their duties to help them and ensure they received the right treatment. Patients told us they felt involved in their care, with the GPs and nurses explaining conditions thoroughly to them and offering different treatment options.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure learning outcomes are identified from clinical audit and disseminated to staff where appropriate to maximise opportunities for service improvement.
- Review any changes to practice resulting from significant event analysis to ensure changes implemented have been effective.

Outstanding practice

- The practice accepted registrations from patients who were resident outside the geographic boundaries of the surgery, as long as it was clinically safe to do so. This allowed for greater flexibility for patients who, perhaps due to work commitments, would find it easier to attend appointments in Gatley.

Gatley Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a second CQC inspector, a GP specialist advisor, a specialist advisor who was a practice manager and an Expert by Experience (someone with experience of using GP services who has been trained in our inspection methodology).

Background to Gatley Group Practice

Gatley Group Practice is housed in a purpose built building in Gatley, Cheadle. The Practice shares the premises with the local NHS Foundation Trust, meaning that community healthcare services such as Speech and Language Therapy, Physiotherapy, Podiatry and Dietetics are also offered within the building.

The practice provides services to a patient list of 9195 people. The demographic area served by the practice contains a higher percentage of people over the age of 65 years old compared to the national average (18.8% compared to 16.7%), as well as a higher percentage of people over the age of 75 years (9.2% compared to the national average of 7.6%).

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

The practice caters for lower proportion of patients experiencing a long-standing health condition (47.2% compared to the national average of 54%) but for a higher

proportion of patients with caring responsibilities (24.6% compared to the national average of 18.2%). The practice has less disability allowance claimants per 1000 (38.2) than the national average (50.3) and a greater proportion of patients who are in paid work or full time education (69.4% compared to the national average of 60.2%).

The practice is part of the NHS Stockport Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS). There are four GP partners (two female and two male) and one salaried GP. The practice also employs a nurse practitioner, two practice nurses, two health care assistants and a pharmacist. Non-clinical staff consisted of a practice manager, seven administrative staff, a reception manager and eight reception staff. Gatley Group Practice is a training practice.

The practice is open between 8:00am until 18:30 Monday to Friday, with the telephones answered between 8:00 and 18:00. Extended hours are offered between 7:30 and 8:00am on Tuesdays and Wednesdays, and from 18:30 until 19:30 on Thursday evenings.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Mastercall.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

Detailed findings

Please note 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.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20th October 2015. During our visit we spoke with a range of staff including four GP partners, the practice's pharmacist, the practice manager, the practice nurse as well as four members of the administration and reception team. We also spoke with patients who used the service and members of the Patient Participation group (PPG). We observed how people were being cared for and we reviewed a range of information provided by the practice leading up to and during the inspection.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. The practice carried out an analysis of the significant events and the outcome of this analysis was fed back to other staff members at staff meetings. However, evidence was not available that the events were reviewed as standard following the implementation of a change to ensure any change to practice had been effective.

We reviewed safety records, incident reports 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, an incident had been analysed following an expired vial being used for a cervical smear test. Staff were able to explain the learning outcomes from this incident, the immediate action taken to resolve it and the way practice had been changed to ensure it did not happen again. The log forms had been altered to make it more explicit that when staff carry out their regular checks of stock held by the practice, the vials need to be monitored for expiry date as well as number held in stock.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts received by the practice were disseminated electronically by the practice nurse to relevant staff members. An electronic log of safety alerts was maintained including details of who had seen it and any actions taken as a result.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation

and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, and all staff we spoke to were aware of who this was. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. The practice nurses, health care assistants and reception and administrative staff all acted as chaperones if asked. All staff who acted as chaperones were trained for the role, but only the clinical staff and one of the receptionists had received a disclosure and barring check (DBS) (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, administration and reception staff we spoke to were able to explain the chaperone process in detail and all told us that should the GP leave the room, then they would do so also. They would never be left alone with the patient. The practice's chaperone policy clearly stated that chaperones would not be left unattended with a patient.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. We noted that the fire risk assessment did not fully take into account the situation of a wheelchair user being on the upper level of the building when the lift was not in operation. The practice manager discussed with us that this would be rectified and risk assessment updated when the fire service visited next month. 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 also 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. We saw documentation that a legionella assessment had been carried out on the premises in 2008 (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal). The

