

# Irwell Medical Practice

## Quality Report

Irwell Mill  
Bacup,  
Lancashire  
OL13 9NR

Tel: 01706 253422

Website: [www.Irwellmedicalpractice.nhs.uk](http://www.Irwellmedicalpractice.nhs.uk)

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

## Ratings

### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

#### **This practice is rated as Outstanding overall.**

(Previous inspection January 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Outstanding

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those retired and students) – Outstanding

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) – Outstanding

We carried out an announced comprehensive inspection at Irwell Medical Practice on 22 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice was open and transparent, and had systems in place to adhere to the Duty of Candour. When things went wrong, we saw that the practice offered patients an apology and an explanation.
- Quality improvement was embedded into practice. There was a programme of clinical audit in place that was routinely monitored and changes made to practice resulted in measurable improvements to patient care. The practice was proactive in identifying new ways of working to streamline services and improve patient experience.
- The practice had developed and implemented an advance nurse practitioner (ANP) service for the locality which was funded by East Lancashire CCG. This team provide additional clinical care for patients living in 19 nursing and residential homes in Rossendale to reduce avoidable admissions.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

# Summary of findings

- Feedback from both patients and staff was proactively sought and used to shape the delivery of high quality care.
  - The practice was strongly committed to multidisciplinary working and could evidence how this had a positive impact on patient care.
  - Patients found it easy to use the appointment system and reported that they were able to access care when they needed it. We saw that the practice proactively monitored access via regular demand and capacity audits which were used to inform rota planning.
  - Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A yellow card scheme was in place in reception. If a patient wished to speak in private, the yellow cards were available on each reception desk. They did not have to say anything, but instead hand a yellow card to the receptionist who would arrange a confidential room for the patient to speak to staff.
  - Staff told us they felt valued and well supported.
  - There was a strong focus on continuous learning and improvement at all levels of the organisation. The partners and management team were keen to contribute to and add value to the local healthcare economy and the practice frequently participated in pilot schemes and disseminated learning to other practices in the locality.
  - The practice had recognised the lengthy wait patients experienced when referred to the memory clinic. They had commenced working with Alzheimer's Connect; patients were referred to Alzheimer's Connect while waiting to access assessment at the memory clinic. This ensured they received timely advice and support. A total of 28 patients had been referred to Alzheimer's Connect since the end of July 2017. All practice staff accessed training delivered by Alzheimer's Connect in October 2017 to raise their awareness of how best to support dementia patients and of the services offered by the organisation.
  - The practice had identified 687 patients as carers (4.8% of the practice list). The practice ensured the various services supporting carers were coordinated and effective. Carers of patients with dementia were offered a health check appointment to coincide with the dementia health review for their relative.
  - PPG members supported the practice by designing and conducting surveys as well as helping the practice improve patient care through involvement in training and acting as "mystery callers" to monitor and improve customer service. PPG members had supported medical students on placement both at this practice and others in the locality, by acting as patients for mock practical exams to allow them to prepare.
- The areas where the provider **should** make improvements are:

We saw a number of areas of outstanding practice:

- The practice had recently registered 34 patients who were asylum seekers. The practice had developed a 'welcome pack' for asylum seekers containing useful local information. This welcome pack had since been shared with other local practices. The practice also worked closely with an asylum seeker support worker from a local charity.

- Complaints documentation should make clear that complainants have been informed how to escalate their concerns should they be unhappy with the practice's final response.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Irwell Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser as well as a second CQC inspector.

## Background to Irwell Medical Practice

Irwell Medical Practice (Irwell Mill, Bacup, OL13, 9NR) provides services to around 14,300 patients in the Bacup area of East Lancashire, under a General Medical Services (GMS) contract. In 2005, three former practices in the East Rossendale Valley merged to become Irwell Medical Practice, moving into a purpose built building with other community health services. The premises are owned by Community Health Partnerships and have a local building manager. The practice is located on the ground and first floors of the building. Health visitors, district nurses and audiology clinics are located the ground and second floors. The practice also runs a vasectomy clinic in Burnley for patients living within East Lancashire under a local incentive scheme commissioned by East Lancashire CCG.

