Garden City Medical Centre

Quality Report

Holcombe Brook
Bury
Lancashire
BL0 9TN
Tel: 01204 884710
Website: http://www.gardencitymc.nhs.uk/

Date of inspection visit: 7 June 2016
Date of publication: 21/09/2016

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Garden City Medical Centre on 7 June 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents, significant events and near misses. Reviews and investigations of significant events had taken place, and there was evidence to demonstrate learning and changes to practice as a result. However, there were instances when no information or only minimal information was recorded about two events and any actions taken following these events.
- Staff were trained in safeguarding. However, there was some confusion amongst staff about who took responsibility for managing safeguarding alerts.
- Risks to patients were not always assessed and well managed. For example, although clinical audits were undertaken, they were not systematically completed. We saw little evidence that audits were driving improvements to patient outcomes.
- Prescriptions were not well managed. Although prescriptions were stored securely at night, a log of the blank prescription sheets numbers was not kept.
- Pre inspection data showed patient outcomes were low in some areas compared to the national average. GPs told us they had experienced some difficulties in READ coding information which had resulted in this data.
- Patients told us via the CQC comment cards they were treated with compassion, dignity and respect. Feedback from patients about the staff and their care was consistently and strongly positive. Patients told us they were involved in their care and decisions about their treatment.

Summary of findings

- The practice had a number of policies and procedures to govern activity.
- A record of complaints was not kept and the complaint procedure was not easily available at the practice.

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?

Requires improvement

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents, significant events and near misses. While reviews and investigations of significant events were sometimes well documented, and there was evidence to demonstrate the outcome of investigations and learning, there were instances when no information or only minimal information was documented about the event and any actions taken following the event.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, prescriptions were not managed safely, a recent fire drill had not taken place, and there was some confusion about who took responsibility for managing safeguarding incidents.
- A Disclosure and Barring Service (DBS) check had not been completed for a member of staff that required one. We were informed that as soon as this came to light, the check had been sent to the DBS and the acting manager was awaiting the outcome. The DBS check was for a member of staff who carried out unsupervised clinical duties and acted as a chaperone. Once this had been brought to the attention of the acting practice manager, the member of staff was stopped from acting as a chaperone, however they were still carried out clinical duties unsupervised. We were informed of the outcome of this check following the inspection.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Pre inspection data showed patient outcomes were low in some areas compared to the national average. For example, 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This compared to the CCG average of 91% and a national average of 88%. GPs told us they had experienced some difficulties in READ coding information which had resulted in this data. On

the day of the inspection we were given other data to indicate this figure had improved to 79%. While this was still below the CCG and national average, it demonstrated an improvement in this area of care.

- Staff were provided with training. Nursing staff said they were very well supported, although reception staff said they needed more training around IT systems.
- Staff training records were incomplete so we could not accurately establish that staff were suitably trained for their role.
- Clinical audits and re-audits had not taken place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes.
- There was a system in place for regular meeting to be held. However, we were informed that the last staff meeting took place in December 2015. There were no records of this meeting available for inspection.
- Multidisciplinary working was taking place but this was generally informal meetings and record keeping was limited or absent.
- Not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Performance for cervical screen related indicators was worse than the national average. For example, 73.63% of women aged 25-64 had a cervical screening test in the preceding 5 years. This compared to the CCG and national average of 82%.
- Although nursing staff monitored their own list of patients who attended for cervical smears, a register of the cervical smears undertaken was not held. This meant staff could not monitor this area of health care effectively for the purpose of effective follow-up appointments.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 100% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

Summary of findings

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 79%.
- Patients told us through the CQC comment cards that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement 

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was part of the Bury extended working hours scheme which meant patients could access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays.
- Patients told us via the CQC comment cards that they were able to get appointments when they needed them. 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- Information about how to make a complaint was not available in the patient waiting area, although it was available on the practice website. We were told that two complaints were

Summary of findings

received in 2015. There was no record of these complaints or the actions taken to manage the complaints. Although we were informed that lessons were learnt from individual concerns and complaints, there was no evidence to support this.

Are services well-led?

