

Trafford Health Centre

Quality Report

Trafford General Hospital
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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?		Requires improvement	

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 Trafford Health Centre on 28th October 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 a system in place for reporting and recording significant events. The system would be more effective if all practice staff were included in discussions about learning outcomes.
- Risks to patients were mostly assessed and well managed with one exception. Workload was poorly monitored which resulted in delays attending to post, blood tests and repeat prescriptions.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments and same day appointments always available. The practice was open from 8am until 8pm seven days a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The over-arching organisational structure did not support the individual needs of the practice and the governance was inconsistent. The practice recognised that improvements were required in this area. Despite this, staff said they felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

Areas where the provider must make improvements.

- The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others that arise from the carrying on of the regulated activity. They must ensure that the governance structure is such that workload and staff are suitably managed to avoid risks to the safety of patients.

Areas where the provider should make improvements.

- Not all staff were included in meetings about significant events and learning from significant events was not shared with the whole practice team. This included discussions about safeguarding and palliative care patients which were not always reported and discussed in a timely manner.
- The practice did not monitor that minutes and messages displayed in the staff kitchen are received and actioned.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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 mostly assessed and well managed with one exception. Workload was poorly monitored which resulted in delays, sometimes up to a week, before attending to post, blood tests and repeat prescriptions.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice undertook clinical audits which would be improved if a regular audit programme was in place and the practice increased the number of second cycle reviews to ensure outcomes were improved.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The provider offered a three-in-one service which gave patients access to a GP from 8am until 8pm seven days per week. The service included a GP practice, walk-in service and out-of-hours service, all from the same premises and provided by the same GPs.
- 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. They had moved the walk-in-service to another area of the premises which eased the pressure on the GP section of the service.
- 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 leadership at the practice was unclear and fragmented. There was an overall Mastercall governance structure for the entire organisation but the structure within the GP-practice part of the organisation was inconsistent.
- Staff felt supported by the organisational management but a clear leadership structure at the practice was required.
- There were a number of overall Mastercall policies and procedures that were regularly updated, but the practice required GP specific policies to ensure that a consistent approach was followed at the premises.

Requires improvement



Summary of findings

- The practice required practice specific lead roles such as those for infection control and consistent approach to support the practice nurses who worked in isolation.
- 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 it.
- 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. Clinical audit could be improved if the staff carried out a regular audit programme and increased the number of second cycle reviews within the practice.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice was open from 8am until 8pm seven days a week.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They supported patients living in residential and care homes and undertook two visits each year for holistic review. These visits were carried out by GPs and practice nurses and each patient had a holistic and informative care plan.

Good



People with long term conditions

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

- The practice was open from 8am until 8pm seven days a week.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Indicators for diabetes and other long term conditions were in line with local and national averages.
- 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.

- The practice was open from 8am until 8pm seven days a week.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The practice was open from 8am until 8pm seven days a week.
- 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 reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice was open from 8am until 8pm seven days a week.
- The practice held, what they referred to as, a VIP register which included patients with dementia, learning disabilities, mental health issues, complex needs and safeguarding concerns. These patients were regularly reviewed and discussed to ensure that their needs continued to be met.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- Performance for mental health related indicators was worse than local and national averages. The practice attained 89% which was 5% below the CCG average and 4% below the national average.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 322 survey forms were distributed and 105 were returned. This represented approximately 2% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were all positive about the standard of care received. Patients commented that this was the best service, staff were wonderful and GPs were caring.

We spoke with eight patients during the inspection. All those patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others that arise from the carrying on of the regulated activity. They must ensure that the governance structure is such that workload and staff are suitably managed to avoid risks to the safety of patients.

Action the service **SHOULD** take to improve

Not all staff were included in meetings about significant events and learning from significant events was not shared with the whole practice team. This included discussions about safeguarding and palliative care patients which were not always reported and discussed in a timely manner.

The practice did not monitor that minutes and messages displayed in the staff kitchen are received and actioned.

Trafford Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Trafford Health Centre

Trafford Health Centre is an alternative primary medical service based within Trafford General Hospital. The building is leased by Central Manchester Foundation Trust who is responsible for its upkeep. There is a large car park with parking for abled and disabled patients as well as access via a bus service that stops directly outside the building.

The practice offers a unique three-dimensional service comprising of a GP practice, walk-in-centre and out-of-hours facility all within the same premises. Patient care is provided by the same GPs across all services and the facility is open from 8am until 8pm 365 days a year.

