

Timperley Health Centre - Westwood

Quality Report

Timperley Health Centre
Westwood Surgery
169 Grove Lane Timperley
WA15 6PH

Tel: 0161 980 3751

Website: www.timperleyhealthcentre.co.uk

Date of inspection visit: 21 January 2016

Date of publication: 26/07/2016

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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Timperley Health Centre - Westwood	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Timperley Health Centre (Westwood) on 21 January 2016. Overall the practice is rated as requires improvement.

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

- Staff did not fully understand and fulfill their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were not always thorough enough. Patients did not always receive a verbal and/or written apology when they complained..
- Most risks to patients were assessed and well managed, with the exception of those relating to security of prescription pads and safeguarding training.
- Data showed patient outcomes were higher than the local and national averages in several areas.

- Although some clinical and other audits were provided that had been carried out, we saw no evidence that two-cycle audits were completed.
- Patients without exception said they were treated with compassion, dignity and respect. However, not all felt listened to.
- Information about services was available and easily understandable with interpreter services for patients who did not speak English.
- Urgent appointments were always available on the day they were requested and patients could book appointments over the telephone with ease and also on-line.
- The practice had a number of policies and procedures to govern activity which were reviewed regularly.
- The practice had proactively sought feedback from patients but negative feedback was not always acted upon.
- There was no active patient participation group.

The areas where the provider must make improvements are:

Summary of findings

- Ensure that all verbal comments and complaints are escalated by all staff so that they can be adequately investigated.
- Engage in regular and formally minuted clinical meetings with clinical staff to discuss patients and partake in multi-disciplinary meetings to discuss palliative care patients, vulnerable patients, patients at risk.
- Act in an open and transparent way with relevant persons after becoming aware that a notifiable safety incident has occurred.
- Implement a wider system of clinical peer review within the practice.
- Ensure that all staff understand the requirement to identify and record patients who are carers and offer appropriate support
- Engage an active patient participation group
- Ensure Level 3 safeguarding training is completed by all GPs
- Implement a system that assures all clinical staff are keeping up to date with relevant clinical guidance i.e. NICE
- Ensure the planned appraisal programme is completed

In addition the provider should:

- Carry out pro-active clinical audits and re-audits to show improvements in patient outcomes.
- Implement a system to review all verbal complaints/ comments and monitor that appropriate action is taken.

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.

- Staff were aware of and understood their responsibilities with regard to safeguarding.
- The practice had effective systems in relation to infection control, medicines management, emergency procedures and health and safety.
- Staff had varied understanding regarding their responsibilities to raise concerns, and to report incidents. Systems and processes in place were not robust enough to ensure all significant events were reported and there was no protocol to report and record near misses.
- When things went wrong, reviews and investigations were not always thorough enough and lessons learned were not always communicated widely enough to support improvement. People did not always receive support, information, and apology when they complained.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were in line with or better than local and national averages.
- Information was collected and shared using care plans, medical records, investigations, referrals and blood tests to plan and deliver necessary care and treatment.
- Knowledge of and reference to national guidelines was inconsistent.
- Only one full cycle audit was provided in evidence of audits undertaken to drive improvement in patient outcomes. Two other mini audits were presented for the year and the practice did not partake in any formal internal peer review.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- None of the staff had been appraised.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified a small number of patients who were carers but did not do anything with the information collected. Not all staff pro-actively identified, collected and recorded carer information.

Are services responsive to people's needs?

The practice is rated as good for responsive services.

- Patients could get information about how to complain in a format they could understand but the practice did not always follow up verbal complaints or comments.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The partners were flexible in their approach, planning and managing appointments to meet the demands of the patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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 but they did not hold regular governance meetings.
- The practice did not have an active patient participation group.

