

Lostock Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lostock Medical Practice on 28th June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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 available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

Summary of findings

- Always have up to date patient group directions (PGDs) and patient specific directions (PSDs) to ensure that nurses and health care assistants administer vaccinations and medicines in line with legislation.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and all members of staff understood the process.
- Lessons were shared between all members of staff 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 assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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.

Good



Summary of findings

- 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 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.
- Older patients over the age of 75 had a named accountable GP and searches were run once a month so that new patients on the list could be informed of their GP by letter.
- There was good communication with the local pharmacies to provide medication delivery services on a regular basis and at short notice for urgent prescriptions.
- Joint and soft tissue injections and vaginal-pessary fitting and follow up was available.
- Telephone ordering of prescriptions was available for housebound patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data for the years 2014/2015 showed that the practice were lower than average for Quality Outcome Framework (QoF) indicators relating to diabetes. The reasons for this was discussed during the inspection. Evidence was provided that a change to the practice clinical system and incorrect coding had been the cause. The practice was able to demonstrate that the issue had been addressed and the data had improved. For example : The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months had risen from 79% in 2014/2015 to 86% in 2015/2016.
- Weekly chronic disease clinics and longer appointments and home visits were available when needed.
- Rescue packs were available for patients with chronic obstructive pulmonary disease (COPD) and the practice had two Ambulatory Blood Pressure Monitoring (ABPM) monitors to check patients' blood pressure at home over a 24 hour period.

Good



Summary of findings

- 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, 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.
- Staff 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 flexible around school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, community matrons and sexual health clinics.
- Contraceptive services and cervical-cytology screening were offered by the nurses and the female GP.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- SMS messaging was used to communicate with patients regarding test results.
- Electronic prescribing, employment medicals and in-house joint and soft-tissue injections were available.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a close relationship with their local learning-disabilities care home and offered home visits and 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.
- Vulnerable patients were discussed as a standing item on the weekly clinical meetings.

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).

- Data for 2014/2015 showed that the number of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was lower than average at 73% compared to the local average of 83% and national average of 84%. Evidence was provided that a change to the practice clinical system and incorrect coding had been the cause. The practice was able to demonstrate that the issue had been addressed and the data had improved. For example the figures for 2015/2016 had increased to 74% and they had a plan to continue the increase.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- Data for 2014/2015 showed that the number of patients the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 81% compared to the CCG average of 85% and national average of 88%. The practice could demonstrate that this figure had increased and currently stood at 82%.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on January 2016. The results showed the practice was performing generally below local and national averages. 312 survey forms were distributed and 121 were returned. This represented approximately 2% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were mostly positive about the standard of care received. Three of the cards were negative about waiting times and reception. The practice was aware of these issues and was addressing them by making changes where possible to appointments and the telephone system.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the overall service. There were mixed comments about waiting times, appointments and the helpfulness of some staff but mostly the comments were positive about the care, treatment and services offered and received.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Always have up to date patient group directions (PGDs) and patient specific directions (PSDs) to ensure that nurses and health care assistants administer vaccinations and medicines in line with legislation.

Lostock Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lostock Medical Centre

Lostock Medical Practice is located on Barton Road in front of Lostock College covering the whole of the Stretford Area and parts of Urmston. There are currently just over 5,000 patients registered and the practice provides services under a General Medical Services (GMS) contract. They are part of Trafford Clinical Commissioning Group. The area has a multi-cultural population and is mid-range on the deprivation scale.

The medical team includes two partners (one male, one female), locum doctors (when required), two practice nurses and a healthcare assistant. They are supported by a practice manager, reception supervisor and a reception/administration team. They are a training practice with three trainee GPs currently. Patients will be seen by the trainee GPs under the supervision of the both partners.

The practice is open at 8am until 6.30pm from Monday to Friday and is closed at the weekend. Appointments are available from 7.30am every morning (by appointment when required) until 11.30am and between 2.30pm and 5.30pm every day except Thursday when appointments finish at 4pm. When the practice is closed patients are

directed to the out of hour's service which is provided by Mastercall. In addition patients have access to a Saturday morning hub and the Trafford Walk in Centre which is open seven days a week between 8am and 8pm.

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 June 2016.

During our visit:

- We spoke with the two GP partners, one of the trainee GPs, the practice nurse, the practice manager and reception and administration staff.
- Observed how patients were being cared for by reception staff and spoke to patients attending for treatment.
- Looked at anonymised sections of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed policies, procedures and managerial documentation.

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.
- We saw evidence that the practice carried out a thorough analysis of the significant events. However we noted that the practice had omitted to inform the Care Quality Commission about unexpected deaths and we reminded them of the necessity to do this.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. An example of improvement following a significant event related to the "did not attend" (DNA) policy which was reviewed, improved and implemented. All relevant messages to GPs were now available on their default screen so that nothing was missed. A member of reception had been appointed to oversee that all workflow requirements were actioned accordingly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was 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 were trained to child protection or child safeguarding level 3. Nurses had also received and were up to date with child and adult protection at the appropriate levels.

- 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 practice nurses were responsible for the receipt and storage of vaccines on the days they were in and at all other times, reception staff were responsible and aware of the necessary steps to be taken. The practice had recruited a new cleaner who was under constant monitoring to ensure that cleanliness remained satisfactory.
- 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

Are services safe?

