

Bramhall Park Medical Centre

Also known as Dr Rooney & Partners

Quality Report

Bramhall Park Medical Centre
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Date of inspection visit: 2 March 2016

Date of publication: 06/04/2016

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

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 Bramhall Park Medical Centre on 2 March 2016. Bramhall Park Medical Centre provides services from two GP surgeries. One is the registered location at Bramhall Park Medical Centre and the branch location is the Shaw Heath Health Centre. We visited both surgeries as part of this inspection. Overall the practice is 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice facilitated and supported a patient walking group (Walks for Health). Patients told us they valued this.

Summary of findings

- The practice encouraged uptake of the children's flu vaccination by holding children's nasal flu parties. This had resulted in an uptake in children receiving the flu vaccine.

The areas where the provider should make improvement are:

- Review the requirements around portability of disclosure and barring checks (DBS) to ensure staff are appropriately vetted before employment.

- Ensure second cycle clinical audits are undertaken in a timely manner.
- Ensure practice policies and procedures reflect the changes implemented as a result of significant events or complaint investigations.

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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although a planned programme of audit and re-audit would strengthen the practice's clinical governance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice at a similar level to others for several aspects of care. For example 86% of patients surveyed said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%). 91% said the last

Summary of findings

nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%) and 88% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice participated in the Clinical Commissioning Group (CCG) Primary Care Development scheme to seek ways to reduce emergency attendance at hospital.
- The practice offered early morning appointments with a GP, practice nurse or a health care assistant Monday to Friday from 7.30am to 8am.
- 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.
- One practice nurse was responsible for reviewing and supporting patients identified as being at risk of an unplanned admission to hospital. The practice nurse visited all the identified patients at home, carried out an assessment and recorded a care plan with the patient and or their carer. All patients living in a nursing home or residential care home also had a care plan in place.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice organised and supported a patient walking group which met regularly.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 and held regular governance meetings. Some policies did not reflect the adjustments the practice had made to improve the service they delivered.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example one practice nurse visited housebound patients annually to review their long term condition and review their care plan.
- GPs carried out planned weekly visits to the two care homes allocated to them.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly palliative care meeting were held and community health care professionals attended these.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed better than the national average in four out of five of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015-2015. The practice had taken action to improve the one indicator (record of diabetic foot checks) where performance was below national average. They had provided training to practice nurses and data, supplied by the practice for the current year showed a 7% increase in performance.
- 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. 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.

Good



Families, children and young people

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

Good



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 comparable to the Clinical Commissioning Group (CCG) for all standard childhood immunisations.
- The practice had large colourful easy read displays explaining to parents about the changes to infant and young children immunisation schedules. The practice held children's nasal flu parties to encourage uptake of the flu immunisation.
- Quality and Outcome Framework (QOF) data showed that the practice performed slightly below the national average with 73.83% of patients with asthma, on the register, who had had an asthma review in the preceding 12 months (National data 75.35%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice used social media to communicate more effectively with younger people.
- Data showed that the practice performed in line with the national average for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years with 81.94% compared to the national average of 81.83%.
- Emergency appointments were available each day for children and 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 practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Bramhall Park Medical Centre had two GP practices where early morning appointments were available Monday to Friday. GP, practice nurse and health care assistant appointments were available at the extended opening times. The practice was open every Saturday, with each surgery opening on alternate Saturdays.
- Telephone consultations were available.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or complex health care needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Clinical staff were female genital mutilation (FGM) aware and worked closely with other health professionals to support patients.

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).

Good



- 83.18% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, similar to the national average (84.01%).
- 92.45% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was above the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The staff team at the practice were receiving training to become Dementia Friends.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. A total of 273 survey forms were distributed and 122 were returned. This represents a 45% completion rate.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 57 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients referred to being able to get appointments at both GP surgeries and examples were provided of the care people received including that provided to children and to carers.

