

Garden City Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Garden City Medical Practice on 7 June 2016. The overall rating for the practice was requires improvement with the effective domain rated as inadequate and the safe, responsive and well led domains rated as requires improvement. The caring domain was rated as good. The practice was issued with a Warning Notice to ensure the compliance actions issued at that inspection were met. The full comprehensive report 7 June 2016 inspection can be found by selecting the 'all reports' link for Garden City Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 15 March 2017. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us through the CQC comment cards that 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 practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- A new practice manager had been employed since the last inspection on 7 June 2016. In partnership with the GPs they have worked hard to address the shortfalls raised at the previous inspection. They gave us an assurance that they were committed to improving the service through making the necessary changes to the leadership, management and governance of the practice.
- The recently established Patient Participation Group was organising an event to support patients with dementia and their carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. We found the reporting form could be improved to record more detailed information for the purpose of monitoring identified actions.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- A notice in the patient waiting area advised patients that chaperones were available if required.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- All staff were trained in the Prevent Agenda to raise awareness of their responsibilities to prevent people from being drawn into terrorism.
- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.
- There were procedures for assessing, monitoring and managing risks to patient and staff safety. For example, the practice had an up to date fire risk assessment and carried out regular fire drills. Small electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with or above average compared to the national average.
- Staff were aware of current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs
- Clinical audits were carried out and demonstrated quality improvement. Clinical audits and re-audits had not always taken place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment. There was ongoing training and an induction programme for all newly appointed staff
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. For example, 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%. Also, 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 94%.
- Patient feedback from the comment cards we received was also positive. 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Written information was available to direct carers to the various avenues of support available to them. For example, older carers were offered annual health checks.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, there was a sloped access and hand rail outside the practice to support patients with mobility problems. The practice was installing a hearing loop for patients who had hearing difficulties.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The comment cards we received indicated patients 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 practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and receive appropriate support to help them to communicate. For example, yellow paper was used to support patients with sight difficulties.

Are services well-led?

The practice is rated as good for being well-led.

Good



- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- A new practice manager had been employed at the practice since the last inspection on 7 June 2016. In partnership with the GPs they have worked hard to address the shortfalls raised at the previous inspection. They gave us an assurance that they were committed to improving the service through making the necessary changes to the leadership, management and governance of the practice.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, there was a wide range of information available in the patient waiting area and on the practice website about local services and national charities who offer support and advice to older patients.
- All patients over 75 had a named GP.
- Hand rails and a sloped access were in place outside the surgery to support patients with their mobility.
- Influenza, pneumococcal and shingles vaccination clinics were available. The clinical team provided more clinics at the weekends and in the evenings to meet the needs of these patients.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- 76% of patients with diabetes, on the register, had a blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less which was lower than the CCG average of 82% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. The practice had created a tracker document to ensure any patients who attended accident and emergency more than two or three times a week or month were monitored closely by their GP and contacted by phone or letter to ensure they received the support and care they needed.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Family planning services were available on site.
- All staff were trained to the appropriate level in adult and child safeguarding. Administration staff were due to complete refresher training via the newly set up e-learning training package.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, appointments were available from 8.30 am to 6.30 pm Monday to Friday.
- 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.
- Phlebotomy appointments were available at the practice.
- The surgery promoted NHS health checks and patients were contacted via email, text, telephone or letter to ensure they were invited for the regular health checks.
- The clinical and management team worked with the Bury Public Health Team to ensure they were up to date with health care issues relating to this group of patients.
- Online appointments, access to the extended hours service and telephone consultations were available to patients who were unable to attend the surgery during normal working hours.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Summary of findings

- All staff were up to date with current safeguarding guidelines (Adult and Child).
- One of the GPs was the safeguarding lead and kept staff informed of developments in this area.
- The IT system alerted staff to patients who had not collected their prescriptions. There was a system to check the dates of prescriptions and to ring patients if they were concerned.
- GP's and clinical staff worked with local external services to ensure patients received holistic care and support. For example, the Bury drug and alcohol team, Bury Hospice, Dementia UK, the Palliative Care team and the Child and Adolescent Mental Health Services.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advanced care planning for patients living with dementia.
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 88% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, one of the GPs was in the process of reviewing the full health care needs of all patients with a learning disability.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months. This was above the CCG average of 92% and the national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment with longer appointments available as necessary.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who attended accident and emergency where they may have been experiencing poor mental health. Referrals were made to the appropriate agencies and support teams as necessary.