Requires improvement

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

- The practice did not have a vision and strategy for the development of the service and there was no succession planning.
- The GPs informed us about the values they worked towards in delivering a service that was based on respecting patients and ensuring they received good care. Staff spoken with were clear about these values.
- There was a lack of a governance framework to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. We found that not all key information was READ coded which would have an impact on the QOF results and the quality of audits carried out. GPs were experiencing some difficulties in coding information about patient healthcare. The GPs had met with the local CCG to discuss these problems and support was offered to resolve this matter.
- There was a documented leadership structure and most staff felt supported by senior staff.
- The practice manager had recently left their post and a recent recruitment drive was unsuccessful in finding another person for this role. Plans were being made to advertise this role again. In the interim, one of the practice nurses had taken on this role on a part time basis. While it was clear they were working hard to manage the additional responsibilities, this had resulted in a reduction of seven hours per week in their nursing role. Additional agency nursing staff had not been employed to cover these hours.

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

Requires improvement

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

- Shingles, influenza and pneumococcal vaccines were available for patients over 65 years of age. The uptake for the flu vaccinations was low. GPs were aware of this and were trying to improve this area of care.
- Patients aged over 75 years had a named GP.
- Care plans were designed around patients' needs and requirements.
- The practice was responsive to the needs of older patients. Home visits and urgent appointments were available for those patients with enhanced needs.

People with long term conditions

Requires improvement

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

- Longer appointments and home visits were available when needed.
- 68% of patients with diabetes had a measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less. This compared to the CCG average of 80% and a national average of 81%.
- Pre-inspection data showed only 60% of diabetes patients had their HbAic below 64, compared with 78% for the CCG. GPs told us they had experienced some difficulties in READ coding information which had resulted in this data. On the day of the inspection we were given other data to indicate this figure had improved to 75%.
- Pre-Inspection Data showed only 67% of hypertension patients had the last BP of 150/90 or below, compared with the CCG average of 83%. However on the day of the inspection we were given other date to indicate this figure had improved to 74%.

Summary of findings

GPs told us they were experiencing some difficulties in coding information which had resulted in this misrepresented data. While this figure was still below CCG and national averages, it did show improvement.

- Nursing staff monitored patients with long term conditions. However, patients who did not attend their appointments were not always contacted for a followed up appointment.
- Patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

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

- There were appointments available for children's vaccines which fit around school times.
- We were told that staff were up to date with safeguarding training. However, there was some confusion about who took responsibility for managing safeguarding alerts.
- Immunisation rates for the standard childhood immunisations were comparable to CCG averages.
- Performance for cervical screening related indicators was lower than the national average. 74% of women aged 25-64 had a cervical screening test in the preceding 5 years. This compared to the CCG average of 82% and a national average of 82%. No clear explanation was given for this finding.
- There was no smear register or formal system to monitor the results or lack of results in cervical screening testing, although practice nurses manually looked through their own notes for their clinics. There was no plan in place in the event that individual nurses were absent or unable to carry this out.

Working age people (including those recently retired and students)

Requires improvement

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

Summary of findings

- Appointments were available with a GP and practice nurse from 8.30 am Monday to Friday and with a phlebotomist on a Wednesday and Friday.
- Same day appointments were available from 8.30 am.
- Emergency appointments, telephone consultations and home visits were available daily.
- Health promotion advice was offered and there was accessible health promotion material available at the practice.

People whose circumstances may make them vulnerable

Requires improvement

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

- GPs referred to and worked with local drug and alcohol services.
- We were told that staff kept up to date with safeguarding training. Staff knew how to recognise signs of abuse in vulnerable adults and policies and procedures were in place to support staff with the management of any concerns. There was some confusion about who took responsibility for managing safeguarding alerts.
- There were no policies or arrangements to let staff know how to support patients with no fixed address.
- The practice had carried out annual health checks for people with a learning disability.

People experiencing poor mental health (including people with dementia)

Requires improvement

There were aspects of the practice which were inadequate and this related to all population groups. The practice is rated as inadequate for the care of older people. There were however some examples of good practice.

- Annual reviews of care plans took place with GPs. If patients did not attend their appointment, there was no formal protocol in place to follow-up these patients.
- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 89% and the national average of 84%.

Summary of findings

- Longer appointments were available on request so patients were given more time to talk about their health care needs.
- Pre inspection data showed patient outcomes were low in some areas compared to the national average. For example, 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This compared to the CCG average of 91% and a national average of 88%. GPs told us they had experienced some difficulties in READ coding information which had resulted in this data. On the day of the inspection we were given other data to indicate this figure had improved to 79%. While this was still below the CCG and national average, it demonstrated an improvement in this area of care.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. However, meetings had not taken place for over a month.
- The practice had told patients experiencing poor mental health about support groups and voluntary organisations they could access for additional support.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 250 survey forms were distributed and 105 were returned. This represented 2% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 100% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 79%.

