

# Woodbank Surgery

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodbank Surgery on 19 July 2016. Overall the practice is rated as requires improvement.

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. However, reviews and investigations were not always carried out and there was sometimes no documented evidence of learning and communication with staff.
- Although risks to patients who used services were assessed, the systems and processes were not always implemented to ensure patients were kept safe. For example, areas of concern arose in relation to the management of READ coding and scanning patient information onto the IT system.
- The fire alarm had been regularly tested and up to date fire risk assessments had been carried out. Small electrical equipment was checked to ensure its safe use.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Performance for breast screening for females aged between 50 and 70 was better than the national average.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information about how to complain was available and easy to understand. Not all complaints had been logged and there was no detailed evidence of the learning outcomes.

# Summary of findings

- Staff gave mixed reviews about the level of support they received from senior staff.
- Communication systems were in place although they did not always work well. For example, we were told that locum GPs did not always receive effective supervision for their role.

The areas where the provider must make improvements are:

- Implement more effective governance arrangements to improve communication among the staff team, keep staff informed about identified risks and the ongoing monitoring and reviewing of the safety of the service including information about significant events, medical alerts, for the purpose of learning and improving outcomes for patients.

The areas where the provider should make improvement are:

- Establish a system to check and monitor administrative systems around scanning patient information.
- The practice should complete the task of obtaining DBS checks for those staff acting as chaperones.
- A register of carers should be kept.
- Medicines should be stored securely and a record of the emergency medicines stored should be kept for the purpose of auditing.

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.

**Requires improvement**



- There was a system in place for reporting and recording significant events and staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always carried out and there was no evidence of learning and communication with staff.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented to ensure patients were kept safe. For example, areas of concern arose in relation to the management of READ coding and scanning patient information onto the IT system, children's attendance at A & E was not monitored and some improvements were needed to the condition of the minor surgery room.
- Improvements were needed to the condition of the minor surgery room. For example, the flooring was damaged and cupboards were broken.
- The fire alarm had been regularly tested and up to date fire risk assessments had been carried out. Small electrical equipment was checked to ensure the equipment was safe to use. Equipment used by clinicians was calibrated to ensure it was in good working order.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice had adequate arrangements in place to respond to emergencies and major incidents. For example, staff were trained in basic life support and there were emergency medicines available in the treatment room.
- A thorough recruitment and selection procedure was in place to ensure suitable staff were employed.

### Are services effective?

The practice is rated as requires improvement for providing effective services.

**Requires improvement**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.

# Summary of findings

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Performance for breast screening for females aged between 50 and 70 was better than the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits submitted prior to the inspection did not demonstrate quality improvement. Information was submitted after the inspection demonstrated improvements to services more clearly, although lacked detail about re auditing.
- The practice had an induction programme for all newly appointed staff.
- There was evidence of appraisals for staff support and development
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Meetings were not always minuted.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years.

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- The outcome from the Friends and Family Test produced mixed results about patient satisfaction with the service they received. However we were informed that the trend of improvement was improving.
- Patients commented through the CQC comment cards that 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



# Summary of findings

- We were informed that extended hours were available for GP appointments. We were also informed these extended hours were only for patients to pick up prescriptions etc. and GP appointments were unavailable.
- Two week referrals to secondary care were reviewed to ensure patients received their appointment within the timescale. However, this information was not audited to check the patient had attended the appointment.
- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients told us that improvements had been made to the appointment system and a new phone system was being introduced in the next couple of months.
- Information about how to complain was available and easy to understand. There was a designated person responsible for handling complaints and staff knew to report concerns and complaints from patients to a senior member of staff.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients, and this was shared with staff and a copy of the mission statement was displayed in the waiting area.
- There was a leadership structure, although not all staff said they felt supported by this.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were some governance systems to support the delivery of the service. Some staff reported they felt respected, valued and supported, particularly by the GPs in the practice. They told us they were now more 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.
- There was a system in place to share information with the staff team and health care professionals, although these meetings were not always minuted.

