

# Hope Citadel Healthcare CIC

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Outstanding



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 Hope Citadel Healthcare CIC on 27 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of fire safety checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The walk in centre run by the practice in the same building provided GP access if no appointments were available at the practice.
- 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.

We saw three areas of outstanding practice:

- The practice had an in-house counselling service with no waiting lists. As part of the counselling service

# Summary of findings

young people had access to the Cardiff Model, where patients were asked to complete a questionnaire prior to having face to face counselling session to engage the patient in solution focussed discussion.

- The practice had a focussed care team. Staff in this team had various backgrounds including social work, general and school nursing and learning disabilities. When a GP had no medical concerns about a patient but was worried about other aspects of their well-being they referred the patient to the focussed care team to help with social issues such as housing and debt.
- There was seven day access to the practice, with appointments being available between 8am and 8pm Monday to Friday.

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

Importantly the provider must:

- Ensure all fire safety checks are carried out and recorded at appropriate intervals.

The provider also should:

- Update the business continuity plan so all information is accurate.
- Ensure all information, for example information on the website regarding escalating complaints, is accurate.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. With the exception of fire safety checks risks to patients were assessed and well managed.

Fire safety checks, including checks of fire alarms, emergency lighting and emergency means of escape, had not been carried out at appropriate regular intervals. Some information in the business continuity plan was out of date or incorrect.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. An in-counselling service was available and there was no waiting list for this service. We saw that a focussed care team worked with patients who required support other than medical support in their lives. This could be with housing issues or debt.

Outstanding



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Good



# Summary of findings

Patients said they found it easy to make an appointment with GP, and where a practice appointment was not available they had the option of attending the practice-run walk in centre. The practice was open from 8am until 8pm during the week, with appointments available throughout this time, making it convenient for patients who worked or were students. Weekend appointments were also available. The practice had good facilities and was well equipped to treat patients and meet their needs. There were various on-line services making the service more accessible. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Some complaint information needed to be updated. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All over 75 year olds had a named GP and were on the unplanned hospital admissions register. The practice had a much lower than average number of patients over the age of 40.

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. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Good



### 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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and

Good



# Summary of findings

screening that reflects the needs for this age group. There was a high number of students in the area and the practice had targeted advice for students, for example around drug and alcohol awareness, and sexual health. Staff attend Fresher's Week to encourage students new to the area to register with a GP.

The practice was open until 8pm on weekdays, and between 10am and 5pm at weekends, so appointments outside normal working hours were available. Telephone appointments were also available. Information was also available via the practice website, social media sites including Facebook and Twitter.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Vulnerable people had access to a focussed care team to support them in managing issues such as housing, debt and court appearances.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All patients with a diagnosis of dementia had a named GP. Staff were trained in the Mental Capacity Act 2005 and carried out mental capacity assessments appropriately. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. There was an in-house counselling service where patients could access a counsellor at the practice with no need to go on a waiting list. Staff had received training on how to care for people with mental health needs and dementia. All staff were Dementia Friends.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 for the most recent data showed the practice was in most cases performing above or in line with local and national averages.

- 89% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 38% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 80% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

- 60% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 42% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards, 26 of which were positive about the standard of care received. The person who completed one comment card mentioned they could not comment on the practice other than to say they did not like the music in the waiting area. Patients commented about the excellent care and attention they received from GPs, nurses and reception staff. They stated they felt listened to, found the environment safe and hygienic, and thought GPs worked in partnership with patients.

During the inspection we spoke with eight patients and two members of the patient participation group. Their comments reflected those on the CQC comments cards. Patients also stated they found it easy to make appointments and they appreciated being able to attend the practice during the weekend.

## Areas for improvement

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

- Ensure all fire safety checks are carried out and recorded at appropriate intervals.

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

- Update the business continuity plan so all information is accurate.
- Ensure all information, for example information on the website regarding escalating complaints, is accurate.

## Outstanding practice

- The practice had an in-house counselling service with no waiting lists. As part of the counselling service young people had access to the Cardiff Model, where patients were asked to complete a questionnaire prior to having face to face counselling session to engage the patient in solution focussed discussion.
- The practice had a focussed care team. Staff in this team had various backgrounds including social work,

general and school nursing and learning disabilities. When a GP had no medical concerns about a patient but was worried about other aspects of their well-being they referred the patient to the focussed care team to help with social issues such as housing and debt.