The facility included the following staff:

- A manager, two assistant managers, two secretaries and 17 receptionists.
- Seven male and one female salaried GPs
- Three additional walk-in centre GPs
- A practice nurse
- Five walk-in centre clinicians.

Not all the staff work across the three services. At the time of inspection, the OOHs doctor may have seen walk in patients but would not see practice patients. The practice

clinical staff only saw registered patients at the time of inspection. The other staff worked across the three services and the actual GP cover at the practice was equivalent to 2.72 whole time GPs. Additional cover was provided by regular locum GPs.

The practice initial list size was 2605 in 2009 and had increased to 4013 in October 2016. The population was not diverse and the number of ethnic minority patients was low.

The practice held close relationships with Trafford Care Co-Ordination Service and other supporting services for patients.

Why we carried out this inspection

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

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 28 October 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the practice managers, GPs, reception and nursing staff. We also spoke with patients who used the service.
- Observed how patients were being cared for by reception staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Clinical meetings were held regularly and minuted. However, not all practice staff were included in discussions about significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with staff at the meeting and action was documented. We were told that staff who did not attend the meeting received copies of the minutes. However, non-clinical staff were not included in the distribution and we saw that some actions remained outstanding for a number of weeks.

Overview of safety systems and processes

The practice had 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child 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 (DBS) check. (DBS)
- 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 as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses was training to become a nurse prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. There was an audit frontsheet in all files to check, for example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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

Are services safe?

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. On the day of the inspection there was an unexpected fire alarm and we saw that a full evacuation was successfully completed.

- 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 did not have a defibrillator available on the premises but they had access to the crash team within the premises and there was oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- All doctors and nurses were informed of new guidance and we saw a spread sheet which detailed all alerts received and disseminated. Staff we spoke to provided examples of new medical alerts received, action taken and learning that was achieved. We saw that updates were displayed in the staff kitchen but there was nothing to monitor that all staff had received and actioned these updates.

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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was better than local and national averages. The practice attained 95% which was 3% above the CCG average and 5% above the national average.
- Performance for depression related indicators was better than the local and national averages. The practice attained 100% which was 4% above the CCG average and 8% below the national average.
- Performance for mental health related indicators was worse than local and national averages. The practice attained 89% which was 5% below the CCG average and 4% below the national average.

There was evidence of quality improvement and the practice presented a number of audits in evidence of this. They included:

- A long list of prescribing audits and data collection based on alerts showing a summary of the action taken.
- An audit on Augmentin prescribing which had been done across Stockport and Trafford. Results from this audit showed improvement and compliance and the practice were currently undertaking a second review.
- An audit monitoring patients receiving Vitamin B12 to ensure their treatment was appropriate.
- An audit monitoring patients being prescribed disease-modifying antirheumatic drugs (DMARDs) to ensure they were receiving the most appropriate treatment.

Clinical audit could be improved if the staff carried out a regular audit programme and increased the number of second cycle reviews within the practice.

Information about patients' outcomes was used to make improvements such as peer reviews about referrals to ensure that patients were being referred and seen appropriately. Action was taken and protocols were changed if required.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- There was always a GP on site to support nursing and advanced practitioner staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However we saw that systems should be reviewed to ensure that workload is managed appropriately and delays do not occur for example when reviewing incoming post and dealing with blood results and repeat prescriptions.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Contemporaneous notes were added to patients' records at the time of the meetings. The practice was not holding regular palliative care meetings.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to other support services where relevant.
- The practice nurse was able to offer advice about diet, smoking and health and wellbeing.

According to the data available to us at the time of the inspection (2014/2015), the practice's uptake for the cervical screening programme was 70%, which was lower than the CCG average of 76% and the national average of 74%. The practice provided evidence that the figure had increased to 86%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 94% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 10 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, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were mixed when compared with CCG and national averages. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- They had identified a member of staff to have a lead role in medicines management and they were responsible for helping patients to understand their medicines, and provide assistance with any confusion.

Are services caring?

- 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.
- Information leaflets were available in easy read format. They have a system called BIG WORD for language issues and also use face to face translators.
- The practice provides a room for the British Sign Language Interpreter and Health Minds to consult with a patient who is known to be unable to hear or speak.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a system in place to identify carers at registrations, and patients were referred to Trafford Carers Association for extra support. There were leaflets in the waiting room and support options for carers was discussed in the patient forum.