Requires improvement



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 provider was rated as requires improvement for safe, effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Telephone requests for repeat prescriptions were available when required and staff knew the older patients in the practice well, enabling them to alert the GPs to any concerns.
- Careplans were in place for patients at high risk of unplanned admissions and shingles vaccinations were offered.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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.
- Performance indicators for patients with long term conditions was high.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safe, effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were 100% for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and demonstrated awareness to evidence this.
- Cervical screening indicators were in line or above average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion advice was offered during consultations but there was limited accessible health promotion material available through the practice due to a lack of space that could be utilised for patient information.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff described how to recognise signs of abuse in vulnerable adults and children and report concerns in the practice.
- The practice were unable to identify the percentage of vulnerable patients who had received an annual health check. The practice had not worked with multi-disciplinary teams in the case management of vulnerable people.

Requires improvement



Summary of findings

- The practice encouraged patients with learning disabilities to attend for physical health reviews but they did not hold a register of patients with learning disabilities in order to audit and follow up their attendance.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective, caring and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016 The results showed the practice was performing above local and national averages. 272 survey forms were distributed and 101 were returned. This was a response rate of 2.6%.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 100% found the receptionists at this surgery helpful (CCG average 88% national average 87%).
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 99% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 94% described their experience of making an appointment as good (CCG average 75%, national average 73%).

- 81% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The practice handed over 26 comment cards which were all positive about the standard of care received. Patients said they would recommend the practice, they never had any trouble booking appointments and they were usually seen within 24 hours. They also said all the staff were kind and helpful and that the service was excellent at all times.

We spoke with 13 patients during the inspection. All the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They felt they received care according to their needs. One patient commented that they did not feel listened to and had reported that to one of the staff.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all verbal comments and complaints are escalated by all staff so that they can be adequately investigated.
- Engage in regular and formally minuted clinical meetings with clinical staff to discuss patients and partake in multi-disciplinary meetings to discuss palliative care patients, vulnerable patients, patients at risk.
- Act in an open and transparent way with relevant persons after becoming aware that a notifiable safety incident has occurred.

Action the service **SHOULD** take to improve

- Carry out pro-active clinical audits and re-audits to show improvements in patient outcomes.

- Implement a system to review all verbal complaints/ comments and monitor that appropriate action is taken.
- Implement a wider system of clinical peer review within the practice.
- Ensure that all staff understand the requirement to identify and record patients who are carers and offer appropriate support
- Engage an active patient participation group
- Ensure Level 3 safeguarding training is completed by all GPs
- Implement a system that assures all clinical staff are keeping up to date with relevant clinical guidance i.e. NICE
- Ensure the planned appraisal programme is completed

Timperley Health Centre - Westwood

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, and an Expert by Experience.

Background to Timperley Health Centre - Westwood

Timperley Health Centre (Westwood) is situated at Timperley Health Centre Westwood Surgery

169 Grove Lane Timperley WA15 6PH and does not provide services at any other site. We visited this site as part of this inspection.

The practice is one of three GP practices located within Timperley Health Centre. It is a family run practice of father and daughter GP partners and another daughter who is the practice manager. The two GPs provide a total of 15 clinical sessions per week. The majority of the sessions (9) are currently carried out by the lead GP. From 1 April 2016 this will change when the lead GP will reduce their sessions to 5 and the other GP will increase theirs to 9.

The catchment area is a non-deprived area covering Timperley, Altrincham, Sale, Hale, Bowdon and Hale Barns. There is a patient list of 4005 which has increased from 2900 following the closure of another practice in the local

area. A large number of the practice patients are residents within local nursing homes. The proportion of patients registered who are nursing home residents is higher than many neighbouring practices.

Other practice staff include a locum GP providing one clinical session per week. This is a regular GP who is known to the patients. In addition there is a part time practice nurse (0.5 full time equivalent) and a part time health care assistant (0.7 full time equivalent). The practice manager is supported by another practice manager for 10 hours per week, and nine part time reception and administration staff who provide the equivalent of 3.7 full time employees.

The practice is open between the hours of 8am and 6pm Monday to Friday and appointments are available every day between those hours, but at varying times throughout the week. The practice website and NHS choices did not stipulate surgery times but the GPs were flexible and responsive to patient requirements. When the practice is closed the practice website displays information to redirect patients to the out of hours services. Information and contact numbers for walk-in centres and nearby hospitals is also provided.

The practice is correctly registered to offer and carry out the services it provides under a General Medical Services contract.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

Detailed findings

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.

