

Ribblesdale Dr Britton & Partners

Quality Report

Townside Primary Care Centre
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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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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection January 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Dr Woodcock & Partners, Ribblesdale Medical Practices on 13 February 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements.
- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Summary of findings

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them

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

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- The record of significant events should be more detailed and identify any necessary actions resulting from the event and a named person should be recorded to ensure these actions are carried out.A record should be kept of staff learning.The way significant events are recorded should be standardized to ensure all necessary issues are recorded.
- Clinical audits undertaken should reflect relevant clinical issues that affect the patient population and any significant events that have occurred at the practice group.

Ribblesdale Dr Britton & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Ribblesdale Dr Britton & Partners

Dr Woodcock & Partners, Ribblesdale Medical Practices, Townside Primary Care Centre, 1 Knowsley Street, Bury, Lancashire BL9 0SN is located in Bury, Greater Manchester and provides general medical services to patients within the Bury Clinical Commissioning Group area.

The practice has a website that contains comprehensive information about what they do to support their patient population and the in-house and online services offered: www.ribblesdalemc.nhs.uk

Information taken from Public Health England placed the area in which the practice is located as number 6 on the deprivation scale of one to ten. (The lower the number the higher the deprivation). In general, people living in more deprived areas tend to have greater need for health services.

The practice is responsible for providing services to 7,447 patients. The practice offers direct enhanced services that include meningitis provision, the childhood vaccination and immunisation scheme, extended hours, support for patients with dementia and learning disabilities, influenza and pneumococcal immunisations and minor surgery.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The Bury Clinical Commissioning Group (CCG) had audited the practice safeguarding procedures in 2017. Their report showed the practice was operating in line with good practice at all levels.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There were policies and

procedures to provide staff with information on how to An infection control audit was carried out by the Bury CCG in 2017. This audit showed that staff were acting in line with good practice at all levels.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- There was a practice pharmacist available for consultation.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, concerns were raised about a patient requesting medicines from different practices in the area. GPs had identified what could be done differently to manage this situation and better support the patient.
- The record of significant events did not always identify any necessary actions resulting from the event or the person responsible for ensuring these actions were carried out. A record of staff learning had not always been recorded. Significant events were generally, though not always recorded using a standardized pro forma.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data showed that the practice was a lower prescriber of hypnotic drugs than the CCG and national averages. (Hypnotic drugs are a group of drugs that reduce anxiety, aid sleep or have a calming effect)
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was 0.90. This was comparable to the CCG average of 1.01 and the national average of 0.98.
- Data showed that the practice was comparable to the CCG and national average in the prescribing of antibiotic prescriptions.
- The percentage of antibiotic items prescribed that were Co-Amoxiclav, Cephalosporins or Quinolones was 6%. This was comparable to the CCG average of 6% and the national average of 9%.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used text messages to remind patients about their appointments. Social media was used to reach a wider audience and share/retweet relevant information to patients using Facebook and twitter.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- All of the older patients had a named GP and were provided with the choice to specify which GP they would prefer.

- Older patients were identified if they were at risk of hospital admission, and admission avoidance strategies such as care planning were implemented
- All patients resident in care homes and with a diagnosis of dementia were offered a care plan.
- The practice sent post card reminders, text messages and telephone invitations to all patients aged 65 and over eligible for the flu vaccination. There was a consistent achievement of the 75% national target (and achievement of the CCG local stretch target of 80%).
- The practice provided designated clinics for the cohort of patients that were eligible for shingles vaccination under the catch up and vaccination campaign.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

People with long-term conditions:

- Clinical staff had lead roles in chronic disease management. Patients who were at risk of hospital admission had hospital admission avoidance plans in place to support them while at home. This meant patients were given advice and information on how to best manage their condition at home.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviewing patients with long term conditions had received specific training.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 82% (CCG 82%, National 80%).
- The percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 99%. This was above the CCG average of 93% and the national average of 90%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 92.5%. This was above the CCG average of 86% and the national average of 83%.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently being treated with anticoagulation drug therapy was 96%. This was comparable to the CCG average of 97% and the national average of 88%.

Families, children and young people:

- The practice worked collaboratively with community based services that supported children and families.
- The practice provided family planning services for the insertion/removal of the contraceptive implant as well as to provide general contraception and family planning advice.
- The practice provided a comprehensive travel immunisation clinic and would discuss the destination of travel, associated risks and agree the immunisations that were required.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.

