

The Northenden Group 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?	Requires improvement		
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
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to The Northenden Group Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northenden Group Practice on 2 July 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, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Most staff had received training appropriate to their roles and 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 difficult to get through to the practice on the telephone, and feedback about the appointment system was mixed. Same day appointments were available.
- 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.

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

Importantly the provider must:

Summary of findings

- Ensure they follow their recruitment procedures so that appropriate checks are carried out prior to employing staff. A Disclosure and Barring Service (DBS) check must be obtained for all clinical staff.
- Ensure all staff had received up to date mandatory training such as fire training and, basic life support training and infection control training.
- Ensure that a fire risk assessment is carried out for the Gatley Green Surgery.

Additionally the provider should:

- Arrange training in the Mental Capacity Act 2005.
- Replace disposable privacy curtains every six months.
- Closely monitor the appointment and telephone system taking into account patient satisfaction.
- Update the business continuity plan.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice did not follow the recruitment policy and a Disclosure and Barring Service (DBS) check had not been carried out for all clinical staff. Staff had not received training in fire safety, and not all staff were trained in basic life support or infection control. Although there was a business continuity plan this was several years out of date and contained incorrect information.

Requires improvement



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. Although training was not fully up to date for all staff this was being addressed. 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 responded in line with 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. The practice had good facilities and was well equipped to treat patients

Good



Summary of findings

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. The practice operated a telephone triage service for most appointments, and face to face appointments were made following a telephone consultation if required. Satisfaction with the system was varied and patients reported it was difficult to get through to the practice on the telephone. The practice was monitoring the situation.

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 with the exception of some safety checks and risk assessments which require improvement. 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. 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 with the exception of some safety checks and risk assessments which require improvement. 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 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 with the exception of some safety checks and risk assessments which require improvement. 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 requires improvement for the care of working-age people (including those recently retired and students). The age profile of patients at the practice was slightly higher for those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. A

Requires improvement



Summary of findings

telephone triage system was in place so patients received a telephone call from a GP, then an appointment if it was felt necessary. Patients reported this was inconvenient if they worked. Extended hours opening was until 7.45pm on a Monday.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable with the exception of some safety checks and risk assessments which require improvement. 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. It offered longer appointments for people with a learning disability.

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 mostly 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) with the exception of some safety checks and risk assessments which require improvement. Patients experiencing poor mental health were invited for an annual physical health check. 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 in some cases. There were 113 responses which represents 1% of the practice population.

- 59% find it easy to get through to this surgery by phone compared with a CCG average of 67% and a national average of 73%.
- 75% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 28% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 63% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 93%.
- 41% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 43% feel they don't normally have to wait too long to be seen compared with a CCG average of 55% 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 24 comment cards. Most of these provided positive comments about the service and staff. Patients commented that GPs were thorough, caring and listened. which were all positive about the standard of care received. Although some found the appointment system effective others commented that they did not like the telephone triage service and they found it difficult to get through to the practice on the telephone. We spoke with 16 patients and their comments were also mainly positive about the GPs, staff and service, with mixed feedback about the appointments system.

Areas for improvement

Action the service **MUST** take to improve

- Ensure they follow their recruitment procedures so that appropriate checks are carried out prior to employing staff. A Disclosure and Barring Service (DBS) check must be obtained for all clinical staff.
- Ensure all staff had received up to date mandatory training such as fire training, basic life support training and infection control training.

- Ensure that a fire risk assessment is carried out for the Gatley Green Surgery.

Action the service **SHOULD** take to improve

- Arrange training in the Mental Capacity Act 2005.
- Replace disposable privacy curtains every six months.
- Closely monitor the appointment and telephone system taking into account patient satisfaction.
- Update the business continuity plan.

The Northenden Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a practice nurse specialist advisor and an expert by experience. An expert by experience is someone who uses health and social care services.

Background to The Northenden Group Practice

Northenden Group Practice is situated on a busy main road in the Northenden area of Manchester. It is located in a health centre where other services, such as district nurses and health visitors, are also provided. It is a single storey building that is fully accessible for people with disabilities. There is a car park. There is also a branch surgery, Gatley Green Surgery. Gatley Green surgery has three floors and there is a passenger lift. Car parking is available on the road outside. Patients are able to access whichever surgery is most convenient for them.

The practice contracts with NHS England to provide General Medical Services (GMS) to the patients registered with the practice. At the time of our inspection 10,841 patients were registered. The practice was registered with the CQC for the regulated activity treatment of disease, disorder or injury. They had realised they required registration for other regulated activities and were in the process of applying to add those to their registration.