We spoke with one patient during the inspection and two members of the Patient Participation Group (PPG) who were also patients. All praised the quality of care and service they received. Members of the PPG provided examples of how they were consulted about the service provided. For example the PPG was instrumental and supportive in setting up the patient walking group (Walks for Health). Feedback from patients was positive about this. The practice displayed information about each GP's area of clinical speciality within the practice as a result of feedback from the PPG.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the requirements around portability of disclosure and barring checks (DBS) to ensure staff are appropriately vetted before employment.
- Ensure second cycle clinical audits are undertaken in a timely manner.
- Ensure practice policies and procedures reflect the changes implemented as a result of significant events or complaint investigations.

Outstanding practice

We saw two areas of outstanding practice:

- The practice facilitated and supported a patient walking group (Walks for Health). Patients told us they valued this.
- The practice encouraged uptake of the children's flu vaccination by holding children's nasal flu parties. This had resulted in an uptake in children receiving the flu vaccine.

Bramhall Park Medical Centre

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Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a specialist advisor with practice management experience and a 2nd CQC Inspector.

Background to Bramhall Park Medical Centre Also known as Dr Rooney & Partners

Bramhall Park Medical Centre is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice had 14170 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy in the practice geographical area is 80 years which is higher than the England and CCG average of 79 years. Female life expectancy is 82 years which below the local and England average of 83. The practice's patient population with a long standing health condition was 56.9% which was slightly higher than the CCG average of 53.3% and the England average 54%.

The patient numbers in the younger age groups (under 18 years) are slightly higher than local and national averages and patient numbers over 65 years are slightly lower than both the CCG and England averages.

The practice has six GP partners (four male and two female), and five salaried GPs (three male and two female). The practice employs a practice manager, two assistant managers, an admin manager, four practice nurses, one nurse prescriber and two healthcare assistants. In addition the practice employs several reception, administrative and secretarial staff.

Bramhall Park Medical Centre provides services from two GP practices. One is the registered location at Bramhall Park Medical Centre, 235 Bramhall Lane South, Stockport. The second GP practice is classed as branch surgery and is known as Shaw Heath Health Centre ,Gilmore Street, Stockport.

Both surgeries provide a full range of services including GP appointments, nurse led health screening clinics and a weekly baby clinic. We also visited Shaw Heath Health Centre on the 2 March 2016 as part of the inspection. Patients can request appointments at either the main surgery or the branch surgery.

Both GP surgeries are open from 7.30am to 6.30pm Monday to Friday. The practice opens every Saturday morning with each surgery opening on alternate Saturdays. Appointments from 7.30am to 8am each morning are for pre-booked appointments.

Detailed findings

Patients are asked to contact NHS 111 for Out of Hours services

The practice provides online patient access that allows patients to book appointments, order prescriptions and review some medical records.

Bramhall Park Medical Centre is an older large detached house and there are limited adaptations to allow full access to patients with restrictions to their mobility. However, Shaw Heath Health Centre is adapted to meet the needs of people with restrictions to their mobility and other disabilities.

Why we carried out this inspection

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

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 March 2016.

During our visit we:

- Spoke with a range of staff including four GPs, the practice manager, assistant manager, two practice nurses and three reception / administrative staff.
- We spoke with one patient and two members of the patient participation group.
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- 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 with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place 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 practice carried out an analysis of significant events. Clinical team meetings were held approximately every six weeks, where significant events were reviewed and learning was shared. Evidence was available to demonstrate that changes were made as a result of investigation into significant events. For example in 2014 a log of a blood result was incorrectly recorded. The outcome of the investigation into this was that a monthly failsafe check was undertaken to ensure any errors were identified and addressed quickly. We noted however that the practice policy on implementation of this additional check did not reflect actual practice.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. GPs and nurses we spoke with provided examples of significant events and the action taken as a result of analysis.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were respective lead members of staff for safeguarding children and adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. The practice had a patient information leaflet explaining clearly the different type of abuse and it provided telephone contact details to the GP practice and the local authority safeguarding teams.