## Summary of findings

- There was seven day access to the practice, with appointments being available between 8am and 8pm Monday to Friday.

# Hope Citadel Healthcare CIC

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

## Background to Hope Citadel Healthcare CIC

Hope Citadel Healthcare CIC is also known as Hawthorn Medical Centre. It is a GP practice and walk in centre situated in a small retail park in the Fallowfield area of Manchester. It is a single storey building, fully accessible to the disabled or those with mobility difficulties, and there is a large car park immediately outside.

The practice is part of an organisation. Five GPs worked at the practice, three female and two male. There was also a practice manager, practice nurse, nurse practitioner, counsellors, healthcare assistants and other reception and administrative staff.

The GP surgery part of the practice was open from 8am until 8pm Monday to Friday. Appointments were available throughout these times. It was also open from 10am until 5pm on Saturdays and Sundays.

The walk in centre was run by staff and GPs from the practice. Patients registered with the practice could attend if they were unable to access a normal practice appointment, and it was also open to any other patient. It

had three clinics during the week; 8.30am until 10.30am, 1pm until 3pm and 4.30pm until 6pm. It was open during the weekend and the clinics times then were 10am until 12 noon and 2pm until 4pm.

The practice has an Alternative Provider Medical Services (APMS) contract with NHS England. At the time of our inspection 4575 patients were registered. There was a much higher than average proportion of patients in the 20 to 34 year age range, and a much lower than average proportion of patients over the age of 40. The practice is in an area of high deprivation.

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

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Is it safe?
- Is it effective?

# Detailed findings

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 August 2015. During our visit we spoke with a range of staff including GPs, the practice manager, a counsellor, nurse practitioner, practice nurse and reception staff. We observed how people were being cared for and talked with eight patients and two members of the patient participation group. We reviewed 27 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff were aware of the procedure to report significant events and we saw staff were informed of the process during their induction training. There was a significant and adverse events policy that aimed to give all staff members the confidence to report incidents that may need investigation.

We saw the significant events record and saw evidence that investigations took place and improvements were made if required. All significant events were discussed at the practice's quality meetings and minutes were kept of these meetings. Events were monitored and depending on the level of impact were discussed at board meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff had been trained to the appropriate level, with clinical staff having more

advanced training. We saw evidence that some staff had received training in domestic violence and child sexual exploitation. Safeguarding and child protection was discussed at all clinical meetings.

- A notice was displayed in the waiting room advising patients that chaperones were available if required or requested. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. Greater Manchester Fire and Rescue had carried out a fire safety audit in February 2014 and minor issues were rectified quickly. A practice fire risk assessment had also been carried out in February 2015. This stated that weekly testing and periodic maintenance of the fire detection and alarm system took place, and monthly and annual testing of routes for emergency escape and lighting also took place. The fire safety policy stated fire alarms should be tested weekly. However, these were not up to date. The fire alarms had been tested 11 August 2015, with the previous test being carried out 7 August 2014. Records showed a check of the fire resisting doors and means of escape had not been carried out since March 2012. All staff were trained in fire safety.
- 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, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice manager and practice nurse had day to day responsibility for infection control. There was an infection control protocol in place. Most staff had received training for infection control and the remainder had training scheduled before the end of September 2015. A cleaner attended the practice daily

## Are services safe?

and a cleaning schedule was in place. Infection control audits had been carried out. An area manager from the cleaning company carried out cleaning audits. The last one had been carried out 25 August 2015 and a score of 97.91% was achieved.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We looked at a selection of staff files, including a GP, nurse, healthcare assistant and reception staff. We saw that 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 DBS had been recorded prior to staff starting work.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. There was a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Although this was noted as being updated in July 2015 it contained out of date and incorrect information. For example, there was no information regarding action to take in case of a loss of electrical supply, and electronic links to information did not work as they had been provided by the primary care trust (PCT) that was in place prior to the CCG being set up in April 2013.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). Each area of QOF was managed by a named staff member. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2013-2014 were 97% of the total number of points available, with 12% exception reporting. Data from 2013-14 showed;