The practice has six female and three male GPs, a nursing team comprising two advanced nurse practitioners (ANP), four nurses and a health care assistant (HCA). They are supported by a strategic manager, an operations manager

and a team of 17 support staff. The practice is a training practice for medical students and GP trainees and also employs and supervises a local care home Advanced Nursing Practitioner (ANP) team.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3pm to 6pm daily. Extended hours are offered on Monday and Tuesday evenings between 6.30 and 8.15pm.

The practice has a predominantly British White population, with slightly above average population aged 0 to 9 and between 50 and 69 year olds than the average for England. There are less people aged 25 to 39 than the England average. There has been an increase in patients from Eastern Europe in recent years.

Practice data shows significantly more patients than average with a long-standing health condition (65%), compared to the national average of 53%. Male life expectancy is below the national average at 77 years, while female life expectancy falls in line with the England average at 83 years (national average male 79, female 83). Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). East Lancashire has a higher prevalence of COPD, smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

When the practice is closed, out of hours care is provided by East Lancashire Medical Services Ltd through a contract with East Lancashire CCG.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had thorough systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. The practice had set up and facilitated a pilot multidisciplinary team meeting where a local paediatrician and a representative of East Lancashire Child and Adolescent Service (ELCAS) attended; the GPs told us how these meetings helped raise awareness of safeguarding concerns and ensure appropriate information sharing. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). We saw that comprehensive IPC audits were completed every six months and any action taken as required to rectify

issues. A member of the nursing team took responsibility for IPC in the practice and told us that additional training had been completed to add value to this role.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

# Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice had a comprehensive action plan in place to ensure safe and effective prescribing of medicines, including antimicrobials and high risk medicines. This action plan was monitored and reviewed regularly. The latest data available from the practice, from August 2017 indicated that the practice's total antibiotic prescribing rate had been reduced by 4.3% and was 13% below the England average.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice provided patients with a medication monitoring booklet which documented the type and frequency of any tests required in order to monitor the medication and dosage remained appropriate, as well as space to record the results of any such tests. The practice asked patients to present this booklet at the surgery when ordering repeat prescriptions.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident occurring when a patient attended for a vaccine inappropriately, as well as taking swift action to ensure the patient's immediate needs were met, the practice liaised with staff from other services including the midwife to clarify the appropriate protocol for screening. This prompted the local hospital trust to agree to update their care pathway documents to ensure the procedure was clearer for their staff. We saw the practice maintained a log of significant events to facilitate the analysis of any emerging trends. While we did find that some documentation around significant event analysis was incomplete, for example not listing all actions taken to prevent reoccurrence, we saw that comprehensive meeting minutes were maintained documenting discussions to disseminate learning to staff at all levels in the practice. Staff we spoke to were aware of recent incidents and were able to discuss with us the changes made to practice as a result.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Staff were able to discuss with us recent examples of alerts received and the action taken as a result.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and for the population groups of people with long term conditions, families children and young people, working age people (including those recently retired and students), people whose circumstances made them vulnerable and people with poor mental health (including people with dementia). The practice was rated as outstanding for providing effective services for older people.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice for 01/07/2016 to 30/06/2017 showed that the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was comparable to local and national averages; 0.63, compared to 0.65 locally and 0.9 nationally. (This data is used nationally to analyse practice prescribing and Hypnotics are drugs primarily used to induce sleep.)
- Similar data for the prescribing of antibacterial prescription items showed that practice prescribing was comparable to local and national levels; 0.92 compared to 1 locally and 0.98 nationally.
- The percentage of antibiotic items prescribed by the practice that were Cephalosporins or Quinolones (antibiotics which work against a wide range of disease-causing bacteria) was 3.32%, compared to the local average of 4.33% and national average of 4.71%.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had invested in devices such as hand held spirometers (devices to assess lung function) for opportunistic screening for breathing conditions as well as dermatoscope (a device that magnifies and provides focussed bright light which is polarized to allow examination of the structures of the skin) to facilitate

early identification of skin cancer. The use of these devices reduced the need for repeat appointments and help to ensure onward referrals to secondary care were made appropriately.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed evidence of practice performance against results from the national Quality and Outcomes Framework (QOF) for 2016/17 and looked at how the practice provided care and treatment for patients (QOF is a system intended to improve the quality of general practice and reward good practice.)