There were five GP partners and four salaried GPs, with a whole time equivalent of seven GPs. Five were female and four were male.

The surgery at Northenden is open from Monday to Friday between 8.30am and 6pm. On a Monday evening they operated extended hours opening until 7.45pm. There are no fixed appointment times and GPs made appointments for their patients flexibly within the opening hours. The surgery at Gatley Green is open from 8.30am until 6pm Mondays, Tuesdays and Thursdays and it closed at 2pm on Wednesdays and Fridays.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours service.

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 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:

Detailed findings

- 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 2 July 2015. During our visit we spoke with a range of staff including four GPs, two practice nurses, a healthcare assistant, the practice manager and two receptionists. We also spoke with 16 patients and reviewed 24 CQC comments cards.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where staff had difficulty locating the oxygen all staff were informed of its location and a sign was put up to alert staff and other people to where it was kept.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

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. The safeguarding children protocol clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Following our inspection the practice confirmed they also had a safeguarding adults protocol. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and had been trained to the appropriate level. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. GPs had been trained to the appropriate higher level.
- A notice was displayed in the waiting room, advising patients they could request a chaperone. Clinical staff usually acted as a chaperone but the practice manager was arranging training for non-clinical staff in case they

were required. The clinical staff who acted as a chaperone had not had a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager told us they were aware DBS checks would be required for non-clinical staff if they performed chaperone duties.

- NHS Property Services had arranged for a fire risk assessment to be carried out for the Northenden Group Practice site but a fire risk assessment had not been carried out for Gatley Green Surgery. Fire extinguishers had been checked. Clinical equipment was checked to ensure it was working properly. Staff had not been trained in fire safety although training for staff at the Northenden Group Practice site was being arranged.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. However, we saw that in two consultation room disposable privacy curtains had not been changed since February 2014. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but not all staff had received training in infection prevention and control. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- There was a recruitment policy in place but this had not been followed when new staff had been recruited. For example a full employment history was not always provided, evidence of identity was not always held and references were not always requested. DBS checks had not been carried out for staff, including clinical staff.
- 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

Are services safe?

place for all the different staffing groups to ensure that enough staff were on duty. In addition the practice manager had an arrangement with another practice so a bank of staff was available to provide cover at short notice.

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. Not all staff had received training in basic life support. The practice had a defibrillator available

on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. However information provided in this was several years out of date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.5% of the total number of points available. Data from 2013 to 2014 showed:

- Performance for diabetes related indicators were similar to expected for the clinical commissioning group (CCG) and national average with the highest indicator showing 96%
- The percentage of patients with hypertension having regular blood pressure tests was slightly below the expected CCG and national average at 78%
- Performance for mental health related indicators were similar to expected for the CCG and national average with the highest indicator showing 99%
- The dementia diagnosis rate was similar to expected for the CCG and national average at 80%

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, and we reviewed two of those. One related to the prescribing of an antibiotic medicine and we saw plans had been made to reduce prescribing. We saw the audit plan to show when the prescribing rate would be reassessed. We also saw an audit tool for chronic kidney disease that was

continually in use to monitor medicine prescribing. Findings from audits were used by the practice to improve services. The practice participated in applicable local audits and research.

Effective staffing

Most 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 and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff training was monitored, but not all required training had been carried out for all staff. This included training for infection control, fire safety and basic life support. Although formal training had not always been carried out staff knew where to access advice and the practice manager was in the process of formalising training that was required. Staff had an annual appraisal with their line manager and said they were well-supported at work.

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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place twice a month and that 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. Staff understood the relevant consent and decision-making requirements of

Are services effective?

(for example, treatment is effective)

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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice nurse sought the advice of a GP in these circumstances. Formal training in the Mental Capacity Act 2005 had not been provided for staff. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. The GPs and practice nurse demonstrated a clear understanding of the Gillick competencies. These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included those 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. Some services were available in the same building and others in the local area. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 94%, which was in line with the CCG average of 94% and above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.5% to 99.2% and five year olds from 88.88% to 98.1%. Flu vaccination rates for the over 65s were 63%, and at risk groups 50%. The rate for over 65s was below the national average. The practice had identified this and had put plans in place to increase these figures. Plans included text reminders, telephone calls to patients and home visits by the practice nurses. The practice had also contacted practices with a higher vaccination rate to share their best practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and health checks for patients aged 75 and over. 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 they could offer them a private room to discuss their needs.

The majority of the 24 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. Most comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 86% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 82% 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%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 75% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 lower with local and national averages. For example:

- 80% 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%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. These services were available by telephone for patients requiring an emergency appointment. Sign language translators were also used by the practice.