- 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 check (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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. A recent infection control audit had been undertaken and an action plan was in place, which identified where improvements were needed. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 and there were systems in place to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Two newer staff members had brought DBS checks with them. Portability of DBS checks is limited for CQC registered services. We discussed this with the practice manager who confirmed they would undertake DBS checks for these staff.

Are services safe?

- Systems were in place to ensure results were received for all samples sent for the cervical screening and the practice followed up women who were referred as a result of abnormal results.

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 including a health and safety policy. 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. Procedures were in place for the safe management of liquid nitrogen which was used by the practice for some minor surgical procedures.
- The practice had a staffing policy in place and actively monitored patient demand and practice capacity. The practice referred to managing “pinch points”. Staff confirmed from the different staffing groups that

arrangements were in place to ensure there were sufficient staff available on a day to day basis and staff told us they were flexible and supportive covering sudden staff absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children’s masks. 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 fit for use.
- 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 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.

- The practice had systems in place 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 peoples' 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 99% of the total number of points available, with 8.2% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- The practice achieved higher percentages in all but one of the QOF diabetic indicators for 2014-15 when compared to the CCG and the England averages. For example data for diabetic patients and the HbA1C blood tests showed 87.07% of patients had received this compared to the national average of 77.54%. The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 83.9%. The national average was 78.03%. The practice had provided training to the practice nursing team to ensure they were able to carry out diabetic foot checks. The performance for this check 77.23% compared to the national average of 88.3%. It was reported that there was a 7% improvement in this indicator so far this year.

- 89.21% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to 83.65% nationally.
- 73.83% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to national data 75.35%.
- 83.18% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was comparable to the national average of 84.01%.
- 92.45% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was above the national average of 88.47%.

Clinical audits demonstrated quality improvement.

- Evidence from two completed audits was available which demonstrated improvements were implemented and monitored. These included a minor surgery audit to monitor rates of infection and an Intrauterine Contraceptive Device (IUCD) audit. Data from these audits was used to monitor patient outcomes.
- There were also a number of first cycles of clinic audits available, however a re-audit of these was not always undertaken in a timely manner. Timely re-audit would enable the practice to monitor the effectiveness of the actions implemented as a result of the initial audit.
- GPs explained they undertook clinical audit to support their annual appraisal and revalidation.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.

- Each GP partner was buddied with a salaried GP to ensure support and guidance was easily available.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, informal meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. GPs had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- 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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 81.94% which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were similar to CCG averages. Data supplied by the practice from 1/07/2014 to 1/10/2015 consistently showed they achieved 90% of their immunisation target for under two year olds and five year olds.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 35–74. Appropriate follow-up 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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 57 CQC patient 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. Patients referred to being able to get appointments at both GP surgeries and examples were provided of the care people received including that provided to children and to carers. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one patient during the inspection and two members of the Patient Participation Group (PPG) who were also patients. All praised the quality of care and service they received. Members of the PPG provided examples of how they were consulted about the service provided. For example the PPG was instrumental and supportive of setting up the patient walking group (Walks for Health). The practice displayed information about each GP's area of clinical speciality within the practice as a result of feedback from the PPG.

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:

- 95% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.

- 89% said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 88% 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 they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. A hearing loop system was available for those people with hearing impairment. Reception staff had received deaf awareness training.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer and we saw written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them at their convenience.

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 participated in the Primary Care Development scheme responding to reducing emergency admissions and attendances at hospital. The practice were members of the Stockport GP federation (Viaduct Health) and were part of the local neighbourhood team.