Good



Summary of findings

- The practice was registered with Dementia UK as a Dementia Friend and with Marie Curie to ensure patients were kept informed about new information and to ensure staff had the right skills to support these patients.
- A representative from Dementia UK was due to attend a staff team meeting to train staff on dementia awareness and how they could support patients with newly diagnosed or early on-set dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above the national average. 241 survey forms were distributed and 108 were returned. This represented 2.3% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 74% of patients described their experience of making an appointment as good which was the same as the CCG average. The national average was 73%.
- 85% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 81% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care provided. Patients commented positively about the care and treatment they received from the GPs and the support provided by other members of the practice team. They said that their

privacy and dignity was maintained and that they were treated with respect. Patients said that were given sufficient time to discuss their concerns and that they felt listened to during their consultations. They described the staff as very caring, friendly and helpful. A number of cards commented on the fact that staff go above and beyond to provide care and attention. All staff groups were complimented on their professionalism and respectful attitudes. Patients said that they received the right care and treatment at the right time. Two patients commented that they found it difficult to book an appointment.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gave every patient the opportunity to feed back on the quality of care they had received. Results from the patient responses received in December 2016 and January and February 2017 showed the majority of patients would be 'extremely likely' and 'likely' to recommend the practice to friends and family. Patients made positive comments about the service they received and the kind and professional manner of the staff team.

Areas for improvement

Action the service SHOULD take to improve

- A record should be kept of the checks carried out on the medicines held in doctors' bags.
- The significant event reporting form could be improved to record more detailed information for the purpose of monitoring identified actions.
- Clinical audits and re audits should be carried out in a systematic way to monitor the effectiveness of clinical care to monitor and improve patient outcomes.

Garden City Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Garden City Medical Centre

Garden City Medical Centre is located in Holcomb Brook, Bury, Lancashire within the Bury Clinical Commissioning Group area. The surgery has car parking for nine cars including one dedicated disabled parking bay which are all free of charge. There is also off street parking. The surgery is located on a bus route which gives access to Bury town centre.

There are two male GPs working at the practice, both are partners of the practice and work between eight and ten sessions per week. There are three long term locum GPs, two female and one male. One of these GPs works eight sessions per week and three work between two and four sessions per month. There are two female practice nurses, one works full time and the other works part time. There is also a part time phlebotomist. There is a team of administrative staff made up of a full time practice manager and a team of eight receptionists.

A pharmacist works at the practice for 1.5 days per week and is part of the Bury GP Federation 3 year Pharmacy Project.

The practice is a training practice which supports GP trainee and FY2 doctor placements. There is currently one FY2 doctor working at the practice.

The practice was open from 8 am to 6.30 pm Monday to Friday. GP appointment times were between 8am and 6pm Monday to Friday. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. The practice was part of the Bury extended working hours scheme. This meant patients could access a designated GP service in the Bury area from 6.30 pm to 8 pm Monday to Friday and from 8 am to 6 pm on Saturdays, Sundays and bank holidays.

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.

We undertook a comprehensive inspection of Garden City Medical Practice on 7 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing effective services and requires improvement for providing safe, responsive and well led services. The report of our findings is available on the CQC website at: www.cqc.org.uk. Following that inspection we issued a Warning Notice to the provider in respect of good governance and informed them that they must become compliant with the regulations. We inspected the practice again on 5 December 2016 and found that the practice had met the compliance actions issued in the Warning Notice and improvements had been made to the services provided.

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, for example, Bury Clinical Commissioning Group, to share what they knew. We carried out an announced visit on 15 March 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, two practice nurses, the phlebotomist and members of the administration team.
- 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 people 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 living 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

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the management of significant events, prescriptions, fire safety, safeguarding and chaperones needed improving.

These arrangements had significantly improved when we undertook this announced comprehensive inspection on 15 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events although the reporting form could be improved to record more detailed information for the purpose of monitoring actions identified were addressed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding now reflect relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level three. All staff were trained in the Prevent Agenda to raise awareness of their responsibilities to prevent people from being drawn into terrorism. Staff were also trained in female genital mutilation.

- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines

Are services safe?

audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the practice nurses was training to be an Independent Prescriber and would therefore be able to prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the GPs for this extended role. Medicines held in the doctors' bags were checked regularly although a record of these checks was not kept for the purpose of auditing.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The staff group was stable and had worked at the practice for many years. One part time administrator and a full time practice manager had been employed at the practice in the last year.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals at the practice.
- Small electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available on the premises with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- The practice had a comprehensive business continuity plan 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

At our previous inspection on 7 June 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of managing READ coding, staff training, clinical audits, record keeping and the management of cervical screening required improving.

These arrangements had significantly improved when we undertook this announced comprehensive inspection on 15 March 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice 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 87% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and the national average of 95%. The practice exception rate was 3% which was lower than the CCG average of 5% and the national average of 6%. (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 2015 / 2016 showed:

- Performance for diabetes related indicators was lower than the CCG and national averages. For example, 76%

of patients with diabetes, on the register, had a blood pressure reading measured in the preceding 12 months of 140/80 mmHg or less. This was compared to the CCG average of 82% and the national average of 78%.