**Requires improvement**



# Summary of findings

- Communication systems were in place although staff shift pattern sometimes prevented this from working well. For example, we were informed that the permanent GPs do not check sessional GPs notes or review their work.
- The practice pro actively sought feedback from staff and patients. The patient participation group which had dwindled over the last year was currently being reactivated.

# 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

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of older patients. There were however some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. We were informed that some patients had individual care plans although they were not always formalised.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff worked with the Clinical Commissioning Group to look of ways of improving the care for older patients.
- Regular reviews of patients' health and medicines were carried out with all patients over 75 years.
- We were informed that GPs provided a weekly nursing home ward round to support staff with the patients' care. However, we were also informed that GPs no longer provided this service; rather they visited patients when requested.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were comparable to CCG and national averages.

**Requires improvement**



### People with long term conditions

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of patients with long-term conditions. There were however some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Staff worked with health care professionals to support these patients with their health care needs.
- 96% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months. This compared to the CCG average of 91% and the national average of 88%.
- Longer appointments and home visits were available when needed.

**Requires improvement**





# Summary of findings

- Patients had an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of families, children and young patients. There were however some examples of good practice.

- Immunisation rates were relatively high for all standard childhood immunisations.
- 84% of women aged 25-64 have received a cervical screening test in the preceding 5 years. This compared to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates for the standard childhood immunisations were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 88% to 100%.
- There was a full range of family planning services available at the practice.
- Staff worked with the community midwife team who also provided access to ante-natal care to patients outside of the core hours.
- The practice worked with Social Services to offer a support service to patients in need.
- The practice proactively supported health promotion. For example, vaccination schedules and cervical screening.
- We were informed that staff were aware of families with difficulties and children under child protection orders.

Requires improvement



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

There were aspects of the practice which require improvement and this related to all population groups. The practice is rated as requires improvement for the care of working age patients (including those recently retired and students). There were however some examples of good practice.

- Appointments with the practice nurse and health care assistant were available from 8am.

Requires improvement



# Summary of findings

- Routine GP appointments were available to pre-book in advance from 8am.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- NHS health checks were actively promoted.
- The practice website enabled patients to book online appointments.

## People whose circumstances may make them vulnerable

There were aspects of the practice which require improvement and this related to all population groups. The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. There were however some examples of good practice.

- Longer appointments were available for patients with a learning disability.
- Staff worked with other health care professionals in the case management of vulnerable patients.
- Patients were informed 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.
- Reception staff were alerted via the IT system to patients who failed to collect prescriptions.
- GPs worked with and referred to local drug and alcohol services as needed.
- We were informed that GPs supported patients who were seeking asylum and new to the UK. They were provided with advice and guidance regarding their health care and monitored for frequent A&E attendance.

**Requires improvement**



# Summary of findings

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

There were aspects of the practice which require improvement and this related to all population groups. The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia). There were however some examples of good practice.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was compared to the CCG average of 89% and the national average of 84%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- We were informed that the practice carried out advance care planning for patients with dementia. However, we were also told that care planning was not always in place for patients with poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Longer appointment were available as needed including same day access to healthcare services from the practice
- Annual reviews were available for patients with complex mental health needs with a choice of clinicians.
- A register was kept of patients with mental health issues.
- We were told that the practice had a system in place to follow up patients who had attended A & E where they may have been experiencing poor mental health. However, we were also told this was not the case.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published January 2016 showed the practice was performing below local and national averages. 316 survey forms were distributed and 108 were returned. This represented 2.2% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 54% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 47% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards. Overall patients commented they were always treated with respect and

they were happy with the service they received. They said they had time during their consultation to talk about their health care issues and they felt listened to by the GPs and practice nursing staff. One of the patients said appointments were prompt and they were given advice, treatment and care as required and always to a high standard. One patient

commented positively on the standard of hygiene throughout the practice. Patients described the staff as kind and caring. They reported the reception staff were very friendly and helpful. Four patients commented that it was sometimes difficult to get an appointment. One patient commented that the service was improving.