How we carried out this inspection

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 21 January 2016. During our visit we:

- Spoke with patients who used the service.
- Spoke with a range of staff including the two GP partners, the practice nurse, the health care assistant, the practice managers and reception and administration staff.
- Observed how people were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at documentation with the practice manager and reviewed sections of patient records when required.

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

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

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

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

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

The system in place to report and record significant events was not effective.

- All the staff we spoke to told us they would inform the practice manager of any incidents, but there was evidence that incidents were not consistently reported and recorded.
- Staff we spoke to provided varying degrees of knowledge and understanding of a significant event and what was expected to be reported.
- There was no clear format available for staff to report an incident and no written significant event policy to follow.
- We saw examples where the practice had recorded significant events, but the analysis carried out was not always thorough enough and lessons learned were not always communicated widely enough to support improvement.
- We were told that the practice did not have a policy of recording near misses.

When we spoke to staff they gave different accounts as to how they received and acted on significant information which came into the practice such as patient safety alerts, medicine alerts and national patient safety alerts. There was no effective system for acting on patient safety alerts, incident reports and national patient safety alerts and no minutes of formal meetings where these were discussed.

We reviewed three recorded significant events. These had been discussed between the partners. One of the events involving a system change had been discussed wider with one member of staff because the change was relevant to them. However significant events were not routinely discussed and shared at practice meetings with all staff.

The practice could not evidence that when there were unintended or unexpected safety incidents, the people involved always received reasonable support and information or were told about any actions to improve processes to prevent the same thing happening again. We reviewed an example where a unexpected safety incident had occurred and the people involved had not received the appropriate responses required.

Overview of safety systems and processes

Not all the systems, processes and practices in place kept people safe and safeguarded from abuse. They included :

- Arrangements in place to safeguard children and vulnerable adults from abuse did not wholly reflect relevant legislation and local requirements. The main GP partner was not trained to the appropriate Safeguarding level 3. The safeguarding lead held two-monthly telephone discussions with the health visitor about two of the practice patients identified as a risk. There was a safeguarding policy which was accessible to all staff. Staff had information about who to contact with any concerns about a patient's welfare and said they would report it to the safeguard lead. They were able to describe safeguarding examples and felt assured that any concerns would be followed up by the safeguarding lead. There was no evidence of any concerns being raised.
- A notice in the waiting room advised patients that they were entitled to a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.(DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP 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. A recent full audit had been undertaken by the local infection control lead for Trafford Clinical Commissioning Group (CCG). We saw evidence that recommendations had been made and that action was taken to address improvements identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 for safe prescribing. Prescription pads were securely stored but there was no system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurses to administer medicines in

Are services safe?

line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. (Patient Specific Directions are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and found that most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. In one of the files there was no evidence of references having been requested and received.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and staff were able to cover an element of each others' roles in the event of necessity.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in all the clinical rooms.
- Computers had emergency buttons to seek assistance.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were maintained by a neighbouring practice. 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 and there was a robust checking system to ensure they remained so.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they 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. However :

- There was no evidence that there were systems in place to keep all clinical staff up to date with NICE guidelines. One of the clinical staff did not have access to NICE guidelines on their desktop and said they did not refer to them.
- We saw information about chronic disease management on the patient record system but a member of staff we spoke to could not evidence that this was best practice guidance and how it was kept current. We were later informed that the information was updated daily by the system suppliers and was current with NICE guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 99.5% of the total number of points available, with 6.8% exception reporting. (Exception reporting is a way of excluding data from the results due to specific reasons). This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed;

Performance for diabetes related indicators for patients on the practice diabetes register was better than the national average. Out of 4005 patients (including new patients) – 250 patients were coded as diabetic and appeared on the register. Within that, the percentage of patients receiving required interventions were as follows :

- Those receiving the required blood test in the last 12 months was 87.13% compared to the national average of 77.54%.

