

# Ribblesdale GP - Dr Subbiah

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ribblesdale GP - Dr Subbiah

on 5 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 years of age have a named GP.
- Influenza and pneumococcal vaccination clinics were available to those patients over 65 years.

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.
- Chronic disease monitoring and care plans were in place for patients with long term conditions so as to avoid unnecessary hospital admission.
- 99.03% of patients with diabetes have had influenza immunisation in the preceding period from 1 August to 31 March 2015. The national average is 94.45%.
- 97.58% of patients with asthma have had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. The national average is 75.35%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Records indicate that 82.51% of women aged 25-64 have received a cervical screening test in the preceding 5 years. The National average is 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All staff were up to date with safeguarding training.
- Same day appointments were available for children under 12 years of age.
- Child 6/8 week assessment clinics were held at the same time as health visitor appointments.

## **Working age people (including those recently retired and students)**

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended appointments were available through the Prime Ministers Challenge Fund.
- Nurse and health care assistant appointments were available from 8am.
- NHS health checks were completed.

## **People whose circumstances may make them vulnerable**

Good



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

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. GPs worked with / referred to local services i.e. drug and alcohol services.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

# Summary of findings

- All staff were kept up to date with current safeguarding guidelines (adult and child). 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.
- Reception staff were alerted to red flags on the IT system which highlighted the failure of patients to collect prescriptions.

## 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).

- 98.08% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. The national average is 84.01%.
- 97.73% of patients with schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive, agreed care plan documented in their records in the preceding 12 months. The national average is 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow-up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Longer appointments were provided as needed.
- Annual mental health reviews were carried out for all patients on the mental health register.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above or in line with local and national averages. 329 survey forms were distributed and 129 were returned. This represented 2.4% of the practice's patient list.

- 91.8% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68.2% and a national average of 73.3%.
- 83.4% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.7%, national average 85.2%).
- 88.19% of patients described the overall experience of their GP surgery as fairly good or very good (national average 84.94%).
- 76.26% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79.11%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients described staff as professional and caring. They described the service they received as very good and excellent.

We carried out eight patient interviews by telephone. All of the patients we spoke with said they were happy with the care they received and thought the staff were approachable, committed and caring. A comments and suggestion box was available for patients to provide on-going feedback and the 'Friends and Family Test' was available for patients to complete via the practice website or questionnaires available in the waiting area. We looked at the results of the Friends and Family Test for December 2015. This indicated that 74% of patients were 'extremely likely' to recommend the practice to their friends and family. Patients had also recorded positive comments about the staff and the service provided.

## Areas for improvement

# Ribblesdale GP - Dr Subbiah

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice nurse specialist adviser.

## Background to Ribblesdale GP - Dr Subbiah

Ribblesdale GP - Dr Subbiah practice is located in Bury, Greater Manchester. The practice is located in a large health centre which also housed other GP practices and health care services such as a pharmacy, health visitors and an optician. There is easy access to the building including a lift and disabled facilities are provided. There is fee paying parking next to the practice and a main bus and tram station close by.

There are four GPs working at the practice. One senior partner (male), two partners (one male and one female) and one sessional GP (female). There are two part time practice nurses and one health care assistant (all female). There is a full time practice manager and a team of administrative staff.

The practice opening times are Mondays 8.00am to 8.00pm, and Tuesday to Friday 8.00am to 6.30pm. The practice appointment times are:

Monday

08:30 – 12:10 and 15:00 - 19:40

Tuesday

08:50 – 12:00 and 15:00 – 18:00

Wednesday

08:40 – 12:10 and 14:20 – 18:20

Thursday

08:30 – 11:30 and 15:00 – 18:30

Friday

08:30 – 11:30 and 15:00 – 18:00

Extended surgery hours are provided on a Monday from 6.30am to 8.00pm. The practice also pilots the Extended working Hours / Prime Ministers Challenge Fund. This means patients can access a designated GP service in the Bury area from 8.00am to 8.00pm on weekdays and 8.00am to 6.00pm at weekends.

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

There are 5285 patients on the practice list. The majority of patients are white British with a high number of elderly patients and patients with chronic disease prevalence. There is a smaller Pakistani and Polish patient population group.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016.

During our visit we:

- Spoke with a range of staff including two GPs, the practice manager, a practice nurse, the health care assistant and one of the reception staff.
- Reviewed the practice policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Carried out patient telephone interviews.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified.
- The arrangements for managing medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine audits, with the support of the local Medicines Management Team, to ensure prescribing was in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had recently qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from one of the GPs for this extended role.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the DBS.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to staff. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

## Are services safe?

- GPs worked closely with other health care professionals such as safeguarding teams, the palliative care team, social services and carers organisations.
- Policies and procedures were in place to support the running of the practice and to support staff in their work. Daily protocols were reactive to unforeseen and planned changes.
- A triage system allows for patients to be seen the same day if necessary.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available on the premises. Regular checks were carried out on this equipment to ensure it was in good working order. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff meeting took place regularly to share information and ensure all appropriate staff were fully informed about patients' care needs.