We spoke with two patients during the inspection. The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said the practice had significantly improved over the last six months and they were now much happier with the service provided. They said there was now more consistency with permanent and sessional GPs and booking an appointment was now much easier.

## Areas for improvement

### Action the service **MUST** take to improve

- Implement more effective governance arrangements to improve communication among the staff team, keep staff informed about identified risks and the ongoing monitoring and reviewing of the safety of the service including information about significant events, medical alerts, for the purpose of learning and improving outcomes for patients.

### Action the service **SHOULD** take to improve

- Establish a system to check and monitor administrative systems around scanning patient information.
- The practice should complete the task of obtaining DBS checks for those staff acting as chaperones.
- A register of carers should be kept.
- Medicines must be stored securely and a record of medicines stored and administered to patients must be kept for the purpose of auditing.

# Woodbank Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Woodbank Surgery

Woodbank Surgery is located in Brandlesholme, Bury, Lancashire within the Bury Clinical Commissioning Group area. The surgery has a car park for 15 cars including two dedicated disabled parking bay. There is also off street parking. The surgery is located on a bus route which gives easy access to Bury town centre.

There are three male GPs and one female GP working at the practice. Two are salaried GPs and two are sessional GPs. The GPs work between two and eight sessions per week.

There is one practice nurse, one advanced nurse practitioner, an advanced level health care assistant (all female) and a pharmacist and prescriber (male). All of these staff work part time.

The practice is open from 8am – 8pm Monday to Friday.

GP appointment times:

Monday and Tuesday: 8am – 8pm

Wednesday: 8am – 5.30pm

Thursday: 8am – 7.30pm

Friday: 8am – 5.30pm

Extended hours are provided every Tuesdays between 6 pm and 8pm. Additional hours provided on a Monday, Wednesday, Thursday and Friday are done at the good will on the GPs.

The practice is part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

The practice has a Primary Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

4,739 patients are registered at the practice.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 July 2016. During our visit we:

- Spoke with a range of staff including the medical director (who is also a GP), another GP (salaried), the practice nurse, the advanced level health care assistant, the practice manager, their line manager, and two members of the administration team.
- Spoke with two patients who used the service.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or one of the GPs about any incidents that took place and there was a recording form available on the practice's computer system.
- Before the inspection we were provided with log of the significant events that had taken place and saw evidence that when things went wrong with care and treatment, patients were informed of the incident. The practice manager recorded significant events during meetings when they are discussed. One of the GPs reported they did not attend these meetings as they were not on duty at that time. They confirmed they received an email informing them of the outcome of the discussions held about the significant events they had reported. However, they had not been provided with any minutes of meetings and did not know where they were stored.
- During the inspection we were informed of other significant events that had occurred which were not included in the main log of events. Although we were given an explanation of the circumstances around these incidents, we saw no evidence of follow-up actions or that the issues had been discussed with staff for the purpose of learning.
- We discussed the systems in place to manage safety alerts. We were informed that safety alerts were communicated to the team via email. We saw no evidence that the GP we spoke with was up to date with recent safety alerts. For example, we discussed a recent alert which identified problems with insulin pens. The GP we spoke with could not recall this issue. They told us they would carry out a search for affected patients and place an alert in patient notes. However, they could not demonstrate this with an example.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff, although some staff

were not aware of these policies. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP we spoke with told us they were not aware of any safeguarding meetings and did not attend these meetings. There was a lead GP for adult and child safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Information about female genital mutilation was available to staff. The GP we spoke with was trained to safeguarding level three. We were informed that children's attendance at A&E was not monitored by the practice.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The staff had not yet completed a Disclosure and Barring Service (DBS) check, although this issue was in the process of being addressed and we were provided with evidence following the inspection to confirm this. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit took place in February 2016 and we saw evidence that action was taken to address any improvements identified. There were supplies of soap and paper hand towels in staff and public toilets. A cleaning schedule was in place for cleaning equipment. A supply of protective equipment such as gloves and aprons was available. There was a policy to deal with spillage of body fluids and a cleaning kit was available. Sharps boxes were available and a sharps injury policy was displayed. Infection control was included in staff induction training. We looked around one of the treatment rooms where minor surgery was performed. The lino flooring was damaged by the door and split around the edges and some of the cupboards that stored equipment were damaged around the edges and some of the doors could not be closed properly.