Performance for mental health related indicators was higher than the CCG and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This was the same as the CCG average and above the national average of 89%.

There was evidence of quality improvement including clinical audit:

- Clinical audits were commenced by GPs in the last year; one of these was a completed audit where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result of an audit into patients with atrial fibrillation resulted in patients being monitored more closely to ensure they received the correct medicines and the right treatment for their condition.
- Clinical audits and re-audits had not taken place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 demonstrated how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 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, in-house training and training provided by external training agencies.

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.
- From the sample of minutes of meetings that we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

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.
- 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 76%, which was below the CCG average of 83% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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 immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccinations given were comparable to CCG/ national averages. For example, rates for the vaccinations given to under two year olds ranged from 91% to 94% and five year olds from 94% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 42 patient Care Quality Commission 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.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gave every patient the opportunity to feed back on the quality of care they received. Results from the patient responses received in December 2016 and January and February 2017 showed the majority of patients would be 'extremely likely' and 'likely' to recommend the practice to friends and family. Patients made positive comments about the service they received and the kind and professional manner of the staff team.

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

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 87% and the national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 94%.
- 85% 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%.
- 82% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive. Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 88% 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%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

Are services caring?

- 90% 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%.

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

- Staff told us that interpretation 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 formats.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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 local support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, annual health checks were offered.

A member of staff took responsibility for ensuring that information about the various services supporting carers were coordinated and available in the patient waiting area.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of managing complaints needed improving.

These arrangements had significantly improved when we undertook this announced comprehensive inspection on 15 March 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered appointments from 8.30am to 6.30 pm Monday to Friday for working patients who could not attend during normal opening hours.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included interpretation services.
- Baby changing facilities were available and a private room for mothers who were breast feeding.
- The practice had implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand to help them to communicate. For example, yellow paper was used to support patients with sight difficulties.

- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open from 8 am to 6.30 pm Monday to Friday. GP appointment times were between 8 am and 6 pm Monday to Friday. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. The practice was part of the Bury extended working hours scheme. This meant patients could access a designated GP service in the Bury area from 6.30 pm to 8 pm Monday to Friday and from 8 am to 6 pm on Saturdays, Sundays and bank holidays.

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 67% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG the national average of 76%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 93% and was the same as the national average.
- 74% of patients described their experience of making an appointment as good which was the same as the CCG average and compared to the national average of 73%.
- 51% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was done by telephoning 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

Are services responsive to people's needs?

(for example, to feedback?)

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 for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters were displayed in the patient waiting area and the practice summary leaflet was available.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 5 December 2016.

These arrangements had significantly improved when we undertook this announced comprehensive inspection on 15 March 2017. The practice is now rated as good for well led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 and ensured that:

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. One of the practice nurses took responsibility for infection control, the practice manager was the lead for health and safety and one of the GPs was the lead for safeguarding. GPs and practice nurses had different responsibilities for the management of long term conditions.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, fire drills were carried out to ensure a safe environment, regular reviews were completed for patients with mental health problems including patients with a learning disability, to ensure they received the right care and treatment and patients were surveyed for their views of the service so the staff team had opportunity to monitor the effectiveness of the services provided.
- We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

A new practice manager had been employed since the last inspection on 7 June 2016. In partnership with the GPs they have worked hard to address the shortfalls raised at the previous inspection. They gave us an assurance that they were committed to improving the service through making the necessary changes to the leadership, management and governance of the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a

Are services well-led?

Good 

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

culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs regularly met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings to ensure good communication.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The staff told us they worked well as a team and held regular charity fundraising and social events. The practice manager explained these events helped provide a good support system for each member of the team and enabled staff to work together and foster a positive working environment.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff through:

- the PPG which was a newly established group and had met three times to discuss their role in the future development of the practice.
- the NHS Friends and Family test
- complaints and compliments received
- patient surveys
- staff meetings, appraisals and discussion.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and had developed a practice improvement plan for 2017. The improvement plan addressed a range of issues to ensure the ongoing effective and efficient running of the business and the ongoing improvement to the service. The staff had actively engaged in the Quick Start Programme. This is a Bury CCG initiative to support practices in improving their services. The practice focused on teambuilding for this initiative.
- There was a new online training programme for administration staff to complete the Certificate in Care.
- The recently established PPG was organising an event to support patients with dementia and their carers.
- There was a programme of financial investment to improve some parts of the building and to buy more medical equipment.
- There was succession planning for staff. Two staff were being trained to become health care support workers.
- The practice focussed on the meeting the new Greater Manchester Standards.
- A pharmacist worked at the practice for 1.5 days per week. This was part of the Bury GP federation 3 year project.