Working age people (including those recently retired and students):

- The practice provided NHS health checks which screen for potential risk of developing conditions such as high blood pressure, heart disease or type 2 diabetes. Patients were supported with lifestyle advice and sign posted to specialist services for smoking cessation as appropriate.
- Patients could order repeat medication and book appointments online. This removed the need for patients having to telephone when at work.
- The practice had an informative website with accessible health care information.
- The practice's uptake for cervical screening was in line with the 80% coverage target for the national screening programme. The percentage of women eligible for

screening at a given point in time who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 was 75%. This was compared to the CCG average of 80% and the national average of 72%.

People whose circumstances make them vulnerable:

- The Practice had been awarded the Gold Award for Pride in Practice for the third time, for delivering fully inclusive healthcare services to their patients. This meant that the practice recognised that all patients needed to be treated equally regardless of sexual orientation, gender identification, race or religious beliefs.
- The practice had a designated safeguarding lead for both children and adults, and all staff were fully aware of safeguarding procedures if they had concerns.
- The staff supported patients who were vulnerable by signposting them to services that could help them, for example, the identification of carers and providing details of the carers group.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had registered with a local homeless scheme which meant patients who were homeless could use the practice as their home address for receiving letters and health care information.

People experiencing poor mental health (including people with dementia):

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. These patients were identified and invited for an annual health check.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 91% and the national average of 84%.

Are services effective?

(for example, treatment is effective)

- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the CCG average of 95% and the national average of 90%.
- 98% of patients experiencing poor mental health who had received discussion and advice about alcohol consumption. This was compared to the CCG average of 94% and the national average of 91%.
- 95% of patients experiencing poor mental health who had received discussion and advice about smoking cessation. This was compared to the CCG average of 94% and the national average of 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements. There had been a range of full cycle audits completed in the last two years. A number of the audits carried out were non clinical audits which looked at for example, patient access and referrals. Audits had not always been identified from significant events or a review of more clinical issues to reflect the patient population group.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were

maintained. Staff were encouraged and given opportunities to develop in their role. For example, we spoke to the apprentice administration staff member. They confirmed they received training when they were first employed and had a mentor who they could discuss work related issues and learning. The health care assistant, practice nurse, practice manager and a member of the administration staff were all attending training at university so they could advance in their role..

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, and clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams such as the palliative care team were involved in assessing, planning and delivering care and treatment.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition and carers.

Are services effective?

(for example, treatment is effective)

- 55% of new cancer cases were referred using the urgent two week wait referral pathway. This was comparable to the CCG average of 56% and the national average of 51%.
- Members of the administration team were designated cancer care champions. These staff monitored cancer screening uptake and contacted patients who had not been screened to encourage them to book an appointment.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that the clinicians were kind and caring and that the reception staff were professional and helpful. This was in line with the results of the NHS Friends and Family test which indicated overwhelmingly that patients would recommend the practice to their friends and family.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 239 surveys were sent out and 109 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 90% of patients who responded said the GP gave them enough time; CCG and national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 95%; national average - 96%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG and national average - 86%.

- 95% of patients who responded said the nurse was good at listening to them; CCG and national average - 91%.
- 97% of patients who responded said the nurse gave them enough time; CCG and national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG and national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG and national average - 91%.
- 98% of patients who responded said they found the receptionists at the practice helpful; CCG average - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw health care information in the reception area in languages other than English. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, there was a hearing loop set up at the patient desk in the waiting area.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Are services caring?

- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time or by giving them advice on how to find a community based support service.

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:

- 94% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) and national average – 91%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 83%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 90%; national average - 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG and national average - 92%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. For example:

- Extended opening hours were available along with online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There was a lift for patients with mobility problems and an interpreter service was used for patients whose first language was not English. There were baby changing facilities and pre-school appointments for children.

Older people:

- Following discharge from hospital, the patient was contacted by their named GP to discuss the events leading to their admission, their medication and a review of their care plan.
- The practice nurse provided weekly home visits to ensure these patients remained up to date with monitoring and annual review of their long term conditions.
- The practice administrative teams, overseen by the practice support pharmacists, worked closely with older patients to support them in managing their medication and helping them make arrangements for the ordering and delivery of their repeat medication.
- Regular and opportunistic multidisciplinary palliative care meetings took place to ensure coordinated and responsive care for those patients nearing the end of their lives.
- Carer health checks & flu vaccination were offered as standard.