## Are services safe?

- The arrangements for storing medicines were not always safe. Medicines were stored in one of the treatment rooms in cupboards and fridges which were not locked and the door to this room was unlocked. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines. There was a system in place to record medicines given to patients. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We were informed that medicine alerts were received at the practice via email and GPs were informed of these. However, one of the GPs we spoke with did not know whether the practice had actioned any recent alerts.
- A thorough recruitment and selection procedure was in place to ensure suitable staff were employed. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through DBS checks.
- The staffing levels and skill mix were reviewed so that staff could undertake different roles. Staff were given an employee handbook when they were first employed. This outlined the terms and conditions of employment along with a range of policy guidance for the practice. There was currently a vacancy for one GP; these sessions were currently being covered by a regular sessional GP. A recent recruitment drive was unsuccessful in appointing anyone for this post. This post was being re advertised again in September 2016.

### Monitoring risks to patients

Risks to patients were assessed and managed and there were procedures for monitoring and managing risks to patient and staff safety:

- There was a health and safety policy available to all staff.
- The fire alarm had been regularly tested and up to date fire risk assessments had been completed. Small electrical equipment was checked to ensure its safe use.
- Equipment used by clinicians was calibrated to ensure it was in good working order.
- The practice had carried out a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We were given information about a piece of improvement work was carried out in relation to vitamin B12 injections given to patients. While we did not review the evidence produced, we were informed that a new policy had been devised as a result of this piece of work with additional work carried out to provide patients with follow-up appointments to monitor their health.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on computers in all the consultation and treatment rooms which alerted staff to any emergency.
- An accredited CPR (cardiopulmonary resuscitation) trainer was employed at the practice and we were informed that all staff received annual basic life support training.
- The practice had a defibrillator available on the premises, oxygen and a first aid kit. An accident book was available to record details of accidents that happened.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely, although a record of the checks was not available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, the practice did not have a lead GP for this area of work to ensure formal summaries of the NICE updates were carried out; rather this was done by individual GPs taking actions themselves, rather than a more organised team approach.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available with 9.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from March 2015 showed:

- Performance for breast screening for females aged between 50 and 70 was better than the national average. For example, 76% of patients were screened for breast cancer within 6 months of invitation. This compared to the CCG average of 71% and the national average of 73%.
- Information was collected to support the practice to carry out clinical audits and we were informed that clinical audits were discussed at regular meetings.
- We looked at the information submitted prior to the inspection. This information was data collections rather than clinical audits. Further information was submitted the day after the inspection which demonstrated more clearly the audits completed. Information submitted after the inspection demonstrated national and local context.

GPs monitored and improved outcomes for patients. Patients were sent letters regarding missed appointments and they were kept informed of any required actions regarding their health care through opportunistic interventions. Long term conditions were managed by the GPs and practice nurse. Patients were offered separate clinic appointments for the purpose of monitoring and reviewing their conditions.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice staff told us they carried out role-specific training and updating for relevant issues. For example, for those reviewing patients with long-term conditions. Staff told us the training provision had improved more recently although they had not completed any training for some time. Staff training records were not up to date so it was not possible to establish clearly the training each member of staff had completed.
- The practice employed an accredited trainer who provided staff with training on the practice IT VISION system.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and meetings, although a training plan for staff had not yet been established. We were told that time was set aside each month for the purpose of staff training. We were also informed this training had only happened once in the year. The Bury CCG provided clinical and administrative staff with training six times a year. A programme of training was in place for the forthcoming year. External providers had been invited to provide talks to staff within particular areas of specialism such as learning disability patients, safeguarding children and adults and alcohol and drugs

# Are services effective?

## (for example, treatment is effective)

misuse. There was a mixed view about the staff training provision. One staff member felt well supported, but commented that had not completed much training recently, another said staff had to organise their own training with some being paid for by the individual staff member.

