

Leesbrook Surgery

Quality Report

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Oldham

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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?

Requires improvement



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 first carried out an announced comprehensive inspection at Leesbrook Surgery on 15 March 2016. The ratings for this inspection were:

Safe – Inadequate

Effective – Inadequate

Caring – Good

Responsive – Requires improvement

Well led – Inadequate

The overall rating for the practice was inadequate and the practice was placed in special measures. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Leesbrook Surgery on our website at www.cqc.org.uk.

Following the inspection on 15 March 2016 two warning notices were issued to Leesbrook Surgery in respect of

the need for consent and fit and proper persons employed. We carried out a follow up inspection on 20 September 2016 and found the practice had met the requirements of the warning notices.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 12 January 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- Some fire safety risks and clinical waste risks had not been assessed.
- 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.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they usually found it easy to make an appointment with a 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 practice employed a community matron who predominantly worked with older patients. They monitored hospital admissions so patients received appropriate support to avoid further admissions when they were discharged. They also worked closely with care homes providing direct contact with them required and making sure all relevant patients had a regularly updated care plan. The practice was waiting for data analysis to be completed by the clinical commissioning group (CCG) to assess the impact on patients.

However, there were also areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- The provider must mitigate risks to patients. All actions identified as part of their fire risk assessment must be completed, and appropriate fire safety checks must be carried out at the correct intervals.
- The provider must ensure clinical waste is stored securely and not accessible by patients or members of the public.

In addition:

- The provider should review all policies so they contain accurate information and are practice specific.
- The provider should check their guidance relating to complaints is up to date and accurate.
- The provider should put a system in place so all blood test results where the blood test has been carried out in hospital are stored so they are easily accessible to clinicians accessing records.
- The provider should include all partners on their CQC registration.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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 requires improvement for providing safe services.

Requires improvement



- The practice had an up to date fire risk assessment. However not all the required fire safety checks were taking place.
- Clinical waste was stored in an unlocked outside storage area accessible to members of the public.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were usually at or above average compared to the national average.
- The practice employed a community matron who worked closely with care homes. They monitored hospital admissions and ensured care plans were in place for all those at risk of an unplanned hospital admission.
- 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.
- Records showed that some of these patients prescribed disease-modifying ant rheumatic drugs (DMARDs) did not have a blood test recorded. However, we saw that due to the way they had been coded tests could have been carried out at the hospital or results could have been pending.

Summary of findings

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 in line with others for most 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice worked with Age UK to provide additional support for patients when required.

Good



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. These included arranging for an outreach worker from the mental health charity MIND to attend the practice weekly to provide counselling, and arranging for an Age UK Promoting Independent People (PIP) advisor to attend at least once a fortnight to help support the over 55 age group.
- Patients said they usually found it easy to make an appointment with a 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.

Good



Summary of findings

- 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. However, some of the policies were not practice specific and these were in the process of being updated.
- 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.
- 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 the care of older people.

Good



- The practice employed a community matron who mainly worked with elderly patients.
- The community matron worked closely with care homes who could contact them directly with any issues. They regularly visited patients in care homes to put in place and review care plans.
- Over 75 health checks included a memory assessment and the community matron worked closely with the dementia and memory service to provide appropriate support for patients.
- An advisor from Age UK attended the practice at least every two weeks to provide additional support to patients under their Promoting Independent People (PIP) Project.
- 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.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 89%. This was in line with the CCG average of 87% and the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with the CCG and national average for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 81% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The 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.
- Appointments were routinely available on Saturday mornings.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability. However only six of the 22 on the list had had an annual review.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was 96%. This was above the CCG average of 91% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The community matron worked with the dementia service to identify patients who may require additional support.
- The mental health charity MIND attended the practice on a weekly basis to support patients who could self-refer or be referred by their GP.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 243 survey forms were distributed and 113 were returned. This was a completion rate of 47% representing 1% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 95% 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 83% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 79% 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 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which all contained some positive comments about the standard of care received. Patients said staff were friendly and polite, and that GPs and nurses explained things to them. They said they did not feel rushed and they felt listened to. Three patients mentioned areas for improvement including the availability of routine appointments and being invited for annual health checks promptly.