- A daily duty doctor was available to carry out home visits and same day appointments for elderly patients.
- There were processes for the identification of the frail patients. One of the GPs who saw an increased proportion of elderly patients allowed 15 minute appointments for more in-depth consultations.

People with long-term conditions:

- The practice provided nurse prescriber led chronic disease management clinics, with designated appointments for the review of conditions such as chronic heart disease, asthma, , and diabetes
- Patients identified as at risk of hospital admission had admission avoidance strategies in place such as care planning and rescue medication to support the patient with the management of their illness
- The practice provided home blood pressure monitors to negate the need for patients to have to come into practice.
- Patients with a long-term condition received an annual review to check their health and medicine needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice was in regular contact with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Child Health surveillance was provided at the practice or at a designated clinic. Appointments were at a time to suit the patient and coordinated with immunisation clinics.
- Enhanced services such as the meningitis C for university students were offered at the practice.
- There was a telephone triage service which allowed the opportunity for a call-back appointment from the GP or practice nurse rather than a visit to the surgery.
- In line with Greater Manchester Standards, all patients aged 12 years and under were offered a same day appointment to see a clinician; after school appointments were also available.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice provided its own Saturday morning surgery. This surgery was staffed by the practice staff including GPs.
- The practice was a part of the Bury GP Federation and utilised the Bury East extended working hour's service. This meant the practice was able to offer patients an appointment from 6.30pm to 8.00pm Monday to Friday and 8.00am to 6.00pm at weekends.
- We found there were systems 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 accident and emergency (A&E) attendances.

Working age people (including those recently retired and students):

- Working patients could access services outside of normal working hours. The practice provided a daily telephone triage service and extended working hours as part of the Bury East extended working hour's service.
- The practice promoted and welcomed registrations from patients who live outside of the area (including students), who may work in the vicinity of the practice, improving their access to primary care services.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients with learning disabilities and patients were invited in for annual health checks with longer appointments available. Clinicians worked flexibly with these patients and booked appointments at the end or start of surgery when the practice was quieter in order to prevent them unnecessary distress and anxiety.
- Carers were offered a free health check and annual flu jab. They were also sent information relating to community support services available in the Bury area.
- There was a hearing loop fitted for patients who had hearing aids
- Interpreter services were available for patients whose first language was not English and to support patients with communication barriers.

People experiencing poor mental health (including people with dementia):

- A named GP took responsibility for the assessment and management of patients with dementia.
- The practice nurse carried out visits to housebound patients and those in residential homes to ensure they received the necessary health checks.
- Practice staff were trained in dementia care.
- Longer appointments were available at the end of the day to prevent patients becoming uncomfortable while waiting in a busy waiting area.
- Staff were trained to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 239 surveys were sent out and 109 were returned. This represented about 1.4% of the practice population.

- 87% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG average – 69%; national average – 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 78%; national average – 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 84% of patients who responded said their last appointment was convenient; CCG average - 74%; national average – 73 %.
- 89% of patients who responded described their experience of making an appointment as good; CCG average - 84%; national average - 80%.
- 62% of patients who responded said they don't normally have to wait too long to be seen; this was the same as the CCG and national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed a selection of complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. This included providing patients with new information about medicines management and GP discussions about individual patient diagnosis.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing well led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. The practice mission statement was 'our practice ethos is to work in partnership with our patients, treating everyone equally, fairly, honestly and with dignity and respect, while providing the best possible standard of care and treatment'.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted and on the behaviour and performance of others that was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff told us that senior staff, GPs and clinicians were always available for support and advice.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff spoken with confirmed there were positive relationships between staff and teams. They said they enjoyed their work and felt well supported.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- GPs and clinical staff had lead roles in chronic disease management and safeguarding, diabetes, dementia and cardiology.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients' concerns were encouraged, heard and acted on to shape services and culture. Staff views were obtained more informally, through meetings and discussion. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice manager told us that the patient participation group (PPG) members had dwindled over the past year and in the light of this was looking to develop an online group. This was to ensure patients' input into the development of the service was maintained. We spoke to a member of the PPG who also explained the difficulty the group had experienced in getting patients to meet together. They confirmed they would be working with the practice manager to develop the online group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

Are services well-led?

Good 

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

- There was a focus on continuous learning and improvement at all levels within the practice. Senior, clinical and administrative staff were currently attending training at two local universities so they could develop their role and further improve service delivery. For example the development of the GP assistant role.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- GPs were investigating the provision of online and skype consultations.