- All staff had received an appraisal within the last 12 months. The practice manager who had been in post for approximately two months had also met with each staff member to talk about their role and any training needs.
- Formal clinical supervision was not provided to nursing staff, although they told us that they would consult with any of the GPs for advice and support. We were told that GPs met informally for clinical support every couple of months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was involved with the local college to offer administrative apprenticeships and had employed staff for three years on this scheme.
- We were informed that sessional GPs were supported by two permanently employed GPs who worked back to back shifts. In light of this, the sessional GP would contact them by email if they had a query. We were informed that the permanent GPs did not check sessional GPs' notes or review their work.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, medical records and investigation and test results. We were informed that some patients had individual care plans and patients were offered choices in relation to their care which was recorded in a formal care plan as necessary. There was some inconsistency with this view as one GP we spoke with had not written any formal care plans and was not aware of any written care plans at the practice.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, staff met with or communicated with district nurses, health

visitors and the out of hour's service. The practice manager met with the CCG to discuss local health improvements. Staff confirmed communication had improved more recently and meetings were more structured rather than being ad-hoc. Minutes of these meetings were not always kept. For example, we saw evidence of clinical meetings taking place in January and April 2016 and a palliative care meeting in July 2015, however, minutes to other meetings were not available. Regular meetings (dashboard meetings) were held to review standards in service provision. While the minutes of these meetings were not available for inspection, the newly appointed practice manager was addressing this issue by ensuring a record was kept of all future meetings. Staff told us a programme of clinical meetings was now set for the forthcoming year.

- We were informed that referrals to secondary care were regularly discussed and urgent referrals were made direct to specialist on the day. There was some inconsistency with this view as one of the GPs we spoke with said these discussions did not happen and there was no auditing to check that patients were seen within two weeks or that they had attended their appointment.
- GPs were informed of the names of patients who regularly attending A&E and discussions were held to identify actions to reduce their attendance.
- There was a system in place to scan patient documents onto the IT system. There was some inconsistency with this view as we were told that the practice manager removed some patient letters before they were given to GPs and the GPs did not see these letters. One of the GPs was not familiar with the system and not aware if any checks were completed to ensure they were scanned correctly onto correct patient notes.
- Staff spoken with gave us mixed views about the practices communication systems and the way information was shared amongst the team. Some felt that matters had greatly improved over the last few months, while another member of staff felt that matters still needed to be improved. For example, we were informed there was no overlap of shifts for GPs, so they generally only communicated via email or left messages with staff. We were told that information was sometimes

# Are services effective?

## (for example, treatment is effective)

shared 'word of mouth' and that processes were reactive with no proactive ongoing systems to ensure a safe place to work. For example, the employment of more GPs and support staff.

- There was some inconsistency in the information we were given about the way test results were managed. We were informed that systems were in place for managing test results and recording information from other health care providers i.e. hospital discharge letters. Test results were sent to individual GPs with sessional GP results split between two GPs. We were also told that GPs did not look at each other's inboxes unless they are away for a period of time. Letters were screened and sometimes removed by the practice manager. Some of these letters were not sent to GPs but were scanned directly into patients' notes. GPs READ coded some issues but most coding was carried out by a senior member of the administration team. No checks were carried out of scanning and coding to ensure accuracy.
- The gold standard framework was used to support patients at the end of their life. There was a palliative care register which was shared with MacMillan nurses and regular meetings took place to discuss patient care.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Although not all staff were trained in this area.
- When providing care and treatment for children and young people, clinical staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear, we were informed that the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG and national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 88% to 100%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-up appointments for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Healthcare information was displayed in the patient waiting area and on the practice website.
- Nursing staff talked to patients informally about health care issues and advice was given opportunistically.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff respected patient confidentiality at all times. They were trained in this area of care and had signed a confidentiality policy and were aware of their responsibilities.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards. Patients commented they were always treated with respect and they were happy with the service they received. They said they had time during their consultation to talk about their health care issues and they felt listened to by the GPs and practice nursing staff. One of the patients said appointments were prompt and they were given advice, treatment and care as required and always to a high standard. Patients described the staff as kind and caring. They reported the reception staff were very friendly and helpful. Four patients commented that it was sometimes difficult to get an appointment. One patient commented that the service was improving.