We did not speak with any patients during the inspection as none were available.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all very positive about the standard of care they received. Patients praised the GPs for their kind and caring approach and said they were always treated with dignity and respect. Patients commented they felt listened to and were never rushed during consultations. Patients described the nursing staff as excellent and reception staff as helpful and friendly.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. We looked at the results for January, February and March of this year. All of the questionnaires indicated they were 'extremely likely' or 'likely' to recommend this practice to a friend or family.

Areas for improvement

Action the service MUST take to improve

- Prescriptions must be managed in line with current guidelines and emergency medicines must be easy to access.
- Full clinical audits and re audits must be carried out in a systematic way to monitor effectiveness of clinical care and improve patient outcomes.
- Disclosure and Barring Service checks must be completed for staff that require them.
- Improvements must be made to the governance systems to assess, communicate, monitor and improve the quality and safety of the services provided.

Action the service SHOULD take to improve

- Provide reception staff with more IT training to support them in their role.
- Carry out a risk assessment of legionella in the premises.
- Set up a Patient Participation Group.
- Keep a register of carers.

Garden City Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Garden City Medical Centre

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

There are two male GPs working at the practice, both are partners of the practice. Both of the GPs work nine sessions per week. There are two practice nurses, both female, one works full time and one works part time. There is also a part time phlebotomist. There is a team of administrative staff made up of a part time acting practice manager (this is one of the practice nurses), six receptionists and a secretary.

The practice is open from 8 am to 6.30 pm Monday to Friday. GP appointment times are from Monday to Friday between 8.30 am and 11.30 am and 4 pm to 5.30 pm. Nurse appointment times are between 8.30 am and 1 pm and 2 pm and 5.30 pm. Appointments with the phlebotomist are available on a Wednesday and Friday between 8.30 am and 12.30 pm.

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

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

The practice is a training and a teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

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

4,700 patients are registered at the practice.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with a range of staff including two GPs, the previous practice manager, two practice nurses (one was the acting practice manager) and, the ex-practice manager who returned to the practice for the purpose of the inspection.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events though this was not used consistently.

- Staff told us they were informed about safety alerts and significant events and they knew to inform the practice manager of any incidents that occurred. The staff spoken with said safety alerts and significant events were discussed at monthly meetings where procedures were reviewed with staff to make sure action was taken to prevent the incident from reoccurring. They confirmed however, that a meeting to discuss these events had not taken place for two months
- GPs met daily to discuss significant events and evidence was in place to demonstrate evidence of learning and changes to practice. For example, additional checks had been put in place following a home visit to the wrong address.
- We were informed about one significant event that took place relating to a needle stick injury. While this incident had been recorded, there was no information about what action had taken place following the event or that this issue had been discussed with staff to minimise the risk of it happening again.

Overview of safety systems and processes

The practice had systems, processes and practices with the aim of keeping patients safe. However staff had not always followed these properly to ensure patients' safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was some confusion amongst staff as to who was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs said they were trained to child protection or child safeguarding level three. The training certificate was in place for one GP but not the other. Both practice nurses were trained to level three.
- A notice in the patient waiting area advised patients that chaperones were available if required. A notice was also displayed on clinicians' doors. Two staff acted as chaperones. They were trained for the role although only one had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The DBS check for the other staff member had been submitted and we were informed of the outcome of this check shortly after the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An in house infection control audit took place on 24 May 2016. The audit demonstrated the practice was 80% compliant. It was not clear what action would be taken to address the non-compliant issues.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). All the necessary security checks were carried out on the medicines held at the practice. Emergency medicines were securely stored although it would be difficult to access these medicines quickly as the key was not kept in the same room.
- Some of the blank prescription sheets were not securely stored and there was no system in place to monitor their use; a log of the serial numbers was not kept. Prescription sheets were removed from printers at night to ensure their safe storage.
- We reviewed three personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of

identification was not in place for one staff member and a Disclosure and Barring Service check had not been completed for another for whom it was a requirement. References had been undertaken for all staff.

Monitoring risks to patients

The procedures in place for monitoring and managing risks to patient and staff safety were not well managed.

- The calibration of equipment was last carried out in May 2015; this was due to be rechecked in May 2016, although it had not yet taken place. No date had been set for the recalibration of equipment.
- There was a fire safety procedure in place. Records indicated that the fire extinguishers were checked in May 2016. Staff were trained in fire safety and further training was being provider later in the year. There was no evidence of a fire drill or alarm check taking place. None of the staff were appointed fire marshals.
- A Legionella risk assessment had not been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a health and safety policy available to staff.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Reception staff reported there were enough staff on duty to carry out their work and ensure an efficient service was provided.