- Performance for diabetes related indicators were similar to expected for the clinical commissioning group (CCG) and national average with the highest indicator showing 93.51%.
- The percentage of patients with hypertension having regular blood pressure tests was in line with the national average at 86.92%.
- The dementia diagnosis rate was above the national average at 100%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been several clinical audits completed in the last two years. We looked in detail at two of these and saw the improvements made were implemented and monitored. Re-audits had been carried out appropriately. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Avoiding unplanned admissions was a regular agenda item in clinical meetings. All aspects of a patients' care was discussed during these meetings with a view to improving

outcomes to patients. For example, GPs discussed ways of converting a downstairs room in a patient's house into a bedroom to make things easier for a patient and their family.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. We saw that various consent forms were used when written consent was considered necessary. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Mental Capacity training had been provided for staff.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Patients were then signposted to the relevant service if it was not available at the practice. A smoking cessation service and counselling service was provided by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme in 2013-2014 (the most recent figures available) was 68.77%, which was below to the CCG average of 81.88%.

The practice had identified that this was in part due to their patient demographics. They were working with ethnic communities to increase awareness and explain the benefits of health screening with a view to increasing the uptake of tests. 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 above the CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.3% to 97.8% and five year olds from 75.8% to 100%. Flu vaccination rates for the over 65s were 71.43%, and at risk groups 54.82%. These were comparable to CCG averages.

Patients had access to appropriate health assessments and checks. New patients were invited for a new patient health check. Staff explained that although nurses carried out these checks GPs had some involvement and where possible a new family registering with the practice would be seen as a family unit so a full history could be taken. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

There was a blood pressure monitor in the reception area for patients to use. Instructions were available in five languages.





# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients commented positively about how they were spoken to and treated by staff.

Of the 27 patient CQC comment cards we received 26 were positive about the service experienced. However, the one comment card that did not contain positive comments did not relate to care of patients. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%

- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Where an interpreter was required this was recorded on the patients' records to alert reception staff when an appointment was being booked.

### 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. The website also provided links to other services who could help with emotional help.





## Are services caring?

Staff told us that if families had suffered bereavement it was usual for a GP to visit them the same day. If this was not possible a GP telephoned the bereaved person. Further contact could be arranged, either with a GP or if required a counsellor.

The practice kept a register of carers and noted the carers' status in their records. They had access to the Manchester Carers Association for additional advice.

The practice had an in-house counselling service led by a lead counsellor who spent time in each of the provider's practices. We spoke with the lead counsellor who explained they were the only GP practice in the UK to use the Cardiff Model of counselling. This was for 16 to 25 year olds and patients completed a questionnaire prior to having face to face counselling session to engage the patient in solution focussed discussion. We saw the resources available to patients and saw that all GPs had a pack of resources to help with a patient's emotional needs. The lead counsellor ensured the resources were always available and monitored the GPs to ensure patients received the required information.

Patients over the age 25 could also access the in-house counselling service. We saw that there was no waiting list so patients could be seen as soon as an issue was recognised. Up to seven sessions per patient were initially

offered but patients could re-refer at any time. We saw an example of a patient who, after having a programme of counselling, made appointments for further sessions each year. Bereavement counselling was also offered to patients and staff were trained to recognise if, following a programme of counselling, the patient had physical or mental health needs.

The lead counsellor provided critical incident de-briefs to staff if appropriate following incidents. They had trained other staff members to deliver the de-briefs if they were not available as it was recognised that early intervention reduced the risk of post-traumatic stress. We saw an example of a critical incident de-brief being carried out following the collapse of a patient in the waiting room.

We spoke with a focussed care practitioner who worked as part of a developing team at the practice. Staff in the team consisted of people who had worked or did work as a social worker, nurse, health visitor, school nurse and teacher with a learning disability background. GPs referred patients to the focussed care team if they were worried about them but knew their physical health needs had been addressed. Members of the team encouraged and motivated patients, helping with issues such as housing debt or court appearances.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Appointments were available throughout the day between 8am and 8pm. Weekend appointments were also available.
- Routine booked appointments were for 13 minutes and longer appointments available for people with a learning disability.
- The practice ran a walk in centre from the same building so its own patients, and patients not registered at the practice, could be seen without a pre-booked appointment.
- Home visits were available for older or housebound patients, although GPs told us these were rarely required due to patient demographics.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a focussed care team to assist patients with social issues such as housing and debt. The practice had recognised that a holistic approach looking at the health and social needs of their patients was advantageous.
- The patient had a high number of students and young people in the area and offered advice on sexual health, managing stress and drug and alcohol use.
- Popular leaflets were available in languages such as Urdu, Bengali, French and Arabic.