We spoke with two members of the patient participation group (PPG). They told us that the number of members had dwindled over the past year; however a meeting did take place approximately two months ago. They said the practice staff attended the meetings which were always minuted. They said the practice staff kept them informed about the issues relating to the running of the practice and any new initiatives. They said that patients had raised concerns about the difficulty they experienced in booking an appointment and there being many sessional GPs employed at the practice. They told us that the service had improved since then and it was now much easier to book an appointment with a permanent GP or regular sessional GP.

Results from the national GP patient survey indicated the practice was about average and below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national average of 87%.

We were informed the practice had experienced difficulties in recruiting GPs in the past and consequently sessional GPs were used to fill the gaps. This had resulted in instability in the team which had affected patient outcomes. In response to the national survey results the practice had employed regular sessional GPs which we were informed had improved patient satisfaction ratings. For example,

- CQC comment card indicated that most patients were happy with the service.
- The Friends and Family Test results gave a mixed view of the service.
- The practice's in-house survey indicated that most patients were happy with the service although some commented they found it difficult to book an appointment.
- The two patients we spoke with commented that the service had improved over the last few months.

### Care planning and involvement in decisions about care and treatment

## Are services caring?

We received 26 comment cards. Overall patients commented they were always treated with respect and they were happy with the service they received. They said they had time during their consultation to talk about their health care issues and they felt listened to by the GPs and practice nursing staff.

Results from the national GP patient survey showed patients response was below average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 61% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

As indicated above, we were informed the practice had experienced difficulties in recruiting GPs in the past and consequently sessional GPs were used to fill the gaps. This had resulted in instability in the team which had affected patient outcomes. In response to the national survey results the practice had recently employed regular sessional GPs which we were informed had improved patient satisfaction ratings.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- GPs would refer patients as necessary to bereavement counselling, smoking cessation, Bury eye service, McMillan nurses, social services, Healthy Minds and Relate.

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

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

The practice's computer system alerted GPs if a patient was also a carer. Prior to the inspection we were informed that a carers register was kept, however, on the day of the inspection we were told that a register of carers was not kept, although this information was recorded on patients' individual notes. The practice had identified 44 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Urgent referrals were made the same day.
- Two week referrals were reviewed to ensure patients received their appointment within the timescale, although they were not audited to check the patient had attended the appointment.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Information about the opening times was displayed in the patient waiting area and on the practice website.
- There was a notice board in the patient waiting area displaying information about community facilities and services. This included information about lesbian, gay, bisexual and transgender services, military veteran services and the Alzheimer's society.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could book appointments and order prescriptions on line.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities, ramped access to the building, two disabled parking bays.
- Translation services were available.
- Baby changing facilities were available.
- None of the information displayed in the patient waiting area was in a different language, although we were informed this would be provided when needed.
- The practice received a leadership award for equality and diversity in 2014/2015.

### Access to the service

The practice was open from 8am to 8pm Monday to Friday. Appointments were from:

Monday and Tuesday: 8am – 7.30pm

Wednesday: 8am – 5.30pm

Thursday: 8am – 7.30pm

Friday: 8am – 5.30pm

We were informed that extended hours were provided on a Tuesday between 6pm and 7.30pm. Extended hours were also provided on a Monday, Wednesday, Thursday and Friday at the discretion of the GPs who would stay later to see patients as needed. These appointments were in addition to telephone consultations and pre-bookable appointments. Urgent appointments were available for patients that needed them. However, we were also informed that while the surgery stayed open until 8pm on a Monday, Wednesday, Thursday and Friday, this was only for patients to pick up prescriptions etc, and GP appointments slots were not available at these times.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

Four of the 26 CQC comment cards indicated they experienced difficulties with booking an appointment.

