

# The Mosslands Medical Practice

## Quality Report

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Outstanding practice	8

### Detailed findings from this inspection

Our inspection team	9
Background to The Mosslands Medical Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mosslands Medical Practice on 10th September 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, appropriately reviewed 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 said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.
- The practice carried out a robust audit and review programme with completed clinical audits and planned audits which included independent nursing audits and joint review with nurses. They acted on information obtained from the audits to improve services for patients.

We saw areas of outstanding practice:

- The nursing team had a particularly good shared peer support and cross revalidation system between themselves and other practices. This was to ensure that best practice was always adhered to for the benefit of the patients.

# Summary of findings

- There was a strong affiliation with community services, children's services, district nursing teams, pharmacy and other support groups which were located in the building and nearby. This created particularly good communication opportunities and increased timely responses for patients using combined services.

**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. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

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. This included assessing capacity and promoting good health. 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.

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. 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.

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 secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. 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 other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There 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 and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. 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.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



# Summary of findings

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.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments when required.

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.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing below local and national averages around access and overall experience. However, all other responses showed the practice were performing higher than the local and national averages. There were 114 out of 395 responses and a response rate of 29%.

- 50% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 76% describe their experience of making an appointment as good compared with a CCG average of 85% and a national average of 85%.
- 50% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 85% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.

- 82% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 66% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 62% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received and the access provided. Comments included praise for the overall experience, caring and respectful staff, satisfaction around long term conditions, and always being treated with respect.

## Outstanding practice

- The nursing team had a particularly good shared peer support and cross revalidation system between themselves and other practices. This was to ensure that best practice was always adhered to for the benefit of the patients.
- There was a strong affiliation with community services, children's services, districting nursing teams,

pharmacy and other support groups which were located in the building and nearby. This created particularly good communication opportunities and increased timely responses for patients using combined services.



# The Mosslands 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, a practice nurse specialist adviser and an Expert by Experience.

## Background to The Mosslands Medical Practice

Mosslands Medical practice serves the whole of Irlam and Cadishead and regulated activities are provided from two surgeries, one at Irlam Medical Centre and the other at Longfield Lodge. Patients registered with the practice can attend whichever surgery they prefer.

The practice, until the last twelve months, has operated a stable, low turnover of staff. Recent transitions in medical staff mean that there are now five GP's (two male and three female), a senior nurse, two practice nurses and two healthcare assistants. They also have a practice manager and administration and reception staff. In the last 12 months they have identified a need for more staff and are making changes to meet the demand of the population. Nursing commitment has been increased through additional hours for existing staff, the recruitment of new nursing staff and a new nursing triage system.

The practice offers services to a population of 9000 patients in Irlam and Cadishead under a Primary Medical Services contract and run specialist clinics for children, asthma and

diabetes sufferers, smoking cessation and for patients needing minor surgery. Both surgeries have wheelchair access and an interpretation and translation service is available by appointment.

The Irlam Surgery is open Monday to Friday from 8.30am until 6.30pm and Longfield Lodge from 9am until 11.30am also Monday to Friday. Both locations are closed evenings and weekends when patients are directed to the GP Out of Hours Service. The five GPs collectively undertake 37 clinical sessions per week and the nurses are available on a daily basis. Routine appointments are available by telephone on a daily basis and can also be booked up to four weeks in advance. Emergency appointments are available at the discretion of the GP usually following a telephone consultation and nursing telephone appointments are also available on a daily basis.

The practice are involved in local research such as the Salford Lung Study and also help to teach fourth tier medical students with positive feedback from the students and from the Deanery. They have also attained an opportunity to teach an advanced nurse practitioner who will stay with the practice for two years. This will increase the practice's nursing services and enable the trainee a position at the end of their training if they wish to take it up.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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

## How we carried out this inspection

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 10th September 2015. During our visit we spoke with a range of staff including four of the GPs, two members of nursing staff and a core representation from the management, reception and administration staff. We also spoke with nine patients who used the service and observed how people were being cared for. We reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach to safety and a system in place for reporting and recording significant events. All events were logged on the practice's reporting system and also recorded on the patient's notes. People affected by significant events received a response in a timely way and apologies, if required, were sincere. Complaints received by the practice were recorded and treated as a significant event when relevant and people were told about any actions taken to improve care, specifically if the event had prompted a change.

