

Shekar et al

Quality Report

Minden Family Practices
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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 a comprehensive inspection of Shekar et al on 12 May 2015. We found that the practice was rated as good overall.

Our key findings were as follows:

- The practice is rated as good for safe. Staff understood their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep people safe.
- The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included the promotion of good health. Staff had received training appropriate to their roles and further training needs were identified and planned. The practice had an appraisal system in place for staff. Multidisciplinary working was evidenced.
- The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.
- The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with NHS England and the local Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and the GPs and 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 an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.
- The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver 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. There were systems in place to monitor and improve

Summary of findings

quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. Staff had received inductions, appraisals and attended staff meetings. The practice had an active patient participation group (PPG).

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 safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. The practice provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well.

Good



Are services effective?

The practice is rated as good for effective. Patients' care and treatment took account of National Institute for Health and Care Excellence (NICE) and local guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice was proactive in the care and treatment provided for patients with long term conditions and regularly audited areas of clinical practice. There was evidence that the practice worked in partnership with other health professionals. Staff received training appropriate to their roles and the practice supported and encouraged their continued learning and development.

Good



Are services caring?

The practice is rated as good for caring. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly those with long term conditions, and to families following bereavement.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. The practice reviewed the needs of its local population and engaged with NHS England and the local Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment and a named GP or a GP of choice, with continuity of care and urgent appointments

Good



Summary of findings

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 the practice responded quickly when issues were raised.

Are services well-led?

The practice is rated as good for well-led. The practice had an open and supportive leadership and a clear vision to continue to improve the service they provided. There was a clear leadership structure and staff felt supported by management. The practice had well organised management systems and met regularly with staff to review all aspects of the delivery of care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon. There was evidence that the practice had a culture of learning, development and improvement. The practice had an active patient participation group (PPG).

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. Patients over 75 had a named GP who was responsible for the overall co-ordination of their care, and patients had been informed of this in writing.

The GPs provided domiciliary visits for patients who were housebound, for both acute medical issues and routine reviews, and the practice nurses will also visit housebound patients for chronic disease management. The practice was flexible with surgery appointments, to allow family members to attend where appropriate.

The practice utilised physiotherapists, occupational therapists and the falls service in order to support patients in this population group who are at risk of falls within the home.

The crisis response service was used at times of acute medical or social need in order to minimise unnecessary hospital admissions. This was to ensure patients could remain at home wherever possible.

Palliative care patients were managed by the practice in co-operation with the palliative care and district nursing teams. The practice was able to access specialist palliative care advice from both the community and hospice-based teams, and there was the option of “hospice-at-home” services as well as hospice admission.

Good



People with long term conditions

The practice is rated as good for people with long-term conditions. The practice nursing team ran chronic disease clinics, with access to GP input when required, and all patients on the chronic disease registers were invited for at least annual review.

The practice aimed to avoid unnecessary hospital attendances and had pro-actively identified patients at risk of admission on the practice “admissions avoidance register”. These patients were clearly identified in their patient record so that staff were aware of them.

Chronic obstructive pulmonary disease (COPD) patients were issued with ‘rescue packs’ of medication where appropriate, and advised how to use these, thereby reducing the chances of hospital admission being required. The practice encouraged self-management plans for patients with asthma and diabetes to allow them to more effectively manage their conditions.

Good



Summary of findings

Influenza and pneumococcal vaccination was offered to all eligible patients, with several dedicated and weekend clinics being offered as well as ad hoc opportunities during other appointments.

Families, children and young people

The practice is rated as good for families, children and young people. The practice offered child health surveillance clinics, with 6-8 week checks being performed by the GPs. A full immunisation programme was also run alongside this, delivered by the practice nursing team. Regular weighing clinics were run by the health visitors.

Family planning advice was given by the GPs, and all of the methods of long acting reversible contraception methods were available within the practice. Cervical cytology screening was also offered to all eligible women. Regular ante-natal clinics were also held within the practice.