We spoke with 13 patients during the inspection, including three members of the patient participation group (PPG). Patients said they found most staff were approachable, committed and caring. They were happy with the care they received.

Areas for improvement

Action the service **MUST** take to improve

- The provider must mitigate risks to patients. All actions identified as part of their fire risk assessment must be completed, and appropriate fire safety checks must be carried out at the correct intervals.
- The provider must ensure clinical waste is stored securely and not accessible by patients or members of the public.

Action the service **SHOULD** take to improve

- The provider should review all policies so they contain accurate information and are practice specific.

- The provider should check their guidance relating to complaints is up to date and accurate.
- The provider should put a system in place so all blood test results where the blood test has been carried out in hospital are stored so they are easily accessible to clinicians accessing records.
- The provider should include all partners on their CQC registration.

Leesbrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Leesbrook Surgery

Leesbrook Surgery is located in a residential area in Lees, a district of Oldham. The practice provides services from a purpose built two storey building. Consulting rooms are on both floors and there is a passenger lift available. There is a large car park and disabled parking is available.

At the time of our inspection there were 9537 patients registered with the practice. The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice age and gender profile is similar to the national averages, with a slightly above average number of patients over aged 45. The proportion of patients registered who have a long standing health condition is below the CCG and national average. The practice is in the seventh most deprived decile and life expectancy rates are above average for males and females.

There are four GP partners, two male and two female. One of the partners was in the process of registering with the Care Quality Commission (CQC). In addition there is a male

salaried GP. There are also two practice nurses, a nurse practitioner, a community matron (directly employed by the practice) and a healthcare assistant. There is a practice manager and administrative and reception staff.

Normal opening hours are 7.30am until 6.30pm Monday to Friday (except Thursday when the opening time was 8am) and 9.30am until 12.30pm on Saturdays. GP consulting times are:

Monday 8.30am until 11am and 2pm until 5pm.

Tuesday 7.30am until 11am and 2pm until 5pm.

Wednesday 7.30am until 11am and 2pm until 5pm.

Thursday 7.30am until 11am and 2pm until 5pm.

Friday 8.30am until 11am and 2pm until 5pm.

Saturday 9.30am until 12 noon.

There is some flexibility with the consulting times so patients can be seen in an emergency.

There is an out of hours service available provided by Go To Doc Limited.

Why we carried out this inspection

We undertook a comprehensive inspection of Leesbrook Surgery on 15 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and was placed into special measures.

We also issued a warning notice to the provider in respect of consent good governance and informed them that they

Detailed findings

must become compliant with the law by 31 August 2016. We undertook a follow up inspection on 20 September 2016 to check that action had been taken to comply with legal requirements.

The reports for these inspections can be found by selecting the 'all reports' link for Leesbrook Surgery on our website at www.cqc.org.uk.

We undertook this further announced comprehensive inspection of Leesbrook Surgery on 12 January 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the. We carried out an announced visit on 12 January 2017. During our visit we:

- Spoke with a range of staff including GPs, the community matron, the nurse practitioner, the practice manager and reception and administrative staff.
- Spoke with 13 patients including three members of the patient participation group (PPG).
- Observed how patients were being dealt with at the reception desk.
- Reviewed policies and other documents held by the practice.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 15 March 2016, we rated the practice as inadequate for providing safe services. Insufficient attention was paid to safeguarding children and vulnerable adults, reception staff performed chaperone duties without a Disclosure and Barring Service (DBS) check having been completed, and some clinical and other supplies were found to be past their expiry dates. Insufficient information was available to provide guidance to the cleaners, action plans were not put in place following infection control audits being carried out, recruitment procedures were not sufficient and there was no fire risk assessment in place. Emergency medicines were not easily accessible and the use of prescription pads was not monitored.

A warning notice was issued relating to recruitment procedures. We carried out a follow up inspection relating to the warning notice on 20 September 2016. We found the required improvements had taken place. We found the other issues had improved when we undertook this inspection on 12 January 2017 although some improvements were still required. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

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

- Reception 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). Clinical staff told us they completed significant event forms.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- The practice carried out a thorough analysis of significant events. They were discussed with the clinical team in their monthly meetings and reviewed to ensure they had not been repeated. Learning outcomes were also discussed.