Patients who were deceased were recorded on a spreadsheet and a code was added to the record of the patient so that no letters were sent or inappropriate telephone conversations held if relatives called the practice. Deceased patients were also discussed at meetings.

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. For example they separated the walk-in centre part of the practice to another area of the building when it was identified that improvements could be made to the services provided.

- The Organisation offered a unique three-dimensional service comprising of a GP practice, walk-in-centre and out-of-hours within the same premises.
- They were open for access 365 days a year for twelve hours each day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were told of other services where private vaccinations could be obtained.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were sent reminders and invites by text message and email.
- Additional clinics had been created to specialise in patient's blood glucose management as a result of outcome monitoring.
- There was online booking and cancellation and online prescription ordering.
- The practice held what they referred to as a register of VIP patients (including patients with dementia, learning disabilities, mental health issues, complex illnesses and safeguarding concerns).

Access to the service

The GP survey was open from 8am until 8pm every day and appointments were available throughout the day. The number of appointments available were flexible to meet the demands of the patients.

- Each week day there were 36 pre-bookable appointments, 13 that could be booked on the day and 16 additional walk in appointments.
- On a Saturday and Sunday there were 12 pre-bookable appointments and 48 walk-in, where patients could be seen by their own GP. Due to patient demand, they were now offering some weekend appointments as pre-bookable, a few days in advance.
- There were 33.5 hours of nurse appointments per week including a two-hour baby immunisation clinic.
- Telephone appointments were also available and all clinicians had received telephone consultation training.

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

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

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

Listening and learning from concerns and complaints

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

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

We looked at a number of complaints received in the last 12 months and found that they were handled appropriately. They were dealt with in a timely, open and transparent way and there was an effective system in place to ensure that patients received information and an apology when required. Lessons were learnt from

Are services responsive to people's needs?

(for example, to feedback?)

individual concerns and complaints and also from analysis of trends. We saw that action was taken as a result to improve the quality of care such as a change to the way reception staff delivered information about test results.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. However, we identified some shortfalls.

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

Governance arrangements

The organisation had an overarching governance framework which supported the delivery of the strategy and good quality care. However it was difficult to separate the GP practice from the other services and we found that :

- The leadership at the practice was unclear and fragmented. There was an overall Mastercall governance structure for the entire organisation but the structure within the GP practice part of the organisation was inconsistent.
- Staff felt supported by the organisational management but a clear leadership structure at the premises was required.
- There were a number of overall Mastercall policies and procedures that were regularly updated, but the practice required GP specific policies to ensure that a consistent approach was followed at the premises.
- The practice required practice specific lead roles such as those for infection control and consistent support for practice nurses who worked in isolation.
- There was no one overseeing that work was completed in a timely manner and the volume of workload was not being effectively monitored. This resulted in delays when dealing with incoming post, test results and repeat prescriptions.

Leadership and culture

The practice staff told us they prioritised safe, high quality and compassionate care. However, we identified some shortfalls, for example when dealing with workload which,

if not managed appropriately and dealt with in a timely manner, had the potential to impact on patient safety. We found letters, prescriptions and test results that had not been dealt with within appropriate timescales.

Staff told us that the management team were approachable and always took the time to listen to all of them.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

The leadership structure at the GP practice was not clear but staff, particularly GP staff, told us they felt supported by management.

- Staff told us the practice held regular team meetings. We saw evidence of this, but the whole practice did not get together often and administration staff were not included in information about clinical and patient incidents.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. They were informed of changes and developments that the practice made. They felt involved and were asked for their views. They had moved the walk-in part of the service to another area of the building to ease the pressure in the GP waiting room.
- The PPG said that they had an honest and open relationship with the practice staff. They said that the practice brought issues to the group as well as allowing the group to raise their concerns.

- The practice had gathered feedback from staff through meetings and staff told us they would not hesitate to raise an issue or offer suggestions for change. They felt they were listened to and action was taken when requested.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

They aspired to be a training practice in the future.

The practice staff were aware that changes would be required with new working models and were in discussion about the future and how patients' needs would be met. They identified the main challenges of the practice as volume of work.

They had written a policy on the advantages and disadvantages of Skype consultations but this was still under review.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have an appropriate system to monitor and manage the workload within the GP practice which impacted on patient risk. The governance structure within the GP practice was not clearly defined to ensure that staff were managed consistently.
Transport services, triage and medical advice provided remotely	
Treatment of disease, disorder or injury	