The practice recorded the identity of the adult attending with children, and children on protection plans and /or “looked after children” had a clear warning flag in their patient record. This then informed the child protection conferences via a Section 74 template, which was easily accessible to staff on the system. All staff were aware of the named safeguarding lead and received safeguarding training.

The practice had introduced new technologies such as text reminders and on-line booking which was hoped would be more user-friendly for younger patients.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group of the working-age people including those recently retired. The practice recognised that working age patients may struggle to access routine surgery appointments within core hours, and therefore provided a variety of options to facilitate access.

Extended working hours surgeries offered pre-booked appointments on Tuesday and Thursday mornings and Tuesday evenings. The practice was a member of “Rock Healthcare” which offered extended access for services such as phlebotomy.

Nurse Practitioners delivered an on-the-day triage service, and could book patients in with either themselves or with the GP according to need. In addition, patients were offered the option of telephone consultations as an alternative to surgery appointments, and these could be booked flexibly in either morning or afternoon surgeries.

Good



Summary of findings

Influenza vaccination clinics were held at weekends in order to maximise accessibility for all eligible patients.

People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. All patients on the learning disabilities register were invited for an annual review with a GP within the practice. Patients who required an interpreter, including asylum seekers, were given a 20 minute appointment as standard in order to allow sufficient time. “Addiction Dependency Solutions”, a drug and alcohol charity, and the drug liaison service held clinics within the practice.

Clear safeguarding policies were in place, and all staff were aware of the named lead in order to report any concerns.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for people experiencing poor mental health (including people with dementia). Patients on the mental health register were invited for an annual review of their physical and mental health. Each patient’s care plan was also reviewed to ensure that it remained current and appropriate.

Following specialist training, the dementia lead had been pro-active in helping the other GPs identify possible new dementia patients. All dementia patients received at least an annual review, and the practice was in the process of developing more comprehensive care plans for these patients. Carers’ details were included in this, and they were signposted to the Bury Carers Centre. The practice recently reviewed their anti-psychotic prescribing in dementia patients in conjunction with the medicines management team.

The practice had access to “Healthy Minds”, a self-referral service for patients with anxiety and depression, and also a specialist psychology service for military veterans. Acute mental health cases can be referred to the access and crisis team for rapid psychiatric assessment.

Good



Summary of findings

What people who use the service say

We spoke with 11 patients who used the service on the day of our inspection and reviewed 41 completed CQC comment cards. The patients we spoke with were very complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the service provided.

National GP survey results published in January 2015 indicated that the practice was best in the following areas:

- 86% of respondents find it easy to get through to this surgery by phone, local (CCG) average: 68%
- 78% of respondents with a preferred GP usually get to see or speak to that GP, local (CCG) average: 62%
- 92% of respondents are satisfied with the surgery's opening hours, local (CCG) average: 76%

The remaining results were higher or similar to the local CCG average.

There were 333 surveys sent out, 105 returned giving a completion rate of 32%.

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Detailed findings

Our inspection team

Our inspection team was led by:

Lead CQC Inspector accompanied by a second CQC inspector, two specialist advisers, a GP and a practice manager, and an expert by experience who is a member of the public trained by the CQC.

Background to Shekar et al

Shekar et al (known as Yacht practice) is part of the Minden Family Practice, and has about 7,600 patients registered and is part of Bury Clinical Commissioning Group (CCG). The population experiences higher levels of income deprivation affecting children and older people than the practice average across England. There are a lower proportion of patients above 65 years of age (16.2%) than the practice average across England (16.7%). 64.1% of the patients had a longstanding medical condition compared to the practice average across England of 54%.

There are five partner GPs and one salaried GP. These are supported by a practice nursing team that is shared across all practices in the Minden Family Practice group. There is also a large shared administrative and reception team headed by an Operations Manager. One member of this staff group is also trained as a phlebotomist.

The practice delivers commissioned services under the Personal Medical Services (PMS) contract.