- Those who had a blood pressure check in the last twelve months was 85.71% compared to the national average of 78.03%.
- Those who have had influenza immunisation in the preceding six months was 98.63% compared to the national average of 94.45%
- Those who had a cholesterol test in the last 12 months was 86.06% compared to the national average of 80.53%
- Patients with a record of a foot examination and risk classification in the last 12 months was 94.92% compared to the national average of 88.3%

The percentage of patients with hypertension having regular blood pressure tests was 92% which was better than national average of 84%

Performance for mental health related indicators was 100% for three indicators which was better than the national averages of 88%, 89% and 84%.

During 2015 the practice undertook three audits, one which showed a completed audit cycle. Findings were used by the practice to improve services. For example, medicines were stopped where they were found to be inappropriate (Vitamin B in specific patients with history of increased alcohol) and patient records were checked to ensure that patients with dementia were correctly coded.

An audit of minor surgery services had been undertaken which identified that three post operative infections had occurred out of one hundred and five procedures. Those infections had been resolved with antibiotic therapy. The audit did not identify the reason for the infections and whether they could be avoided in the future.

The practice did not participate in formal internal peer review such as review of referrals to see if they were appropriate and to effect improvement.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff we spoke to demonstrated that they received role-specific training. For example, in relation to

Are services effective?

(for example, treatment is effective)

reviewing patients with long term conditions, administering vaccinations and taking samples for cervical screening the health care practitioner and nursing staff maintained their own continuing professional development. The reception and administration staff received updates through meetings and e-learning and staff assisting with minor surgeries received guidance from the lead GP and through e-learning.

- The learning needs of staff were not identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet learning needs and to cover the scope of their work. The newly appointed health care assistant received competency checks from the practice nurse and the practice manager, but neither the nurse nor the manager had had a formal appraisal themselves. None of the staff had received a formal appraisal. The practice were aware of this and formal appraisals were being planned.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 investigation and test results. Information such as patient information leaflets were also available through the patient record system.
- A GP we spoke to could not evidence that they shared relevant information with other services in a timely way, for example when referring people to other services. They did not know of the process to check that two-week referrals were received once they had been sent.
- 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 were discharged from hospital. -

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. Clinical staff provided understanding of mental capacity and other staff had been requested to complete Mental Capacity Act 2005 e-learning. When providing care and treatment for children and young people, 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 the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Clinical staff were inconsistent when asked about how they identified patients who may be in need of extra support, for example :

- There was no register of vulnerable patients and we were told that vulnerable patients were not read coded. (read coding is a way of identifying patients). We were told that there were no registers for palliative care, vulnerable patients or carers. We were then provided lists of palliative care patients and those who were carers but were told that nothing was done with that information.
- One of the partners said they did not identify carers or palliative care patients on the patient record and told us there were no support groups for carers to be signposted to. The other partner disputed this and was able to produce the relevant patient lists when asked.
- Patients at the end of their lives were discussed informally on an "as and when" basis and there were no minutes or recorded actions from those informal meetings.
- We were told that bereaved patients were signposted to Trafford Psychological Therapies.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 98% which was 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.

Childhood immunisation rates for the vaccinations given were better than the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds were 100%.

Patients had access to appropriate health assessments and checks through the health care practitioner. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 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 that they could offer them a private room to discuss their needs.

All of the 26 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. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 88%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 92%).
- 100% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. Mostly they said 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 85%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)

One of the patients we spoke to said the GP didn't listen to them. The practice nurse told us that a patient had reported that the GP didn't listen to them. There was nothing to evidence what was done with this information, if anything.

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

Patient and carer support to cope emotionally with care and treatment

The practice was limited in the amount of information they could display in the patient waiting room. We were told this was due to the contractual limitations of what could be displayed on the walls. However there was space for leaflet stands in the waiting area. We saw information about mental health services but there was no removable information for carers or bereaved patients.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer and they had identified that 16 patients fell into that category. However they did not do anything with the information. There was a notice in reception informing patients about Trafford Carers Centre.

There were different accounts from staff about support provided to bereaved patients. We were told that staff

attended funerals following the death of long-standing patients. However we were also told that there were limited avenues of support offered to bereaved patients other than Trafford Psychological Services and we saw no information about bereavement services.

.

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.