The practice had a system in place to assess whether a home visit was clinically necessary; and

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

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

- 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. Patients had to request a copy of the complaint leaflet as this was kept behind the reception desk. A copy of the complaint procedure was also available on the practice website. The practice manager monitored NHS choices website and a 'grumbles book' was available in the patient waiting area for patients to comment on the service. We were informed that most complaints were about the difficulty patients experienced in booking an appointment. We were informed staff monitored this part of the service and an improved telephone system was soon to be installed.
- We looked at three complaints received in the last 12 months. Documentation was in place to indicate the complainant was responded to and the practice gave the patient a verbal and written apology. We were informed that a meeting was held every five to six weeks to discuss complaints and how things could be done differently as a result, however, there was little no documented evidence to demonstrate learning amongst staff or actions taken to improve the quality of care.

# Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients. This was shared with staff and a copy of the mission statement was displayed in the patient waiting area.

### Governance arrangements

The practice had some governance systems which supported the delivery of the care. However, these were not always effective.

- Although clinical audits were carried out, there was no evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements. .
- The systems for identifying, recording and managing risks, issues and implementing mitigating actions were not always operating effectively for the purpose of learning. For example, a record was not always kept of meetings held for the purpose of ensuring issues identified were actioned and monitored.
- There was a system in place for READ coding information about patients' health care issues. However, we were informed this was not monitored when the lead GP was unavailable.
- There was no system in place to support and supervise sessional GPs. We were informed that sessional GPs were supported by two permanently employed GPs who worked back to back shifts. In light of this, the sessional GP would contact them by email if they had a query. We were informed that the permanent GPs did not check sessional GPs notes or review what their work.
- There was a lack systems in place to safeguard vulnerable children as we were informed that children's attendance at A&E was not monitored by the practice'
- There was a system for disseminating information about safety alerts, however, was not effective for keeping all staff up to date with current information and guidance.

### Leadership and culture

On the day of inspection we were told that the GPs prioritised safe, high quality and compassionate care. However, some areas of concern arose in relation to the leadership of the practice.

- Staff told us the partners were approachable and always took the time to listen to all members of staff.
- Staff had mixed views on the leadership structure. Staff told us that regular team meetings were now held and there was a more open culture within the practice. They said they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Some staff reported the working environment was now much more stable due to GP stability and a new practice manager. They said the practice was a much more positive place to work. However, other staff reported the practice lacked structured systems to support the work carried out.
- Some staff reported they felt respected, valued and supported, particularly by the GPs in the practice. They told us they were now more 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.
- The practice had a number of policies and procedures to govern activity which was stored on the shared drive. However, not all staff knew this information was available or where it was stored.

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

The practice encouraged feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG).
- The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Recent FFT results gave a mixed response in relation to their satisfaction rates with the service. The outcome of the FFT was being monitored to ensure improvements to service provision.



# Are services well-led?

Requires improvement 

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

- The practice had carried out its own in-house survey of patients' views of the practice which provided a positive response to the standard of the service they received.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they could give feedback and discuss any concerns or issues with colleagues and management.
- Improving communication with patients. For example, developing the patient participation group.
- Improving the appointment system to make it easier for patients to book an appointments
- Recruiting another permanent GP to provide consistency in the service provided to patients.
- Improving communication amongst the staff team.
- The medical director contributed to and was a member of the Bury CCG committee.
- The medical director continues to to engage with the Royal College of GPs and the British Medical Association.

## Continuous improvement

Staff had identified areas for improvement which included:

This section is primarily information for the provider

## 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
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider did not demonstrate good governance and had not implemented effective governance arrangements to improve communication among the staff team, keep staff informed about identified risks and the ongoing monitoring and reviewing of the safety of the service including information about significant events, medical alerts, for the purpose of learning and improving outcomes for patients.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	