There was a consistent approach to recording and reporting and staff told us they were encouraged to make a report directly on to the system or to speak to someone else if preferred, either a peer, manager or partner. There was a good history of recording over time and we saw that the information was used to reflect on working practice and make changes when required.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Incidences ranged from clinical to administration and showed discussions taking place and actions taken to make sure that safety was improved where possible. Events of significance were shared within the neighbourhood cluster of GP practices and peer review and support was provided through sharing and learning.

Safety was also monitored using information from a range of sources (such as the use of National Institute for Health and Care Excellence (NICE) guidance) which enabled staff to understand risks and provide them with a clear, accurate and current picture of safety. They also responded to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts.

### 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role including Deprivation of Liberty Safeguards (DoLS). Flags on clinical records identified patients who were vulnerable.

- A notice was displayed in the waiting room and consulting rooms, advising patients that chaperones were available, if required. Chaperones were offered routinely, and all staff who acted as chaperones were trained for the role and 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a basic health and safety policy available for staff and staff understood their responsibilities and what to do if they had any concerns. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 and Legionella.
- 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. The nursing staff carried out monthly audits and each room received an environmental audit which covered equipment, hand hygiene, protective equipment and waste management. There was an infection control protocol in place and staff had received up to date training. Hand washing guidance and spill kits were available in the event of urine or vomit spills and nurses were responsible for cleanliness in their own areas.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing and security). Regular medicine 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. We saw evidence where patients were identified and invited to attend appointments to change their medicines when required. A colour coding system was used to plan when medicine reviews were needed and patients could select to use the electronic prescribing system if they wished. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the 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.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. 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. There was an old, unused first aid box in the practice library which was pointed out during inspection and removed immediately.

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. The plan required updating to reflect current requirements and staff required awareness about how to access information quickly in the event of the unexpected, such as a telephone threat, or bomb scare.

# 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) and Medicines and Healthcare Products Regulatory Agency (MHRA) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. They used any information to develop how care and treatment should be delivered to meet needs of their patients. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. There was good cross verification of each other's practice, specifically between the nurses.

### 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 (2013/2014) showed that the practice were high achievers and had obtained 98.2% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for clinically related indicators were mostly better than the national average. For example
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 82.65% against the national average of 77.72%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.74% against the national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was 92.75% against the national average of 83%

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% against the national average of 86%
- The dementia diagnosis rate was 89% against the national average of 84%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been several clinical audits completed in the last two years, which were full cycle audits where the improvements made were implemented and monitored. Completed examples included audits on urinary tract infections, sore throat prescribing and referrals. Other audits such as urate and osteoporosis were listed to be undertaken in the next twelve months. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. Information received from Salford Clinical Commissioning Group (CCG) was regular used by the practice, as a whole, to benchmark, compare and contrast their services accordingly.

Nurses felt encouraged to bring forward their ideas and felt included and listened to by the GPs.

We saw cytology audits completed by the practice nurses who had team meetings where they share information so that any inadequate or negative results were addressed and shared between all of them. They then looked to see how they could improve their practice and provide a better service. Similar processes were in place for other treatment regimes such as diabetes and chronic obstructive pulmonary disorder (COPD).

We saw where audits had changed practice. For example if nurses interpreted that HbA1c results (diabetes indicators) were low, the patient was called in and the results were correctly diagnosed and re-recorded at the time they were seen.

Information about patients' outcomes was used to make improvements such as medicine reviews and changes in medicines and up to date guidance was pro-actively sought in the event of new initiatives. For example when a

# Are services effective?

## (for example, treatment is effective)

new immunisation for children was introduced (Meningitis B) the practice sought out information so that they could be prepared for questions from the patients the patients as there was no national guidance received.

### 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The nursing staff in particular had a robust peer support and review group where they continually monitored, shared and reflected on each other's working practice to ensure they were delivering the best, most up-to-date and most appropriate services.

### 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. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place at least monthly and care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. One of the GPs who undertook some minor surgery procedures kept a list of patients they had seen and called them two weeks after their appointment to check that the procedure had been satisfactory and receive their feedback. They also checked that consent had been appropriately received and that pros, cons and risks had been discussed.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, 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.

### 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 or given advice at the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also identified patients who required screening through opportunistic questioning during minor ailments clinics, NHS health checks and new patient checks.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. The practice

## Are services effective?

(for example, treatment is effective)

took part in directed enhanced services to ensure that children in the practice area benefited from the recommended immunisation courses and reinforced doses. Childhood immunisation rates for vaccinations given to under two year olds ranged between 79% and 99% which were comparable or higher than that national averages which ranged between 79% and 98%.