Are services safe?

document reported the premises to be low risk for legionella. We were told that the cleaners took responsibility to run the taps daily in the GPs rooms to mitigate the risk.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw that numerous 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. This was actively monitored by the practice's pharmacist who worked closely with the GPs. Prescription pads were securely stored and there were systems in place to monitor their use. The practice had recently employed a pharmacist who had taken on the role of conducting medication reviews and optimising medication that was being prescribed. This had freed up GP time to allow more consultations to be offered and resulted in improvements in the practice's prescribing trends.

- Recruitment checks were carried out and the five files we reviewed showed that 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.
- 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 and staff told us of a willingness to work flexibly in order to cover any unexpected absence.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a 'buddy' practice where services could be relocated to should the need arise.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through sample checks of patient records and peer review.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.2% of the total number of points available for the year 2014/15. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the national average. For example, the percentage of patients with diabetes on the register who had a record of an albumin:creatinine ratio test in the preceding 12 months was 94.44%, compared to the national average of 85.94%. The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 88.39% compared to the national average of 81.6%. The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 September to 31 March was 98.76% compared to the national average of 93.46%.
- Performance for mental health related indicators was either in line with or above the national average. For example 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 is 100% compared to

the national average of 86.04%. The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 82.65% compared to the national average of 83.82%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 84.86% compared to the national average of 83.11%.

Clinical audits were carried out to demonstrate quality improvement, improve care, treatment and people's outcomes. There had been four clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The audit looked at hyperthyroidism and whether the patients were followed up appropriately post diagnosis. The first audit cycle had identified that patients had been missed for follow up due to discrepancies in coding on the electronic record system. Changes were implemented as a result to ensure the electronic coding of these patients was appropriate and when re-audited it was found that all patients had received follow ups as needed.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. New staff were given documents summarising the key points of these policies and were given the opportunity to shadow more experienced members of staff.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and

Are services effective?

(for example, treatment is effective)

facilitation and support for the revalidation of doctors. All staff told us they had an appraisal each year and we saw appropriate appraisal documentation was used to record these.

- Staff received training that included: safeguarding, fire procedures, basic life support and infection prevention and control. Staff had access to and made use of e-learning training modules and in-house training, and the practice regularly accessed 'master-class' training provided by specialists within the CCG.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. Patients told us that referrals on to secondary care were often made the same day as their consultation.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought 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. Clinical staff told us they have been given information about the Mental Capacity Act 2008, but had not received formal training around it. They were able to discuss the principles of the act and how it impacted on their practice

in gaining consent. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

We saw that written consent was obtained from patients before minor surgical procedures were carried out.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. A dietician was available on the premises.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme over the last five years was 81.06%, which was comparable to the national average of 81.88%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78.3% to 94.7% and five year olds from 93.4% to 95.9%. Flu vaccination rates for the over 65s were 82.02% (compared to the national average of 73.24%), and at risk groups 74.12% (compared to the national average of 52.29%), meaning they were above national averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were extremely courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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. Posters displayed in the reception area advertised this fact, and the patients we spoke to were aware of this facility.

All of the five patient CQC comment cards we received were positive about the service experienced, with two mentioning staff by name to praise the care offered. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the telephone following our inspection. They also told us they were extremely happy with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 91.2% said the GP was good at listening to them compared to the CCG average of 91.5% and national average of 88.6%.
- 88.3% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.6%.