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 alarm call bell in the main reception area. However, there were no emergency call bells in any other rooms.
- All staff received annual basic life support training.
- The practice had a defibrillator and oxygen available on the premises. A first aid kit and accident book were also available and an up to date record of checks was in place.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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 patients' needs. We saw evidence to demonstrate the practice monitored that these guidelines were followed through risk assessments and audits. For example, we saw evidence that A&E admissions were reduced in the last six months. However, monitoring was not consistent in all areas of the practice.

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 81% of the 559 points available. This was 14% below the CCG average and 13% below the national average.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than average in some areas compared to the CCG and national average. However, the practice had a small patient list size and had reported a nil exception rate affecting the average achievement considerably. (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 an outlier for the control of cholesterol in diabetic patients, and in smear uptake for cervical cytology. Data from 2014 / 2015 showed some performance for diabetes related indicators was worse than the national average. For example:

- 68% of patients with diabetes had a measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less. This compared to the CCG average of 80% and a national average of 81%.
- Pre inspection data showed patient outcomes were low in some areas compared to the national average. For example, 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This compared to the CCG average of 91% and a national average of 88%. GPs told us they had experienced some difficulties in READ coding information which had resulted in this data. On the day of the inspection we were given other data to indicate this figure had improved to 79%. While this was still below the CCG and national average, it demonstrated an improvement in this area of care. The GPs had met with the CCG to discuss this issue and support had been given to address this matter.

There was evidence of quality improvement, however, this was inconsistent.

- Risks to patients were not always assessed and well managed. For example, while clinical audits were undertaken, they were not systematically completed. We saw little evidence that audits were driving improvements to patient outcomes. One audit we looked at demonstrated patients were called back, investigated, and actions taken to address their health care needs. However, this was not dated, and there was no second data collection to demonstrate that issues had continued to improve after changes were made.
- Although nursing staff monitored their own list of patients who attended for cervical smears, a register of the cervical smears undertaken was not held. This meant staff could not monitor this area of health care effectively for the purpose of effective follow-up appointments.

Effective staffing

- Records looked at indicated that staff were provided with training to develop their skills, knowledge and experience to deliver care and treatment. However, the practice could not demonstrate how they ensured role-specific training and updating for relevant staff was provided because the staff training records were not up to date.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- Not all staff had received an appraisal within the last 12 months, although this issue was in the process of being addressed.
- The learning needs of staff were currently being identified through the appraisal system. Nursing staff said they were very well supported with their training, although reception staff said they needed more training around IT systems.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.
- There was a system in place for regular meeting to be held. However, we were informed that the last staff meeting took place in December 2015. There were no records of this meeting available for inspection.

Coordinating patient care and information sharing

Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. However, while we were informed that health care professional meetings were scheduled to take place every two to three months, records indicated that the last palliative care meeting took place on 28 January 2015.

Consent to care and treatment

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity. However, not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. It was not possible to establish whether staff had received training in this area of care as the staff training records were not up to date.
- There was no evidence that the process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Performance for cervical screen related indicators was worse than the national average. For example, 74% of women aged 25-64 had a cervical screening test in the preceding 5 years. This compared to the CCG average of 82% and a national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test although this was not always happening.
- The practice encouraged its patients to attend national screening programmes for bowel cancer screening. Performance for bowel cancer screening related indicators was better than the national average. For example, 65% of patients aged 60-69, were screened for bowel cancer in last 2.5 years. This compared to the CCG and national average of 58%.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 93% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Health promotion information was available in the patient waiting area, for example information about smoking cessation, cancer screening and breast feeding. Information was also available to patients about drug and alcohol services, counselling services and mental health services.

Good

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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all very positive about the standard of care received. Patients praised the GPs for their kind and caring approach and said they were always treated with dignity and respect. Patients said they felt listened to and were never rushed during their consultation. Patients described the nursing staff as excellent and reception staff as helpful and friendly. One patient commented they were not treated well by one of the GPs.

We did not speak with any patients during the inspection as none were available. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. This was also found in the results from the national GP patient survey which 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:

- 96% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.
- 99% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that 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.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer, although we were informed this information was recorded ad-hoc. A list of carers was not available. Written information was available in the patient waiting area to direct carers to local community services.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Information about bereavement services was not available in the patient waiting area, although this was available on the practice website.