Flu vaccination rates for the over 65s were 77%, and at risk groups 60%. These were also above national averages which were 73% and 53% respectively.

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 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 and they could offer them a private room, if required, to discuss their needs.

All of the 19 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also received information from members of the patient participation group who told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. The CQC comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 86%.
- 88% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

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

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was a television system giving information on better lifestyle, the surrounding environment, and support available within the community. There were information leaflets and telephone numbers clearly visible. There was also good information on the practice web page.

The practice's computer system alerted GPs if a patient was also a carer. Available information on the practice internet about carers was informative and asked carers to inform their carer status with the practice when registering, letting



## Are services caring?

them know who they were caring for. The paper registration form also asked carers to identify themselves. The practice held a register of carers and offered support via the carer support group and health improvement team.

The practice had good relationships with the district nursing team who were located close by and kept in touch with families of patients at the end of their lives. Staff told us

that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. Advice and support was offered through counselling services and the practice kept death notification forms at reception and on their computer system so that uncomfortable or distressing conversations did not occur in error.

# 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. 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 worked closely with local GP networks and community services such as the Health Improvement Team and Children's Services to make sure services were meeting people's needs. The pharmacy, community services, children's teams and district nursing teams were located either in the premises or nearby and this provided easy access, improved communication and good working relationships for the benefit of the patients seeing any of these services.
- There were longer appointments available for people with a learning disability, language barriers, older people and others when required.
- Home visits were available for older patients and other patients who would benefit from them. There were monthly multidisciplinary team meetings to discuss patients with complex needs, consent issues, and patients living in nursing/residential homes or those nearing the end of their lives.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- They had a close working relationship with the health improvement team, dementia café, fibromyalgia support group, carer support, bereavement counselling and weight management services.

### Access to the service

The Irlam Surgery was open Monday to Friday from 8.30am until 6.30pm and Longfield Lodge from 9am until 11.30am also Monday to Friday. Both locations were closed evenings and weekends when patients were directed to the GP Out of Hours Service. The five GPs collectively carried out 37 clinical sessions per week and the nurses were available on a daily basis. Routine appointments were available by telephone on a daily basis and could also be booked up to

four weeks in advance. Emergency appointments were available at the discretion of the GPs usually following a telephone consultation and nursing telephone appointments were also available on a daily basis.

The practice were trying to improve access and had changed their appointment system to be more flexible and more supply to demand. They had introduced a nurse triage system which was reducing the number of patients attending the practice unnecessarily.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or lower to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 50% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 63% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

### 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 in the way of posters displayed and a leaflet explaining what to do and who to speak to. There was also information on the practice website and the practice had developed a new complaints form where the complaint could be directly written on to the form and transferred to the complaints log. We reviewed complaints received in the last twelve months 12 months and found they were satisfactorily handled and dealt with in a timely and open manner. Lessons were

# Are services responsive to people's needs?

(for example, to feedback?)

learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which staff knew and understood the values. They had a robust strategy and supporting business plans which reflected the vision and values and were regularly reviewed.

### 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. They were in the process of moving to an improved electronic system to store their policies and procedures and improve monitoring and review of the same.
- There was a comprehensive understanding of the performance of the practice
- They had a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- 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 ensured high quality care. They prioritised safe, high quality and compassionate care and were clear of their future objectives. The partners were visible in the practice and staff told us that they were approachable and always took 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 and there was an open culture within the practice with the opportunity to raise issues. Staff said they were encouraged, confident in doing so and supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. They were all

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.

Staff nights out were held where the doctors and nurses attended, usually at Christmas time and also one a year when quality outcome framework (QoF) was submitted. Staff received a bonus at Christmas and felt appreciated.

### 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. 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 on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice felt they had good communication with their patients and were continually trying to improve it through the PPG.

The practice gathered feedback from staff through staff away days 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. They said they worked in an environment where all the staff knew and were interested in the population of the practice and it had a family doctor feel about it. Reception and medical staff knew the patients well and the patients responded that they felt well supported by GPs who understood them. 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. They were keen to become a bigger training practice and were working with the Deanery and nursing councils to support this.

The new triage system was working very well and they were proactively scrutinising the next day's appointments to explore if there were any urgent cases which could be prioritised for attendance. The GPs and nurses were working outside appointments to meet demand.