The practice is open between 8.00am and 6pm Monday to Friday. Appointments are from 8.30am/9am to 12pm every morning and 2.30pm/3pm to 5pm/6pm daily. Extended hours surgeries are offered at the 7am to 8pm on Tuesdays and 7am to 6pm on Thursdays.

Patients can book appointments in person or via the phone and online. Emergency appointments are available each day. There is also a telephone triage service offered daily by the nursing team. Bury and Rochdale Doctors on Call (BARDOC) provide urgent out of hours medical care when the practice is closed.

Information from the General Practice Outcome Standards (GPOS), Quality Outcomes Framework (QOF) and Bury Clinical Commissioning Group (CCG) information showed the practice rated as an achieving practice.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also reviewed further information on the day of the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 12 May 2015.

During our visit we spoke with a range of staff, including the GPs, nursing and administrative staff and spoke with 11 patients who used the service. We also reviewed information from the completed CQC comment cards. We observed how people were being cared for and talked with carers and/or family members.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident and accident reports and saw evidence that these were reviewed and that action was taken when necessary. This showed the practice had managed these consistently over time through serious adverse event review meetings, case review meetings, open forum at practice meetings and through a performance audit and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these.

We saw that incidents and all details of investigations were recorded. All learning points were documented and included discussions with the patient at the centre of the incident, reviews of medication, and sharing of information internally with clinical and non-clinical staff, were appropriate, and externally with the Bury Clinical Commissioning Group (CCG). However we noted that shared learning from incidents was not consistently applied.

We looked at the systems to manage and monitor incidents. We saw records were completed in a comprehensive and timely manner. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated to clinical practice staff when necessary. These are alerts issued to healthcare staff on patient safety issues that require urgent attention and/or action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received relevant role specific training on safeguarding. The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. They had been trained to level 3 safeguarding vulnerable adults and children. We asked members of medical, nursing and administrative staff about their training. Staff were aware who the lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details for local authority safeguarding personnel were accessible to all staff.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example if a child was subject to a child protection plan. The practice recorded the identity of the adult attending with children, and children on protection plans and/or "looked after children" had a clear warning flag in their patient record. This then informed the child protection conferences via a Section 74 template, which was easily accessible to staff on the system. There were also warning flags on the records of patients who should not be seen alone because of a highlighted risk of violence and aggression.

There was a chaperone policy. Staff had been trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure) and all staff who undertake these duties had a current disclosure and barring service (DBS) check. The staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. We also saw that the

Are services safe?

temperature of the fridges, used specifically for the storage of medicines and vaccines, were regularly checked and recorded. Cold chain protocols were strictly followed. We saw written records of these and this was confirmed by staff. The “cold chain” is the process of keeping medicines within a safe temperature range.

A practice nurse oversees the processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by the practice nursing team using protocols that had been produced in line with legal requirements and national guidance. We saw evidence that the practice nursing team had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Any medicines alerts that were received were reviewed and then disseminated to all clinical staff when necessary.

Cleanliness and infection control

There were systems in place that ensured the practice was regularly cleaned. The treatment room nurse took the lead for infection control within the practice. We found the practice to be clean at the time of our inspection and there was a cleaning contract for the building in place. We also saw cleaning checklists were in place and regularly completed. A system was in place to manage infection prevention and control. We saw that recent audits relating to infection control and hand washing had been completed to ensure actions taken to prevent the spread of potential infections were maintained.

We also saw that practice staff were provided with equipment such as disposable gloves and aprons. This was to protect them from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

We looked at the consulting and treatment rooms and found these rooms to be clean and fit for purpose. Hand washing facilities were available and storage and use of

medical instruments complied with national guidance with most equipment for single use only. We looked at medical equipment and found that it was all within the manufacturers’ recommended use by date.