- 98.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.4% and national average of 95.2%
- 86.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.2% and national average of 85.1%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.9% and national average of 90.4%.
- 92.2% said they found the receptionists at the practice helpful compared to the CCG average of 88.6% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86%.
- 81.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.6% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language. We saw alerts were used on the practice's computer system to alert staff to patients' need such as this so that appropriate arrangements could be made when booking in consultations.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 24.6% of the practice list had been identified as carers and were being supported, for example, by offering health checks, referral for social services support and signposted to a local care scheme that offered assistance and advice to carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice contacted them by phone or letter to offer

condolences. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service such as bereavement counselling.

We were given numerous specific examples both by staff and by patients where staff at the practice had gone over and above what would be expected of them in their role in order to support and ensure the best outcome for patients. For example staff were pro-active in rearranging appointments in secondary care on behalf of patients to ensure they took place in locations that were easily accessible for them. Staff were very mindful of the individual needs of patients, for example if mobility was limited, and acted accordingly.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, on the basis of historic issues with prescribing trends, the practice had employed its own pharmacist who was undertaking medication reviews and making improvements around prescribing and medicines management. For example the practice prescribing cost for the first quarter of 2015/16 had only risen by 3.163% when compared to the same period of the previous year. This compares favourably with the cluster equivalent, which had risen by 10.36%, the CCG equivalent which had risen by 9.448% and the Greater Manchester equivalent practice costs which had risen by 6.45%.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday morning between 7:30 and 8:00am, as well as offering appointments until 19:30 on a Thursday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or other complex needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a lift to allow access to the first floor
- Telephone reminders were offered to patients with dementia and text message reminder available to all who opted in for this service.
- The practice employed a health care assistant (HCA) who had a degree in dietetics. The practice planned to implement pre-diabetic assessment clinics run by the HCA so that she could offer culturally specific dietary advice in response to the practices' growing Asian population and the increasing number of patients developing diabetes.

Access to the service

The practice was open between 8:00am until 18:30 Monday to Friday, with the telephones answered between 8:00 and 18:00. Extended hours were offered between 7:30 and 8:00am on Tuesdays and Wednesdays, and from 18:30 until 19:30 on Thursday evenings. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. On the day of inspection there were still urgent appointments available that same day. The next routine appointment was available in three days time.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.6% and national average of 74.9%.
- 73.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.2% and national average of 73.3%.
- 69% patients described their experience of making an appointment as good compared to the CCG average of 75.9% and national average of 73.3%.
- 75.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66.4% and national average of 64.8%.

Listening and learning from concerns and complaints

The practice had a 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; posters were displayed in the waiting area and the complaints policy was available on the practice's website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although none had felt that they needed to complain.

We looked at 16 complaints received in the last 12 months and found that these were handled in a satisfactory

Are services responsive to people's needs? (for example, to feedback?)

manner. The practice's response was timely and offered a thorough explanation of investigations that had been carried out. Patients received an apology when things had gone wrong.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after analysing the trend of issues being

raised around reception, it was identified the cause to be a communication break down between part time staff covering different days. We saw that a change to practice had been implemented as a result, with a shared tray of work to be completed, rather than staff individually holding their own 'to do' lists. We also saw that customer care training had been arranged by the practice.

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 statement of purpose which was displayed on the practice website and staff knew and understood the values. The practice had a robust strategy which reflected the vision and values and was 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.
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit was used to monitor quality.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and supported if they did. Staff also told us that they did not need to wait until meetings if they had an issue to raise. Management were said to be approachable and staff were comfortable to raise

any issues as required. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. A suggestion box was available in the waiting area and it had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met twice a year and submitted proposals for improvements to the practice management team. For example, PPG members told us that the practice had made the pharmacist available to patients over the telephone as a result of suggestions made in order to improve access for medication reviews.

The practice had also gathered feedback from staff through questionnaires and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. One of the GP partners had a special interest in GP education. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example one of the partners was the lead within the locality for developing a new model of neighbourhood working designed to improve services at a local level. Another of the GP partners took part in a weekly slot on a local radio programme, offering general advice on health issues.