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. For example, following a prescribing error changes were made to how the practice actioned letters received from hospitals to ensure patients received the appropriate medicines. All staff had access to the significant event log so they could see any changes made to procedures and learning that had been implemented following a significant event being recorded.

Overview of safety systems and processes

The practice had systems and processes in place that mainly kept 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults, with face to face and on-line training, relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- The practice had recently purchased a new suite of policies that included safeguarding policies. These were not practice specific and did not contain information relevant to the practice such as who the lead was, contact numbers for relevant organisations and how often training should be carried out. The practice manager explained they were working through these new policies to ensure they were relevant to the practice. We saw the old policy had contained relevant information. Although information was not contained in

Are services safe?

the new policy staff were aware of the procedures to follow and relevant information was displayed in clinical rooms. We saw that safeguarding was discussed in practice meetings.

- 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). Only clinicians performed chaperone duties and nurses told us there was enough clinical capacity so reception staff were not required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager told us it was difficult to clean some hand wash basins due to their age, but they confirmed these were being replaced within the following month. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had recently put a new infection control policy in place. This was not practice specific but the practice manager explained they were reviewing their new suite of policies to ensure they were relevant to the practice.
- There was a storage facility for clinical waste at the side of the practice. This was accessible to patients and when we checked it was not locked and contained clinical waste. The practice manager told us that a community nursing team used a room in their practice building and they stored their clinical waste in the storage facility. They told us they kept their own clinical waste in clinical rooms until it was collected for disposal.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files, including files for staff recruited since the previous inspection. We found that appropriate recruitment checks had been undertaken prior to employment. These included evidence of identity, references, DBS checks and confirmation of registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment but there was no record of the action plan being completed. Although the practice manager told us they had completed the appropriate actions no checks were carried out on the emergency lighting, fire doors or escape routes. The fire alarm was tested weekly and there were regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- 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.
- 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

At our previous inspection on 15 March 2016, we rated the practice as inadequate for providing effective services. Staff training was not a priority, some clinicians had a limited understanding of the Mental Capacity Act 2005 and young people were not always able to book an appointment without their parent being present.

A warning notice was issued relating to the need for consent. We carried out a follow up inspection relating to the warning notice on 20 September 2016. We found the required improvements had taken place. During this inspection on 12 January 2017 we found arrangements had been sustained. The provider is now rated as good for providing effective services.

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. We saw evidence that these guidelines were discussed in clinical meetings.
- 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, for 2015-16, were 96% of the total number of points available. The clinical exception rate was 8%, which was in line with the clinical commissioning group (CCG) and national averages. Exception reporting is

the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice had one outlier relating to blood pressure readings in patients with hypertension, where their figure of 74% was below the CCG average of 82% and the national average of 83%. The practice was aware of this and monitoring it.

Data from 2015-16 showed:

- Performance for diabetes related indicators was 89%. This was in line with the CCG average of 87% and the national average of 90%. The exception reporting rate was 7% which was below the CCG average of 7% and the national average of 12%.
- Performance for mental health related indicators was 96%. This was above the CCG average of 91% and the national average of 93%. The exception reporting rate was 17%, which was above the CCG average of 8% and the national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years and six of these were completed audits where the improvements made were implemented and monitored.
- There was a system in place to monitor patients prescribed disease-modifying antirheumatic drugs (DMARDs), which slow down disease progression in rheumatoid arthritis patients. Records showed that some of these patients did not have a blood test recorded. However, we saw that due to the way they had been coded tests could have been carried out at the hospital or results could have been pending.
- 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 monitoring and amending the use of inhalers used for asthma where appropriate.

We saw that the community matron monitored hospital admissions for all patients over the age of 65 and some younger patients. They were notified of all admissions and

Are services effective?

(for example, treatment is effective)

contacted to hospital for regular updates regarding the patient's condition and discharge. When the patient was discharged the community matron telephoned or visited them to ensure appropriate support was offered. Where patients were at risk of further admission a care plan was put in place.

We saw the admissions avoidance register kept by the practice and monitored by the community matron. Patients were coded so the community matron could ensure all care plans were updated every six months as a minimum. Care plans were kept on the practice computer system so they were readily available to all GPs. The community matron told us care plans were put in place with the patient and relevant others were involved such as their family members or care home staff. Each patient and/or care home held a copy of their own individual care plan.