The practice was registered to carry out minor surgical procedures. We looked at the treatment room used for carrying out minor surgical procedures. This room was also clean, suitably furnished, appropriately equipped, well lit and provided privacy. Appropriate hand washing facilities were in place and medical instruments used for minor surgical procedures were disposed of after single use. Unused medical instruments and dressings were stored in sealed packs. We looked at these and found all to be within the expiry date on the packs.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes were provided for use and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The landlords of the building had a policy for the management, testing and investigation of legionella, a germ found in the environment which can contaminate water systems in buildings. We saw records that confirmed there were regular checks in line with this policy in order to reduce the risk of infection to staff and patients. Legionella testing had taken place.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration and checks of relevant equipment that supported clinical practice such as spirometers to measure lung capacity, blood pressure monitors and weighing scales.

Are services safe?

We also saw that fire and intruder alarms were regularly tested, checked and serviced. There were also checks of fire extinguishers

Staffing and recruitment

There was a practice recruitment policy in place that included the principles of The Equality Act 2010, Employment Rights Act 1996, Human Rights Act 1998, General Medical Services Contracts Regulations 2004 and Personal Medical Services Agreements Regulations 2004. This policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a system in place for all the different staffing groups to ensure enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. There was a system in place to use locum staff to support the practice when needed.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. There was a full building operational policy that covered matters such as health and safety.

We found checks were made to minimise risk and best practice was followed. These included monitoring staff training to ensure they had the right skills to carry out their work and monitoring stocks of consumables and vaccines to ensure they were available, in date and ready to use.

Some of the staff at the practice had been employed for many years and knew the patients well. Staff we spoke to

told us they were able to identify if patients were unwell or in need of additional support, they told us that this meant that they could make arrangements for the patient to be helped accordingly.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to an automated external defibrillator, used to attempt to restart a person's heart in an emergency. Emergency oxygen was also available if needed. Staff that would use the defibrillator were regularly trained to ensure they remained competent in its use, which ensured they could respond appropriately if patients experience a cardiac arrest. All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice followed the Bury Clinical Commissioning Group (CCG) corporate guidelines together with the Minden business continuity plan in the event of a serious emergency that could affect safe patient care and treatment. A business continuity plan is designed to ensure that the business can continue to operate (as far as possible) in the event of any unexpected disaster, incident or major occurrence which has the potential to de-stabilise the business and severely impact on the short, medium to long term running of the business. Risks identified included loss of computer system, loss of GP availability and loss of power. The document also contained relevant contact details for staff to refer to.

The landlords of the building had carried out a fire risk assessment that included actions required to maintain fire safety.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly describe for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw that the GPs took the lead in specialist clinical areas such as dementia and mental health. The practice nursing staff supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

The practice demonstrated to us that clinical audits had been undertaken. We saw examples of completed audits including around lithium monitoring, which showed an effective response to any possible risk to patient safety.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice had achieved and implemented the gold standards framework for end of life care. Quarterly Palliative care meetings were held with a multidisciplinary team consisting of the GP's, district nurses and specialist palliative care nurses to review patient on the palliative care register.

Effective staffing

We reviewed staff training records and had discussions with staff. This demonstrated that all staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. We saw evidence that new staff undertook orientation and induction training and the staff we spoke with confirmed this.

We saw that some appraisals had been undertaken and that there were plans in place for all staff to have an appraisal and review this year. This will be a performance management review that includes personal development that meets with the practice organisational needs. Staff we spoke with said they being supported to access relevant training that enabled them to confidently and effectively fulfil their role.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. All the GPs had an annual appraisal. Those GPs who had not yet been revalidated have up to date personal portfolios that will support this process.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, x ray results, and letters from the local hospital including discharge summaries, and out of hours

Are services effective?

(for example, treatment is effective)

services both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers and palliative care nurses when necessary. Decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the meeting with other professionals as a means of sharing important information.

Information sharing

There was effective communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in

meeting their requirements. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. We also saw there were plans in place to identify staff who need to attend mental capacity and deprivation of liberty safeguards (DoLS) training.