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. Leaflets were also available.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

A counselling service was available in the local area and GPs could refer patients to this service. The patients we spoke with had not needed to access such a service. Patients told us that when they had suffered a bereavement they were offered additional support by the practice.

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 clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, there was regular liaison with the medicines management team and the neighbourhood team, with input from social services, school nurses and health visitors.

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

- The practice offered extended hours opening every Monday, with the latest appointment being 7.30pm.
 - There were longer appointments available for people with a learning disability.
 - Home visits were available for older patients / patients who would benefit from these.
 - Urgent access appointments were available for children and those with serious medical conditions.
 - There were disabled facilities, hearing loop and translation services available.
 - The practice advertised the NHS Choose Well campaign to advice patients of the different types of care they could access in their area.
 - Protocols were in place to ensure information was transferred appropriately between services such as the out of hours service and the A&E department.
- Information about patients with a current Do Not Attempt Cardio Pulmonary Resuscitation in place was shared with the ambulance service.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday, with additional extended hours opening until 7.45pm on a Monday. Appointment times were not fixed and patients could be seen at any time the practice was open. The practice had a triage system for appointments. Patients telephoned the practice and were asked for a brief description of their issue. A GP then telephoned them back. The GPs explained they found a lot of patients could be dealt with by telephone and if a face to face appointment was required an appointment was made. GPs explained

that they were flexible about when they telephoned patients and if they worked they could request a call back during a work break or after work. Patients had the option to attend either the Northenden or Gatley Green surgery.

Satisfaction with patients about the appointment system was mixed. Comments on the NHS Choices website indicated a lot of patients were not satisfied with the system. Patients we spoke with told us it was very difficult to get through on the telephone in order to book a telephone triage appointment. However, patients told us that once they had got through on the telephone they considered the service to be good. The practice had introduced the current appointment system in liaison with the CCG as patients had not been satisfied with the previous system.

We saw a patient attend the practice in person when the practice had just opened in the morning. We saw that they were asked to take a seat while a receptionist spoke with a GP. We saw that there was flexibility with the appointment system as they were seen by a GP.

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 59% patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 83% and national average of 85%.
- 41% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

The practice was monitoring feedback and considering other options to increase patient satisfaction while continuing to liaise with the CCG regarding the most suitable appointment system for their patient population.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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. We spoke with one patient who had made an official complaint previously and they were satisfied with how their complaint was dealt with. Information was available on the practice's website about how to complain, and there was the facility to make a complaint on-line.

We looked at the complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Staff confirmed complaints were discussed at practice meetings and they were kept informed of any learning issues.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a statement of purpose that staff were aware of. This outlined the values of the practice.

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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was 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 ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. We observed practice nurses asking for advice from others, and they told us they were encouraged to be open, saying they were well supported by clinicians.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if

they did. We also noted that every three months the whole team had an 'away afternoon'. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. There was a comments and suggestions box but the practice manager told us it was rarely used. The practice manager monitored the NHS Choices website and responded to comments made. They also analysed the GP patient survey. The practice looked at the results of the Friends and Family Tests. We saw that negative comments were mainly around appointment booking.

The practice had a patient participation group (PPG). The practice was in the process of recruiting more members so it would be more representative of the patient population. Notices were in the waiting area and information was available on the website. The PPG had started to be chaired by a lay member of the clinical commissioning Group (CCG) patient group. The PPG had been involved in changes made to the appointment system, and one member who was hearing impaired had given feedback about how the telephone triage system could be managed

Innovation

The GP encouraged continuous learning and improvement for all staff employed within the practice. All staff were set objectives during their annual appraisal and staff told us they could request additional training if they felt it was required. A new practice manager had been appointed during the previous 12 months and there had been changes to the staffing team. The practice trained healthcare assistants to support the nurses and new healthcare assistants were in the process of being recruited.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person did not fully assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe. This was in breach of regulation 12(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>Not all staff had received the training they required to carry out their duties. This included mandatory training such as fire safety training and basic life support.</p> <p>A fire risk assessment had not been carried out at the Gatley Green Surgery.</p> <p>Regulation 12(2)(b)(c)(d)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered person did not operate robust recruitment procedures to ensure they only employed fit and proper staff. This was in breach of regulation 19(1)(a)(b)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>A full employment history and evidence of identity was not kept for all staff. Where it was necessary for a Disclosure and Barring Service (DBS) check to be carried out this had not always been completed.</p> <p>Regulation 19(1)(a)(b)(3)(a)</p>