The community matron explained that they had started to keep data within the CCG regarding the decrease of emergency hospital admissions due to the work they were doing with care plans and care homes. However, although they felt that admissions had reduced this conclusive data was not yet available.

The practice kept a register of patients with a learning disability and with mental health issues. Annual reviews were not always carried out. For example, 79 patients were on the mental health register and 43 had received an annual review, and 22 patients were on the learning disability register with six having a review within the previous 12 months.

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. The practice manager monitored the continuing professional development (CPD) for all clinical staff as well as mandatory training for all staff.
- 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.

Palliative care meetings were held monthly and were attended by GPs, nurses, district nurses and Macmillan nurses. The practice had devised a register and template to use with a traffic light system to identify those patients nearing the end of their lives. Non-cancer patients were also included on the palliative care register and care and treatment was personalised and arranged between the healthcare professionals at the meetings.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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. They had received training that included a quiz to test their understanding.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice also worked with MIND, a mental health charity who attended the practice weekly where patients could self-refer or be referred by their GP to attend counselling sessions.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 81% and the national average of 81%. The community matron carried out monthly checks to identify patients who had not attended cervical screening. Patients were then either sent a follow up letter or telephoned by a practice nurse to encourage them to attend.

Childhood immunisation rates for the vaccinations given were comparable or above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged 90%. For five year olds the percentage of children receiving the first MMR vaccination was 98% and the second was 95%, which were both above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74, and for patients aged 75 and over. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. As part of the over 75 health check the community matron carried out a brief memory assessment. They worked with the dementia service and memory service to ensure patients received appropriate support. Patients with dementia or memory issues were coded on the computer system and if they attended the practice but were unsure why, the community matron was contacted so they could speak with them.

Are services caring?

Our findings

At our previous inspection on 15 March 2016, we rated the practice as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

All of the 30 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients. They told us that most staff were helpful and polite, and they felt well cared for.

In addition we spoke with three patients who were members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The most recent results from the national GP patient survey were published in July 2016. They showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to CCG average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 85% 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 the 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.

Are services caring?

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 identified 99 patients as carers (1% of the practice list). Carers were signposted to support organisations in the area but formal carers' health checks were not offered.

The practice worked closely with Age UK Oldham's Promoting Independent People (PIP) Project. They invited a PIP advisor to attend the practice on a regular basis. We spoke with the PIP advisor who told us they were contacted

by the practice as they had a higher than average number of patients over the age of 55. They attended the practice at least once a fortnight and were able to provide information to help improve patients' wellbeing and independence. On the day of the inspection we saw information was provided to help patients keep warm during the winter months. The PIP worked with patients identified as requiring additional support for six to eight weeks.

The practice had also liaised with MIND, the mental health charity. A MIND outreach worker attended the practice weekly to provide counselling for patients, who could either self-refer or be referred by their GP.

Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card. They also either visited the family or telephoned them to offer support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 March 2016, we rated the practice as requires improvement for providing responsive services. Information about how to make a complaint was not readily available, and an adequate response was not made following complaints being made.

These arrangements had significantly improved when we undertook a follow up inspection on 12 January 2017. The practice is now rated as good for providing responsive services.

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. These included arranging for an outreach worker from the mental health charity MIND to attend the practice weekly to provide counselling, and arranging for an Age UK Promoting Independent People (PIP) advisor to attend at least once a fortnight to help support the over 55 age group.

- The practice offered appointments from 7.30am three mornings a week.
- There was a Saturday surgery from 9.30am until 12.30pm each week.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Care homes were able to telephone the community matron directly if they needed advice about a resident. They also had a direct telephone number to the practice manager to use in the case of an emergency.

Access to the service

The practice was open between 7.30am and 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays, and between 8am and 6.30pm on Thursdays. It was also open between 9.30am and 12.30pm on Saturdays. Routine GP surgery times were 8.30am until 11am Mondays and Fridays, 7.30am until 11am Tuesdays, Wednesdays and Thursdays, and 2pm until 5pm on Monday to Friday afternoons. Appointments were also available on Saturdays between 9.30am and 12 noon. Although routine surgeries were until 5pm GPs and the practice manager told us appointments were made later than this, or between the morning and afternoon surgeries, when this was necessary.