The 2015 national GP patient survey indicated 97% of people at the practice said the last GP they saw or spoke to was good at explaining tests and treatments, 96% said the last GP they saw or spoke to was good at involving them in decision making and 99% had confidence and trust in the last GP they saw or spoke to.

Patients we spoke with told us that they were spoken to appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The practice computer system identified those patients who were registered as carers and any other information relating to consent was put onto the system and alerts set up to notify clinicians. We also saw that written consent was obtained from patients who required a minor surgery procedure following a discussion with them regarding the risks.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Health promotion and prevention

The practice demonstrated a commitment that ensured their patients had information about a healthy lifestyle. This included providing information about services to support them in doing this. There was a range of information available for patients displayed in the waiting area and on notice boards in the reception areas. This included information on travel vaccinations, chaperones, prescriptions and home visits. They also provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice worked proactively to promote health and identify those who require extra support, for example those with long term conditions. There was evidence of appropriate literature and of good outcomes for these areas as demonstrated in the QOF data.

Are services effective?

(for example, treatment is effective)

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. Staff we spoke with were knowledgeable about other services and how to access them. The practice nurse team offered appointments cervical smears, smoking cessation and child health surveillance and well-baby clinics

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. If a patient required any vaccinations relating to foreign travel they made an appointment with the practice nursing team to discuss the travel arrangements. This included which countries and areas within countries that the patient was visiting to determine what vaccinations were required.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We received 41 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. We noted that the waiting area was located away from the reception desk which helped keep patient information private. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained. There was also a privacy room available by the reception desk that could be used to facilitate a private conversation with a patient.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with their line manager. These would then be investigated and any learning identified would be shared with staff.

We looked at the results of the 2015 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 97% of respondents said

the last GP they saw or spoke to at the practice was good at treating them with care and concern. 96% of respondents said the last nurse they saw or spoke to was good at listening to them.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 96% of practice respondents said the GP involved them in care decisions and 97% felt the GP was good at explaining treatment and results.

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

The practice used a local translation service when needed and they arranged for an interpreter to attend the surgery. They also used language line to support people who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection told us that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to ensure they understood the various avenues of support available to them.

We saw that there was a system for notifying staff about recent patient deaths. Staff told us that this was helpful when speaking to relatives and others who knew the person who had died. We were told that families who had suffered bereavement were called by the GP to offer support and condolences.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

NHS England and the local Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

We saw the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with Bury CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). It also assisted the practice to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews.

Each patient contact with a clinician was recorded in the patient's record, including consultations, visits and telephone advice. The practice had a system for transferring and acting on information about patients seen by other doctors and the out of hour's service. There was a reliable system to ensure that messages and requests for visits were recorded and that the GP or team member received and acted upon them. The practice had a system in place for dealing with any hospital report or investigation results which identified a responsible health professional and ensured that any necessary action was taken. There was a system to ensure the relevant team members were informed about patients nearing the end of their life. There was also a system to alert the out of hour's service if somebody was nearing the end of their life at home.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Action had been taken to remove barriers to accessing the services of the practice. The practice team had taken into account the differing needs of people by planning and providing care and treatment services that were individualised and responsive to individual needs and circumstances. This included having systems in place to ensure patients with complex

needs were enabled to access appropriate care and treatment such as patients with a learning disability or dementia. People in vulnerable circumstances were able to register with the practice.

The premises and services had been adapted to meet the needs of people with disabilities. There was a suitable entrance at the front of the building for wheelchair use access, a lift and also disabled toilet facilities available. There was a hearing loop available. This is an assistive listening technology for individuals with reduced ranges of hearing.

We saw that the waiting area was large enough to accommodate patients with wheelchairs, mobility scooters and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that those in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. The practice also offered a nurse practitioner telephone triage service for urgent requests.