Older people:

This population group was rated outstanding because:

- The practice had led on devising a model of multidisciplinary team working that involved a local consultant geriatrician who attended at regular multidisciplinary team meetings. This ensured the needs of complex older patients were met. The geriatrician would carry out a home visit for patients at the request of the GP to complete more detailed assessment, and we were told of two recent cases where this had been done.
- The practice also held palliative care meetings on a six weekly basis, adhering to the Gold Standard Framework to ensure patients nearing the end of life had their needs and wishes met, and to promote access to the Macmillan nurses where required.
- The practice had developed and implemented an advance nurse practitioner (ANP) service for the locality which was funded by East Lancashire CCG. This team provide additional clinical care for patients living in 19 nursing and residential homes in Rossendale to decrease avoidable admissions. The practice employed a team of four nurses to deliver this service and provided active management, training and support to the team. The nurses had access to a mobile version of the patient record system to facilitate contemporaneous record keeping while visiting patients in the homes.
- Double appointments (20 minutes) were offered as standard to patients over the age of 85.

# Are services effective?

## (for example, treatment is effective)

- The practice brought community services in such as the falls team to speak to patients on annual Saturday flu clinics.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The district nursing team were invited to attend the GPs' lunch time meeting each Thursday to discuss cases and coordinate care.

People with long-term conditions:

This population group was rated good because:

- The practice was proactive in ensuring patients with clinical need were identified and accessed appropriate care. For example it offered opportunistic screening for atrial fibrillation (a condition affecting the heart) during recent flu clinics. This screening identified six previously undiagnosed patients who were then placed on the appropriate care pathway to access required treatment.
- The practice had devised and documented specific care pathways for a range of conditions to ensure appropriate and well managed treatment of patient's long term health needs.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- There was an effective recall system in place to ensure patients attended for their review appointments. Where possible, patients with multiple conditions had all

reviews carried out at one single review appointment, rather than having to attend multiple times. The practice had developed the nursing team's skill mix to facilitate this more streamlined way of working.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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 90% compared to the CCG average of 83% and national average of 80%. The practice was a positive outlier for this QOF indicator.
- The percentage of patients receiving appropriate anticoagulation (blood thinning) treatment was 92%, compared to the CCG average of 86% and national average of 88%.

Families, children and young people:

This population group was rated good because:

- The practice was piloting a paediatric multidisciplinary team meeting structure that included a local paediatrician as well as representatives from East Lancashire Child and Adolescent Service (ELCAS). These meetings took place every six weeks and were coordinated by the practice and covered the whole locality patch with other local practices invited to attend. The GPs were able to discuss with us in detail two specific cases where access to these external professionals had served to expedite children's access to appropriate care and support services, and we saw the minutes of the meetings where these cases were discussed to evidence this.
- Joint baby clinics with health visitors were held each week. As part of this clinic, the practice had incorporated ring-fenced time for case discussion with the health visiting team to ensure appropriate and timely sharing of information. For example, any attendance failures and potential safeguarding concerns were discussed. All staff at the practice had the opportunity to add messages to this clinic to ensure appropriate cases were discussed by the clinician in attendance.
- Health visitors and school nurses were located in the same building and worked closely with the practice.

# Are services effective?

## (for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice showed us recent data for its vaccine uptake rates which demonstrated improvement on the previous year. They were in line with the target percentage of 90% or above.
- The practice also runs a vasectomy clinic in Burnley for patients living within East Lancashire under a local incentive scheme commissioned by East Lancashire CCG. This service was audited regularly to monitor its effectiveness. Approximately 190 procedures had been completed in the previous year.

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

This population group was rated good because:

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme. The CCG average was 82% and national average 81%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice encouraged patients to attend national cancer screening programmes. The practice proactively promoted this during recent flu clinics held.

People whose circumstances make them vulnerable:

This population group was rated good because:

- The practice brought community services in to speak to patients on annual Saturday flu clinics, for example Carers Link.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice had recently registered 34 patients who were asylum seekers. The practice had developed a 'welcome pack' for asylum seekers containing useful local information. This welcome pack had since been shared with other local practices. The CCG confirmed to us that this had been done. The practice also worked closely with an asylum seeker support worker from a local charity.
- Administration staff held a list of vulnerable patients which was used to facilitate and support their continued access to appropriate care. For example, for those patients on the list on repeat medication, reception staff would proactively contact the patient to remind them that their prescription was due.
- The practice engaged in a 'shared care' scheme with the local substance misuse service. This included the prescription of substitute medication and regular review of all these patients.
- Carers of patients with dementia were offered a health check appointment at the same time the patient they cared for attended for their dementia review appointment to ensure their health and wellbeing needs were being met appropriately.