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.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we found that some of those were out of date. We discussed this at the inspection and the practice immediately provided updated copies for our review. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the 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 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. 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 the 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 and staff were able to cross cover each other's roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 79% of the total number of points available with a clinical exception rate of 4.9%. Exception reporting is a way in which a practice can exclude a number of patients from their data submissions once they have reached a certain criteria, such as not attending appointments for review. This practice was an outlier for many QOF (or other national) clinical targets because they had changed their clinical system shortly before the QoF data was submitted and this had resulted in coding issues. They had identified and addressed the low figures and we saw from information provided by the practice that data for the year 2015/2016 had improved. However that data had not yet been published and data from 2014/2015 showed that performance for diabetes and other long term condition related indicators was lower than the local and national average. For example :

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 77% compared to the CCG average of 80% and national average of 80%

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 79% compared to the CCG average of 86% and the national average of 89%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions was 51% compared to the CCG average of 73% and the national average of 75%. It has risen to 67% in 2015/2016 but was still low and the practice were taking steps to further improve outcomes.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 66% compared to the CCG average of 89% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- The practice presented five completed clinical audits carried out over the past three years where the improvements made were implemented and monitored. In one example the warfarin policy was refined and redistributed, another showed an improvement in the prescription of dual anti-platelet therapy and another ensured that patients were correctly identified and placed on the gold standards framework where applicable.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included training and improved identification of domestic violence and an action plan to use pop-up reminders to better identify, screen and early diagnose patients with potential cancers.

Information about patients' outcomes was used to make improvements such as the Quality Outcome Framework data which had identified low results compared to previous years. The practice held meetings with partners, clinicians and administration staff to look at what could have caused

Are services effective?

(for example, treatment is effective)

the decline and look at ways in which to make improvements. The figures ending March 2016 showed a marked improvement with 90% achievement which was an increase of 12% from the previous year.

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.
- 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.

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.

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.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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.
- An early detection plan was implemented to ensure patients received required interventions as per NICE guidelines and Gold Standards Framework.
- Patients were signposted to the relevant services such as talking therapies, psychology and community mental health teams where appropriate.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 74% and the national average of 82%. An improved call and recall policy had been introduced and patients received telephone reminders if they failed to attend for their

Are services effective? (for example, treatment is effective)

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 and used pop-ups to encourage opportunistic reminders when patients attended for other appointments. 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.

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 95% to 98% and five year olds from 95% 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.
- The reception area was open and some conversations could be heard. Reception staff were careful about confidentiality and knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

21 of the 24 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Three comments related to communication at reception. Overall 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 one member 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. They said that the practice listened to the group and were honest and open in their communications. Comment cards highlighted that most 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 was generally comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and explained the process to secure the use of interpreters in person or over the telephone.

Are services caring?

- Staff demonstrated where technology had been used to empower conversations with Polish, Spanish and Chinese speaking patients.
- Information leaflets could be interpreted into different languages when required.

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 started working with the Trafford Carers Association who had been booked to come

to the practice and raise awareness of what could be done to help patients who are carers and those who are cared for. The practice had identified around 500 patients who could potentially have a carer and were in the process of identifying whether those carers were patients of the practice and could be offered additional support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. We saw that there was a book to record deaths and all staff were made aware of patients who had passed away so that no inappropriate telephone calls, correspondence or conversations took place. Patients were offered and signposted to bereavement counselling services if required.

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.

- The practice offered appointments every day from 7.30am for patients that needed them.
- There were longer appointments available for patients that needed them such as those with a learning disability, multiple long term conditions or mental health conditions.
- 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 as well as those only available privately.
- Antenatal clinics are run by the community midwives on a Monday morning from 09:00 to 10:30.
- There were disabled facilities, a hearing loop and translation services available.
- Joint and soft-tissue injections were available as well as contraception services and the removal of intra-uterine devices.
- With the help of Cancer Research UK they had implemented the GP practice early detection action plan in relation to cancer diagnosis.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 7.30am to 11.30am every morning and 2.30pm to 5.3pm every day except Thursdays when appointments finished at 4pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them but some patients said they found it more difficult. The practice was aware that patients were less than satisfied with telephone access and they had introduced a new telephone queuing system which let the caller know when their call would be answered.

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. There were leaflets at reception, and information on the practice website that could be interpreted into different languages if required. There was also a notice in reception about complaints and who to contact.

We looked at four complaints received in the last six months and saw that they were dealt with appropriately. Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw that action was taken to as a result to improve the quality of care. In one example new protocols were implemented to ensure the complaint meant better outcomes in the future for other patients, one complaint resulted in a significant event being raised and thorough investigation and another complaint resulted in additional training for staff to improve patient communication.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all of them and encourage their views.

The partners were 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. We saw that the partners encouraged a culture of openness and honesty and we reminded them of their duty to inform the Care Quality Commission when unexpected deaths occurred.

The practice had systems in place to ensure that when things went wrong with care and treatment they:

- Gave affected people reasonable support, truthful information and a verbal and written apology
- Kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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

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. For example they had raised awareness that patients were unhappy with the telephone system and the practice had put in a new system to address that as much as possible.
- The practice had gathered feedback from staff through meetings and informally on a day to day basis. Any concerns or issues with colleagues and management

Are services well-led?

Good 

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

were dealt with through the practice manager. Staff told us they felt involved and engaged to improve how the practice was run and felt they could put forward their views which would be listened to.

Continuous improvement

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

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.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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