- The practice offered a range of pre-bookable appointments available 48 and 24 hours in advance and on the day appointments. Telephone consultations were also available each day. Patients had access to GP appointments from two GP practice surgeries where early morning and late evening appointments were available on different days. GP, practice nurse and health care assistant appointments were available at the extended opening times. In addition each GP practice was open one alternate Saturday per month.
- Longer appointments were available for people with complex healthcare needs or a learning disability. Home visits were available for older patients and housebound patients.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had large colourful easy read displays explaining to parents about the changes to infant and young children immunisation schedules. The practice held children's nasal flu parties to encourage uptake of the flu immunisation.
- The practice promoted patient access to a range of community health care support initiatives such as the Health and Wellbeing initiative for older people and patient education programmes for the self-management of long term conditions such as diabetes (XPERT).
- The practice offered a lifestyle clinic to patients on a Saturday morning and referred patients to the local exercise scheme provided in Stockport.
- The practice provided a spirometry service to their own patients and those registered at other GP practices.
- The majority of staff were dementia friends and two staff members were training to become Prostrate Cancer champions in March 2016.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- One practice nurse was the lead person who reviewed patients identified as being at risk of an unplanned admission to hospital. The practice nurse visited all the identified patients at home, carried out an assessment and recorded a care plan with the patient and / or their carer. All patients living in a nursing home or residential care home also had a care plan in place.
- GPs provided home visits to patients living in care homes as requested. In addition they carried out planned weekly visits to the care homes allocated to their practice. This reduced the number of requests by the care homes for home visits and ensured continuity of care for patients.
- There were facilities to support patients with physical disabilities. However the adaptations at Bramhall Park Medical Centre surgery were restricted by the building. Shaw Heath Health Centre offered more accessible facilities for people with mobility issues. A hearing loop and translation services were available at both surgeries..
- The practice produced a colourful patient newsletter, which was available in small and larger print. Free WIFI was available and the practice utilised social media such as Facebook and Twitter to communicate with patients.

Access to the service

Both GP surgeries were open from 7.30am to 6.30pm Monday to Friday. The practice opened every Saturday morning with each surgery opening on alternate Saturdays. Appointments from 7.30am to 8am each morning were for pre-booked appointments.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 55% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at a sample of complaints received in the last 12 months and these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However we noted that policies were not always updated to reflect the changes the practice made to improve care and services as a result of a complaint investigation. We discussed this with the practice manager who confirmed they would address this.

The practice held regular team meetings and complaints were reviewed regularly. A six monthly review was undertaken of complaints received to identify themes and trends. Minutes from Patient Participation Group (PPG) meetings demonstrated that the practice was open and transparent in sharing the learning identified as a result of complaint investigations.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a Practice Charter which was displayed in the waiting areas and staff knew and understood the values.
- Staff spoken with knew and understood the aims and objectives of the practice and felt able to contribute to these.
- The practice had a strategy in place and held regular meetings to monitor performance progress and reflect on the practice vision and values.
- The practice had achieved the national quality benchmark award Investors in People since 2002. The most recent award was a Bronze award which demonstrated the practice had achieved above and beyond the standard criteria.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. Some policies and procedures had not been adapted to reflect changes in practice and therefore did not always demonstrate the failsafe measures the practice introduced to improve patient outcomes.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical audit was used to monitor quality and to make improvements. However a planned programme of clinical audit and re-audit would assist the practice to monitor quality improvements in patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Each GP had lead clinical responsibility in different areas such as safeguarding, family planning, child health, and diabetes.

- Staff told us the practice held regular team meetings. Evidence showed clinical meetings were frequent and structured.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- 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 in doing so and felt supported if they did.
- Staff told us the practice held regular team meetings, approximately every six weeks. The practice closed for half a day and this time was used to share information and learning and development.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had a dedicated notice board in both GP surgeries and this contained a range of information about the practice and support services. Minutes of PPG meetings and patient feedback questionnaires and actions plans were easily accessible from the practice's website. Members of the PPG told us of their involvement with for example setting up the patient walking group (Walks for Health). The practice displayed information about each GP's area of clinical speciality within the practice as a result of feedback from the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was proactive in working collaboratively with multi-disciplinary to improve patients' experiences and to deliver a more effective and compassionate standard of care. The practice worked closely with the Clinical Commissioning Group (CCG).

The practice recognised future challenges and areas for development. Complaints were investigated, reviews of significant events and other incidents were completed and learning was shared from these with staff to ensure the practice improved outcomes for patients.