The practice operated a triage appointments system. All patients who telephoned asking for an urgent on the day appointment were called back by the nurse practitioner. The nurse practitioner was able to determine if a patient needed to be seen, and if they did they would be given an appointment either with the nurse practitioner or a GP. There was always a GP on call to give advice if required. The nurse practitioner could refer the patient to other services, for example the pharmacy, if this was more appropriate. They told us they had 15 minute appointments when they saw a patient and patients now realised that if they needed an appointment urgently they would be seen the same day. We saw that the availability of appointments was discussed in clinical meetings so changes to the system could be made if necessary.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Records were made of patients who requested a home visit, and these were routinely checked by GPs throughout

Are services responsive to people's needs?

(for example, to feedback?)

the day. Reception staff also had a protocol in place to determine if the need for a home visit could not wait until after the morning surgeries had finished. In these cases reception staff kept the patient on the telephone line so they could speak with a clinician immediately, usually the nurse practitioner or community matron. There was the facility for urgent visits to be made if required and GPs could be disturbed during their surgeries if they were required urgently.

Each day the community matron checked the GPs' visits list and liaised with the GPs with a view to carrying out visits they had the capacity to do. The aim was for the community matron to carry out the majority of visits to care homes. The community matron told us their ultimate aim was to hold set weekly clinics in care homes so patients with non-urgent issues could be seen, freeing up visiting time of the GPs.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. They had recently purchased a new suite of policies that included a complaints' policy. This did not contain all the required information and the letter templates provided by the company were not sufficient.

For example, patients were advised to contact the Local Government Ombudsman, not the Parliamentary and Health Service Ombudsman. We saw that information was available to help patients understand the complaints system. There were notices within the practice, an information leaflet was readily available and information was also on the practice website. Although the recently purchased documents contained incorrect information the information provided for patients was correct.

The practice manager handled all complaints, and they were discussed with a GP partner on a weekly basis. The practice recorded all verbal complaints as they realised most patients did not want to make formal written complaints. This system had been put in place since the inspection in March 2016, and the practice intended to analyse complaints to identify trends when it had been in place for a year.

We looked at the records of complaints kept by the practice and saw that written and verbal complaints were recorded and investigated in a timely way with openness and transparency. Complaints were discussed in meetings so lessons could be shared.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 15 March 2016 we rated the practice as inadequate for providing well-led services. There was no comprehensive understanding of the performance of the practice, information sharing was not consistent and not all staff felt supported by their managers. The patient participation group (PPG) said their ideas were not always received by the practice in a positive manner and some of the practice's policies and procedures were inaccurate or not up to date.

These arrangements had significantly improved when we undertook a follow up inspection on 12 January 2017. The practice is now rated as good for being well-led.

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. The partners met regularly as a team and the practice manager met with a partner weekly so the plans could be discussed and 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.
- 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 usually adequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had recently purchased a new suite of policies. They had identified that these were not practice specific and the practice manager was working through them to ensure they were suitable and related to the practice. Staff knew how to access the policies.

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 members of staff. They also had support from the practice manager.

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

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

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

- Staff told us the practice held regular team meetings and minutes were available from these.
- 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

Are services well-led?

Good 

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

of staff to identify opportunities to improve the service delivered by the practice. All staff had been involved in the improvement plan following the inspection in March 2016.

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 every six to eight weeks. There were 11 members and the group was trying to encourage younger participants as 10 of the 11 members were aged over 60. We met with three members of the PPG and they said they had been heavily involved in discussing

the previous inspection report with the practice. They felt valued by the practice and said that all their suggestions for improvement were considered. They also helped carry out patient satisfaction surveys approximately every four months.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. In particular the community matron worked with patients to reduce the risk of hospital admissions and provide a proactive service for care homes.

The partners met regularly to evaluate their improvement plan to ensure all the issues found at the previous inspection had been rectified.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not adequately assess all risks relating to the health and safety of service users and did not do all that was reasonable practicable to mitigate risks. Regulation 12 (1)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	