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

This population group was rated good because:

- The practice had recognised the lengthy wait patients experienced when referred to the memory clinic. They had commenced working with Alzheimer's Connect; patients were referred to Alzheimer's Connect while waiting to access assessment at the memory clinic. This ensured they received timely advice and support. A total of 28 patients had been referred to Alzheimer's Connect since the end of July 2017. All practice staff accessed training delivered by Alzheimer's Connect in October 2017 to raise their awareness of how best to support dementia patients and of the services offered by the organisation.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was a significant positive outlier when compared to the local average of 88% and national average of 84%.

# Are services effective?

## (for example, treatment is effective)

- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the local average of 93% and in line with the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 90% (CCG average 92%; national 91%); and the percentage of patients experiencing poor physical and / or mental health who had received discussion and advice about smoking cessation was 96% (CCG 96%; national 95%).

### Monitoring care and treatment

The practice had a comprehensive and well embedded programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw that the practice had a well-established programme of clinical audits which ensured audit cycles were repeated as necessary to monitor the effectiveness of any changes to practice implemented.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available (for year 2016/17) compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 10.8% compared with a local average of 11.8% and national average of 9.9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice informed us how it was being proactive in recalling patients who had previously been excepted, where appropriate, in order to maximise patients accessing recommended healthcare interventions.

- The practice used information about care and treatment to make improvements. For example, the practice had been aware of the high rate of missed appointments for new patient health checks. Over the year from October 2016 to October 2017 the practice accepted 1274 new patient registrations, each of which

were offered a new patient health check appointment lasting 20 minutes. A total of 33% of these patients failed to attend for this appointment. The practice redesigned the new-patient registration system to streamline the process. The modified system meant that new patients under the age of 40 who did not smoke and were not on any long term medication no longer required a new patient health check appointment. The new patient questionnaire had been updated also to ensure that appropriate information was held about these patients. The new system was implemented on 6 November 2017, and since this date the practice had accepted a further 66 new patient registrations. Of these 66, only 39 were offered a new patient health check appointment. This freed up 27 appointment slots for the HCAs for other patients over a two week period.

- The practice was actively involved in quality improvement activity. For example, a recent clinical audit around treatment of conjunctivitis (an eye condition) demonstrated reduced, more appropriate antibiotic prescribing in addition to improved documentation in line with best practice guidance. Another recent audit around atrial fibrillation (AF, a heart condition) demonstrated improved management of patients taking blood thinning medicine to control the condition; 94.7% of patients diagnosed with AF who were not taking Warfarin (a blood thinning medicine) had a record of appropriate risk stratification score in their notes, up from 15.5% previously. The percentage of patients with AF who were taking Warfarin with this risk score documented was had been improved from 19% to 100%. Audit selection was driven by the needs of the patient population.
- Where appropriate, clinicians took part in local and national improvement initiatives. The practice regularly engaged with the CCG's medicines management team in order to monitor the safety and effectiveness of medicines management and prescribing trends. The practice had recruited its own clinical pharmacist who was due to commence employment in January 2018 in order to further optimise the practice's medicines management.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles in the practice by audit of their clinical decision making, including non-medical prescribing. However, we did note assurance of the competencies of advanced nurse practitioners working in the care homes was not directly sought or formally documented on an ongoing basis.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The practice placed a high level of emphasis on working collaboratively with other professionals to best meet the needs of its patients.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. Patients discharged from hospital were contacted to find out whether a GP appointment was required to review their needs.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The proportion of patients referred under the two-week-wait referral pathway who were diagnosed with cancer was comparable to local and national averages (44% compared to 52% locally and 50% nationally).
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, patients on repeat medications requiring monitoring were provided with a monitoring booklet where all relevant tests were recorded. This booklet needed to be presented at the practice before repeat prescriptions would be issued.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as outstanding for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A yellow card scheme was in place in reception. If a patient wished to speak in private, the yellow cards were available on each reception desk. They did not have to say anything, but instead hand a yellow card to the receptionist who would arrange a confidential room for the patient to speak to staff.
- All of the 17 patient Care Quality Commission comment cards we received made positive comments about the service experienced, with 13 of them being wholly positive about the care and treatment received. This is in line with the feedback we received when talking to three patients during our inspection and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 345 surveys were sent out and 118 were returned. This represented a response rate of 34% and just under 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.

- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 99% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice had developed a number of its own patient information leaflets to make relevant information available to patients in an accessible way.



## Are services caring?

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 687 patients as carers (4.8% of the practice list).

- The practice ensured the various services supporting carers were coordinated and effective. Carers of patients with dementia were offered a health check appointment to coincide with the dementia health review for their relative.
- The practice had clear protocols to deal with patient deaths and bereavement support. GPs reviewed all deaths and ensured the appropriate support was offered. Information on bereavement support services was sent out to patients who had lost a loved one, along with an offer of additional support from the practice if they required it.

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 higher than local and national averages:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%. This indicator was a positive outlier for the practice when compared to the national average.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example it had set up and managed
- The practice offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs. For example,
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice offered longer appointments to patients with complex needs, used interpretation services for patients with English as an additional language and a hearing loop was available for those patients with hearing difficulties. Home visits were offered for those patients who experienced difficulties attending the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and nurses also accommodated home visits for those who had difficulties getting to the practice.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours as well as Saturday appointments for flu vaccinations.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including asylum seekers and refugees, travellers and those with a learning disability.
- Patients with complex needs were offered longer appointments.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively signposted patients to support organisations for those with mental health needs and those who had recently suffered bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

The practice undertook weekly demand and capacity appointment audits to ensure the appointment system was operating effectively. The practice modified the appointment system as necessary to meet demand. For example, telephone consultations had recently been introduced to the system.

The practice had introduced a discreet prescriptions point, where patients could collect prescriptions without queuing at reception. Also, a dedicated test results line had been introduced at specific times to give patients information on test results which decreased demand on incoming lines at peak times.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mostly higher than local and national averages. This was supported by observations on the day of inspection. While three of the completed comment cards mentioned difficulties getting an appointment when required, two specifically praised the practice for the last minute availability of appointments and the fact appointments were available when needed.

- 91% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%. This indicator was a positive outlier for the practice when compared to the national average.
- 89% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average – 71%.

- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 83%; national average – 84%.
- 89% of patients who responded said their last appointment was convenient; CCG – 81%; national average – 81%.
- 89% of patients who responded described their experience of making an appointment as good; CCG – 72%; national average – 73%.
- 45% of patients who responded said they don't normally have to wait too long to be seen; CCG – 61%; national average – 58%.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received since April 2017. We reviewed 2 complaints and found that they were satisfactorily handled in a timely way. We did however note that although the practice's complaints leaflet included appropriate information regarding how patients can escalate their complaint should they be unhappy with how the practice had resolved it, this information was not included with the practice's final response letter to the patients.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example we saw that the practice had clarified appropriate care pathways for onward referrals for back pain following a complaint. Staff we spoke to were aware of this and we saw meeting minutes confirming how the practice had disseminated the learning. We saw that the practice's response letter to the complainant clearly outlined how learning had been implemented to ensure care was improved.

# Are services well-led?

Outstanding



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

## Our findings

**We rated the practice, and all of the population groups, as outstanding for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The partners and management had considered succession planning and plans were in place to ensure the skill mix was maintained moving forward. For example, one of the GPs was completing the basic trainers' course to become a GP trainer in anticipation of a colleague's planned retirement in the upcoming two years.

### Vision and strategy

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

- There was a clear vision and set of values. These were available to patients in the practice's patient leaflet.
- The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy. The partners and management team held six monthly business strategy meetings to monitor the practice's performance in relation to the overarching strategy and business plan.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff told us they felt respected, supported and valued. They were proud to work in a high performing practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. The practice outsourced its human resources processes to an external contractor to ensure it was fully compliant with relevant employment legislation.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, following an incident involving patient information, the practice wrote to all patients affected to offer them an apology and explanation. We saw that appropriate changes to practice had been made in order to ensure the incident was not repeated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Four of the practice's receptionists were currently undertaking the AMSPAR (practice management training programme) course with a further two due to commence phlebotomy training. One of the practice nurses was also due to commence non-medical prescribing training in the New Year.
- The practice had a philosophy of 'growing its own' GPs. Two of the partners had previously been trainee GPs at the practice, and many other trainees had gone on to work as locums in the practice.