Requires improvement

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There was a disabled toilet available
- There was sloped access with a handrail at the front of the building. Automatic doors and a hearing loop were not provided.
- Translation services were available.

Access to the service

The practice was open from 8 am to 6.30 pm Monday to Friday. GP appointment times were from Monday to Friday between 8.30am and 11.30am and 4 pm to 5.30 pm. Nurse appointment times were between 8.30 am and 1 pm and 2 pm and 5.30 pm. Appointments with the phlebotomist were available on a Wednesday and a Friday between 8.30 am and 12.30 pm.

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

Extended opening hours were not provided on the premises. Patients requiring a GP outside of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call would be re-directed to the out-of-hours service.

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.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

Patients told us via the CQC comment cards that they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

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

- A complaints policy and procedures was in place. Although we were informed that complaints were managed informally
- GPs handled complaints of a clinical nature; other complaints were handled by the practice manager.
- Information about how to make a complaint was not available in the patient waiting area, although it was available on the practice website.

Records indicated the last complaint was received in 2013. We were told the practice had received other complaints since that time, but no information could be located. We were told two complaints were received in 2015, however, there was no record of these complaints or the actions taken to manage the complaint. Although we were informed that lessons were learnt from individual concerns and complaints, there was no evidence to support this.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice did not have a recorded vision about how to deliver high quality care and promote good outcomes in all areas for patients. A strategy was not in place for achieving the priorities and delivering good quality care.

The GPs told us they aimed to deliver a service that was based on high standards of care and meeting patients' individual health care needs. Staff spoken with were clear about these values and said they always treated patients with respect and understanding.

Governance arrangements

The practice did not have an effective overarching governance framework to support the delivery of the service. While systems and procedures were in place, we found shortfalls in the way the practice operated:

- A comprehensive understanding of the performance of the practice was not maintained.
- A programme of continuous clinical and internal audit was not used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks were not satisfactory. For example, some fire safety checks had not been completed and a legionella risk assessment had not been carried out. Prescriptions were not well managed.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available and were available to all staff.

Leadership and culture

While the GPs told us they prioritised safe, high quality and compassionate care, and this was reflected in the results of the NHS patient survey which indicated that 100% of patients said they had confidence and trust in the last GP they saw, we had concerns about the lack of systems in place to manage, monitor and improve the overall service. For example:

- GPs reported they had experienced some problems with the way information about patients' healthcare was READ coded which had resulted in low data rates. The GPs had met with the CCG to discuss this issue and support had been given to address this matter.
- The practice manager had recently left their post and a recent recruitment drive had no success in finding another person for this role. Plans were being made to advertise this role again. In the interim, one of the practice nurses had taken on this role on a part time basis. While it was clear they were working hard to fulfil these extra responsibilities, and the other practice nurse had taken on extra clinical work, this had resulted in them having to reduce their weekly nursing hours by approximately seven hours per week. Additional agency nursing staff had not been employed to cover these hours.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- Staff told us when they attended meetings, there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff meetings were scheduled to take place every three months, however we were informed they had not taken place for several months.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice.

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

- The practice sought patients' feedback though the Friends and Family test. The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of

Are services well-led?

Requires improvement

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

care they have received. We looked at the results for January, February and March 2016. All of the questionnaires indicated they were 'extremely likely' or 'likely' to recommend this practice to a friend or family. Comments made by patients were responded to individually, however, no information was gathered about trends or patterns for the purpose of making improvements to the service or changing practices to prevent issues reoccurring.

- The practice's patient participation group was inactive and had not met for over a year. We were informed that plans were being made to restart the group and to recruit more volunteers although no action had been taken to address this issue as yet.
- The practice gathered feedback from staff generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They also said changes needed to be made to the service in order to make it more organised. For example, staff meetings had not been held since December 2015 and the problem with coding the clinical system was ongoing.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.** **Schedule 3 Information Required In Respect Of Persons Employed Or Appointed For The Purposes Of A Regulated Activity** **The provider had not carried out thorough recruitment procedures to effectively ensure that staff had the appropriate checks to carry out their role.** **A Disclosure and Barring Scheme check had not been carried out on all staff who acted as chaperones.**

This section is primarily information for the provider

Enforcement actions

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance A warning notice was issued to the provider in relation to the governance of the practice. There was a lack of systems and processes in place to ensure the assessment, monitoring and improvement to the quality and safety of services provided.