### 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 98% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed the following:

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health related indicators was similar to the national average.
- Clinical audits demonstrated quality improvement.

- Clinical audits completed have included heart failure rates, note keeping, antibiotic prescribing and minor surgery. Where necessary, improvements were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. GPs had completed an appraisal of their work 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.

# Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82.51% which was comparable to the national average of 81.83%.

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 98.4% to 100% and five year olds from 88.9% to 96.3%.

Flu vaccination rates for patients over 65 years were 73.6%, and at risk groups 99.03%. These were above the CCG and national averages.

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-up appointments for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring, and treated them with dignity and respect.

We carried out eight patient telephone interviews. Patients told us they were satisfied with the care provided and said staff respected their dignity and privacy at all times. Patients spoke highly of the reception staff saying they were helpful and professional. They said the GPs and nursing staff were compassionate and provided an excellent service.

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

- 89.1% said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 91.7%
- 88.6%.91.7% said the GP gave them enough time (CCG average 89%, national average 86.6%).
- 96.5% said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%)
- 87.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.7%, national average 85.1%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.5%, national average 90.4%).
- 85.9% said they found the receptionists at the practice helpful (CCG average 85.8%, national average 86.8%)

Patients were encouraged to live healthy lifestyles and advice was given by clinicians to support this. Information about how to stay healthy was also available on the practice website. Referrals to other services were made as needed, such as community groups to support good mental and physical health. Support and advice was offered to carers and health check forms had been designed to support patients with a learning disability.

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

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

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

- 81.8% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.3% % and national average of 86.0%.
- 78.9% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 82.9%%, national average 81.4%).
- 85.4% % of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.7% %, national average 84.8%).

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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer and the practice had identified the number of carers linked to the practice. Written information was available to direct carers to the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice had been given the Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation. This new initiative acknowledges the standard of service provided in lesbian, gay and bisexual healthcare. Training for staff in this area had been organised for later in the year.
- Staff were trained in equality and diversity so they had an understanding of how to promote equality and diversity issues in the workplace. For example, being aware of patients' different needs in relation to their disability, culture and gender etc.
- Recent changes to the service means mothers and babies can see the health visitor following an appointment with their GP, rather than having to book a separate appointment.
- Quality assurance questionnaires were given to patients so they had an opportunity to comment on the service provided and staff had an opportunity to review the services provided and adapt them to reflect patients' needs.
- A dementia clinic was available so that patients' mental health could be assessed, diagnosed and managed in-house.

### Access to the service

The practice opening times are Mondays 8.00am to 8.00pm and Tuesday to Friday 8.00am to 6.30pm.

Appointments times are:

Monday

08:30 – 12:10 and 15:00 – 19:40

Tuesday

08:50 – 12:00 and 15:00 – 18:00

Wednesday

08:40 – 12:10 and 14:20 – 18:20

Thursday

08:30 – 11:30 and 15:00 – 18:30

Friday

08:30 – 11:30 and 15:00 – 18:00

Extended surgery hours are provided on a Monday from 6.30am to 8.00pm. The practice also pilots the Extended Working Hours / Prime Ministers Challenge Fund. This means patients can access a designated GP service in the Bury area from 8.00am to 8.00pm on weekdays and 8.00am to 6.00pm at weekends.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

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

- 81.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.5% and a national average of 74.9%.
- 91.8% of patients said they could easily get through to the surgery by phone (CCG average 62.2%, national average 73.3%).
- 30.57% of patients said they always or almost always could see or speak to the GP they prefer (national average 36.92%).

Patients spoken with told us they were able to get appointments when they needed them. They said they could not always get to see a GP of their choice and had to wait about a week for a routine appointment.

### Listening and learning from concerns and complaints

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

- The complaint policy and procedure were in line with recognised guidance and contractual obligations for GPs in England.

## Are services responsive to people's needs? (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. a summary leaflet and complaint form was available at the reception desk. The complaint procedure was also available on the practice website.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 which was to "provide outstanding care using a patient centred holistic approach and to promote patient wellness".

- The practice had a mission statement and staff knew and understood the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values which 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology

- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. Staff told us:

- Regular team meetings were held to ensure good communication.
- There was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so.
- They felt respected, valued and supported, particularly by the GPs in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was an active PPG which met regularly. We spoke with the ex-chair of the group who confirmed their views of the service were always listened to with changes made to the service where possible. For example, a drop off parking space is now available at the front of the building.
- The practice had gathered feedback from staff through team meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

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

- Staff were supported with training so they could continually improve their knowledge and skills.

# Are services well-led?

Good 

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

- The practice manager attended regular meetings with the Clinical Commissioning Group so they were fully informed of health care developments in the local area.
- One of the practice nurses had recently trained as a nurse prescriber and was awaiting registration of her role.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.