- The practice offered flexible early morning and late appointments for patients when these were required.
- There were longer appointments available for people with a learning disability and patients with multiple co-morbidities were offered co-ordinated appointments, seeing the HCA and GP at the same visit.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There was always at least one GP on duty at all times
- The practice provided on line appointments
- Electronic prescription services were being introduced

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments did not have fixed times and were provided according to demand with lunch time appointments available if required. Routine appointments were available up to two months in advance and appointments were 10 minutes in length. Extended hours surgeries were offered early in the morning or later in the evening if required. The practice was closed at the weekends. In addition to pre-bookable appointments urgent appointments were also available for people that needed them. We looked at the appointment system and saw that appointments were available on the day if required, and also the following days thereafter. Patients were able to telephone the practice and book appointments over the phone for that day, or in advance for any of the following days.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 94% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 81% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

Listening and learning from concerns and complaints

The practice had procedures 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 a patient leaflet was available to help patients understand the complaints system and there was a form for completion on the practice website.

We looked at the one written complaint received in the last 12 months and found that it had been dealt with satisfactorily with the complainant responded to appropriately.

Verbal complaints were not dealt with appropriately. A person who rang the practice to say they were not happy with the service was not followed up. Patients who said they were not listened to were not reported. There was no evidence that negative verbal comments were discussed.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- They were able to evidence that they managed significant change, for example when patients were taken over from a neighbouring practice.
- They were also able to evidence plans for the future with regard to continuity of staff.

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
- Staff had a comprehensive understanding of the performance of the practice
- Some clinical and internal audit was used to monitor quality and to make improvements, however improvements were needed to ensure that robust arrangements were in place to identify, record and manage risks and issues.

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 but needed to make improvements to ensure that these were managed effectively. 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.

Although the practice said they encouraged a culture of openness and honesty we found that improvements were required. We found that verbal concerns were not always escalated. We were told that a patient's wife had reported their concern about an incident. One of the GPs said that because a complaint was not received in writing it was not considered formal and did not require investigation. Although the incident was later investigated, the complainant's concern was not followed up and they were not pro-actively contacted to provide an explanation or apology.

When there were unexpected or unintended safety incidents:

- The practice did not always give affected people reasonable support, information and a written apology.
- They did not keep a log of verbal interactions as well as written correspondence to monitor trends.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings. However, not all staff attended those meetings and the practice did not monitor whether absent staff were up to date with developments from the meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so. They also said they felt supported if they raised any issues. Staff took time out together at social events such as Christmas parties.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff felt involved in discussions about how to run and develop the practice, and said that the partners encouraged them 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, the public and staff. We saw feedback from

Are services well-led?

Requires improvement 

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

Friends and Family Test, letters to the practice from patients and comments from staff. These comments were all positive about satisfaction of the service or the staff.

- A patient survey undertaken by one of the GPs in January 2013 showed positive results in the questions asked.
- There was no active patient participation group although the practice did promote requests for volunteers through the patient waiting room and also on the practice website.

Continuous improvement

The practice partners had recognised areas for improvement and challenges facing the practice in the future such as increased workload in general practice and an increasing elderly population. They had a plan over the future 15 months to embrace technology, maximising the use of electronic prescribing, mobile applications to enhance home visiting and text alerts to patients to support chronic disease management.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe Care and Treatment</p> <p>Regulation 12(2)(b)(i)</p> <p>The practice did not investigate safety incidents thoroughly and ensure that people affected receive reasonable support and a verbal and written apology.</p> <p>The practice did not engage in regular and formally minuted clinical meetings with clinical staff to discuss patients and partake in multi-disciplinary meetings to discuss palliative care patients, vulnerable patients, patients at risk and safeguarding.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good Governance</p> <p>Regulation 17 (1) and (2)(a)(b)(e) and (f)</p> <p>The provider did not operate effective processes to ensure compliance with requirements.</p> <p>The provider did not:</p> <p>Assure that processes were effective</p> <p>Wholly assess, monitor and improve the quality and safety of the services provided;</p> <p>assess, monitor and mitigate risks;</p> <p>seek and act on feedback from relevant persons including patient feedback;</p> <p>evaluate and improve the practice in respect of the above information.</p>