# Are services well-led?

Outstanding



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

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The practice arranged social events outside of the work environment, for example a recent 'walking quiz' around Manchester.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. All staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- All GPs in the practice met along with the management team on a daily basis over lunch time. While this meeting was primarily to discuss and allocate visit requests, deaths, safeguarding concerns, both clinical and non-clinical issues, it engendered an extremely positive team working ethos resulting in a strong support network amongst the GPs and practice management. The meetings facilitated effective and timely information sharing as well as coordination of patient care and ensured clinical workload was evenly distributed.
- The practice was committed to the local community and engaged in fund raising events to make donations to the local food bank, held Macmillan coffee mornings as well as a dementia walk being planned locally.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. However, there was some scope for more formal oversight of the competency of advanced nurse practitioners working in the care home team. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- A programme of clinical audit was embedded into practice with audit topic selection driven by the needs of the patient cohort. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

# Are services well-led?

Outstanding



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

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, the practice was in the process of proactively recalling patients who had previously been excepted from QOF in order to ensure patients accessed appropriate health interventions and further reduce the practice's exception reporting rate.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- PPG members also supported the practice by designing and conducting surveys as well as helping the practice improve patient care through involvement in training and acting as "mystery callers" to monitor and improve customer service. PPG members had supported medical students on placement both at this practice and others in the locality, by acting as patients for mock practical exams to allow them to prepare.
- The service was transparent, collaborative and open with stakeholders about performance. The practice was held in high regard by the CCG who emphasised to us the positive contribution the practice made to the local healthcare economy.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Following patient feedback, the practice had devised a 'sorry we missed you' card which was left at a patient's home following a home visit. This alerted family and carers of a patient that the visit had taken place, should the patient not have the ability to relay this information to them. We saw how staff had been actively engaged and contributed to the development of the practice's updated patient registration system.
- There was an active patient participation group (PPG). We spoke to three members of the PPG during our inspection and they confirmed that PPG members attended the practice's Saturday flu clinics each year. Following each year's clinics, the PPG provide the practice with written feedback to contribute to the smooth running of the sessions. The PPG members told us the practice was receptive to their feedback and implemented changes as a result. For example, this year mothers and children with prams were signposted to a clinic slot to avoid previous congestion in the queuing system.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice had agreed to pilot the Prescription Ordering Direct (POD) scheme (a new prescription ordering service that allows patients to order repeat prescriptions over the telephone and make the process more efficient) in the CCG area. Members of the practice team visited a practice in a neighbouring CCG area where the system had already been implemented to learn more about it and following this visit devised an action plan to detail how the system would be put in place. The practice liaised with local pharmacies to ensure they would work with the practice and facilitate a smooth transition and contacted patients to inform them of the changes. The practice 'went live' with POD in March 2017, and following the successful way in which the practice managed the transition, it has been approached by the CCG's medicines management team and asked to provide training to other practices in the locality. The practice is providing training on POD to approximately 30 other GP surgeries to assist them in putting the new prescription ordering service in place.
- The practice had representatives on the locality steering group, local GP federation and the local medical council. A number of the GP partners also held roles within the CCG.
- Staff knew about improvement methods and had the skills to use them.

# Are services well-led?

Outstanding



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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example the reception and administration team had been given protected time to contribute to the development of the new patient registration system.
- 'Care Navigation' training was planned for all staff in the new year, so as to ensure staff were best placed to direct patients to their most appropriate point of care for their needs.
- The practice was one of 14 practices in the CCG who had engaged with the 'Productive General Practice' NHS England initiative. This encouraged a team approach to process mapping and implementing improvements. Involvement in the scheme had produced demonstrable results, such as improving the efficiency of the new patient registration system. The practice was also working to improve the skill mix amongst staff to improve the resilience and flexibility of the workforce.