The national GP survey results published in January 2015 showed that 86% of patients said it was easy to get through to the practice to make an appointment. 91% of patients said they found the receptionist helpful once they were able to speak with them. Most patients we spoke with told

Are services responsive to people's needs?

(for example, to feedback?)

us that they did not have difficulties in contacting the practice to book a routine appointment however some commented that there can on occasion be kept on hold for a period of time.

Listening and learning from concerns and complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 41 patients chose to comment. All of the comment cards completed were very complimentary about the service provided.

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

practice. If that person was unavailable to handle that complaint in a timely manner then the complainant would receive a holding letter stating when the complaint would be dealt with.

Patients we spoke with knew how to raise concerns or make a complaint. Information on how to complain was on the practice website. We looked 12 complaints received and found they had been satisfactorily handled and dealt with in a timely manner.

Patients were informed about the right to complain further and how to do so, including providing information about relevant external complaints procedures. Patients we spoke with said they would be able to talk to the staff if they were unhappy about any aspect of their treatment. Staff we spoke with told us that not all verbal complaints were recorded if they could be resolved at the time.

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 statement of purpose which was to provide people registered with the practice with a wide range of NHS primary medical services under the personal medical services (PMS) contract. This was supported with core values that included providing the best patient care they can, to be honest, open and just and value patients and staff.

The GPs we spoke with demonstrated an understanding of their area of responsibility and they took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

The practice website and patient participation group (PPG) demonstrated that the practice was interested in the views of their patients and carers and these views were used to consider how the service could be improved. The staff were dedicated to providing a service with patient's needs at the heart of everything they did.

GPs attended locality and Clinical Commissioning Group (CCG) meetings to identify needs within the community and tailored their services accordingly.

Governance arrangements

The Minden Medical Group met every six weeks but will now be meeting monthly to improve the timeliness of discussions about significant events and complaints received. All partner GPs across the Minden Family Practices were members. This was the highest level of governance within the group.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice.

There was a clear leadership structure with named members of staff in lead roles such as a GP was the lead for safeguarding children and vulnerable adults. There were also leads for infection control, a caldicott guardian and first aid. The GPs also led for the mental health and dementia. We spoke with members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at practice meetings and action plans were produced to maintain or improve outcomes.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or from safety alerts. We looked at several clinical audits and found they were well documented and demonstrated a full audit cycle.

Leadership, openness and transparency

We saw from minutes that practice and Minden Family Group meetings were held regularly but would be convened at any time if circumstances demanded. These were supported by team leader and nurse meetings. There were also clinical educational sessions regularly held that included updates on topics such as the effective management of angina in primary care and training on medically unexplained symptoms. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at all these meetings. The minutes of meetings were disseminated to staff.

We reviewed a number of policies which were in place to support staff. We saw that there were staff employment policies in place such as dignity at work, equal opportunities and data protection. We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. Staff we spoke with were aware of the whistleblowing policy and what to do if they were concerned about any matters.

We saw evidence that showed the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people.

Are services well-led?

Good 

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

Practice seeks and acts on feedback from its patients, the public and staff

The practice and all staff recognised the importance of obtaining and acting upon the views of patients and those close to them, including carers. A proactive approach was taken to seek a range of feedback.

The practice had a patient participation group (PPG) who regularly meet with staff from the Minden Family Practice Group. We reviewed minutes of the meetings which discussed a variety of clinical and administrative points including information on the friends and family test and appointments. These were supported by action points and these were reviewed at subsequent meetings to ensure that action had been taken.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to develop through training and mentoring. We saw that some staff had annual appraisals and that there was a plan in place for the remaining staff to be appraised. Staff told us that the practice was very supportive of training and was in the process of providing them with eLearning through a system called “Blue Stream Academy”. There was also some face to face learning. Training included basic life support, consent, fire safety, chaperoning, safeguarding children and vulnerable adults and information governance.

The practice had completed reviews of significant events and other incidents and shared with staff team meetings to ensure the practice improved outcomes for patients. However the shared learning was not always consistently applied.