### Access to the service

The practice was open between 8am and 8pm Monday to Friday and 10am to 5pm Saturday and Sunday.

Appointments were available between 8am and 8pm during the week during four GP clinic sessions (8am to 12.15pm, 12.45pm to 5pm, 11am to 3.15pm and 3.45pm to 8pm), with pre bookable appointments also available during the weekends. In addition practice ran a walk in centre from the same building, where practice patients plus those not registered at the practice could be seen. The walk in centre had three clinics on weekdays (8.30am to

10.30am, 1pm to 3pm and 4.30pm to 6pm) and two at during the weekend (10am to 12 noon and 2pm to 4pm). Once a month the practice nurse led a Saturday clinic from 10am to 5pm. Telephone appointments were also available.

The patients we spoke with told us it was easy to access both routine and emergency appointments. They told us children were always seen on the day a request was made. Patients told us that if a normal practice appointment was not available they were advised to attend the walk in centre in the same building run by the practice. Staff told us that although the walk in centre had three clinics a day (or two during the weekend) they were only able to see a limited amount of patients so it could be closed to patients booking in prior to the advertised time.

The practice had some patients who were homeless. If a homeless patient attended the walk in centre they were given the opportunity to register at the practice. In these circumstances the practice manager explained they did not need proof of an address and they were usually seen at the time they attended to ask for an appointment.

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

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 60% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system. This was in the practice leaflet, on posters and on the website. However, the website informed patients they could pursue their complaint with the Healthcare Commission if they felt it was unresolved after following the practice complaints' procedure. The Healthcare Commission ceased to exist in October 2008 when the Care Quality Commission was formed.

The patients we spoke with told us they did not know how to make a complaint. However, they told us they knew they would be able to find out easily if the need arose, and they felt confident it would be dealt with.

We looked at the seven complaints made between 1 April 2014 and 31 March 2015. All had been appropriately investigated and the person making the complaint had received a response in the given timescale. A summary of all complaints was kept and where action was required this was monitored until all action had been completed. Complaints were shared with staff during clinical or practice meetings and staff told us they were discussed in a blame-free way with an emphasis on learning. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints from practices within the organisation were discussed and monitored at board level where appropriate so any trends could be identified.

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

### 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.
- There was a staff handbook in place covering all aspects of the practice relating to staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements was in place.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The practice was part of an organisation. There was a clear leadership structure; the organisation had a chief executive and the practice had a clinical lead and practice manager. The leadership team within the organisation met regularly to monitor quality and there were regular practice meetings for clinical staff and other practice staff. The leadership team were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The leadership team encouraged a culture of openness and honesty.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that clinical team

away days were held most years. Staff said they felt respected, valued and supported, particularly by the practice. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Staff had a formal annual appraisal with their line manager. The lead counsellor, who was a registered nurse, was the line manager for the practice nurses and was responsible for their clinical supervision. Training was monitored and regularly updated, and we saw the practice was in the process of transferring to a new training programme where staff could take part in on-line learning. This transition meant some staff were receiving updated training prior to the date it was due to ensure all training was up to date.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. The practice had a feedback box and comments cards in the reception area and the NHS Friends and Family test was also advertised. These results were recorded and analysed to see where improvements could be made. The practice also had a system where text messages were sent to patients two hours after their appointment time. The text asked patients to respond according to the satisfaction of their visit. These responses were collated, analysed and monitored on a monthly basis.

There was an active patient participation group (PPG) with 10 members. They met three to four times a year and the group was being developed to encourage a wider demographic group to join. We spoke with two members of the PPG who told us they produced a newsletter, were asked to review patient questionnaires and were able to make suggestions about the practice. They told us there had been a group discussion prior to the on-line prescription ordering service being launched as some members were not in favour of its introduction. They had also discussed the possibility of holding workshops on diabetic care.

The practice had also gathered feedback from staff through annual appraisals and regular meetings. Staff told us they

# Are services well-led?

Good 

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

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and aware of the needs of the local area when planning their services.

## Innovation

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the registered person had not mitigated risks relating to the health and safety of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was in breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met</b></p> <p>The practice did not carry out fire safety checks, for example for fire alarms, emergency lighting and means of escape, at the required intervals, including the intervals set out in their policies and procedures. Regulation 17(2)(b)</p>