

# Fairfax Group Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fairfax Group Practice on 8 March 2016. The overall rating for the practice was requires improvement. The practice had not ensured Disclosing and Barring Scheme checks were carried out for staff who act as chaperones and staff were not provided with an appraisal of their work. Information about patients was not stored securely and prescriptions were not well managed. Within an agreed timescales the practice submitted an action plan which demonstrated they are now meeting the requirement notices from this inspection. The full comprehensive report on the 8 March 2016 inspection can be found by selecting the 'all reports' link for Fairfax Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this announced comprehensive inspection at Fairfax Group Practice on 17 January 2017. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, although they were not reviewed annually to identify any themes.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The safeguarding policy needs to be updated to reflect current guidance.
- Staff should ensure READ coding is completed accurately.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events, although they were not reviewed annually to identify any themes.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The safeguarding policy needed to be updated to reflect current guidance.
- Risks to patients were assessed and well managed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

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

## 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.
- The practice had received the Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation for its services provided to LGBT patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

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.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice team was forward thinking and had developed a practice improvement plan for 2017. The improvement plan addressed a range of issues to ensure the ongoing effective and efficient running of the business and the ongoing improvement to the service.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population including providing advanced care planning.
- The practice employed a pharmacist who worked with a pharmacy technician to ensure safe and evidence based prescribing. The pharmacist and practice nurses also ran childhood asthma clinics.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- GPs worked in line with the Gold Standards Framework for end of life care, including patient choice to receive end of life care at home.
- The patients listed on the palliative care register were discussed regularly.
- All patients over the age of 75 years had a named GP.
- 80% of patients aged 65 years and over had received an influenza vaccination.
- Combined flu, pneumonia and shingles campaigns were carried out and other routine health checks took place when patients attended for their vaccination.
- Patients who attended accident and emergency had their care reviewed.
- A significant event analysis took place following hospital discharge for patients living in care homes.
- Staff participated in the 'Friendly Faces' scheme which was run by a local group set up to tackle loneliness and social isolation among older people.
- The building was accessible to patients with mobility problems.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Good



# Summary of findings

- 90% of patients on the diabetes register had a record of having had a foot examination and risk classification within the preceding 12 months compared to the CCG average of 91% and the national average of 88%.
- 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.
- Personalised care plans were offered to patients with long term conditions and in particular those identified as being at high risk of hospital admission.
- Personal action plans were developed for patients with respiratory problems (COPD, asthma)
- Referrals were made to Bury Exercise and Therapy Scheme.
- The practice participated in a new pilot scheme called 'A Better Life For You' to support patients back to work.
- The lead GP for cancer care monitored patients with cancer and identified those patients who needed palliative/end of life care. Quarterly palliative care meetings were arranged and attended by a multidisciplinary health care team.
- GPs analysed cancer diagnoses outside of the 2 week wait pathway to improve early detection.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 91% of women aged between 25 and 64 had their notes recorded as having a cervical screening test performed in the preceding five years which was above the CCG and national average of 82%.
- 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.

Good





# Summary of findings

- Acutely ill children under the age of 12 years were always directed to the on-call doctor or offered an appointment at any time during normal working hours.
- Flexible appointments with clinicians were available from 7.30 am until 6.30 pm (7.00 pm 2 days per week).
- The extended working hour's service run by the Bury Federated GP's was run from the practice.
- Female health clinics were available, which included the fitting of contraceptive implants and coils.
- Baby clinics and health visiting services were available on site once a week. There were coordinated clinics for baby assessments, immunisations and health visitor clinics to avoid multiple trips to the surgery.
- There were consistently high childhood immunisation rates.
- Safeguard training was provided to all staff with regular updates when appropriate.
- The pharmacist and practice nurses ran childhood asthma clinics with appointments available out of school hours and during school holidays.

## 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 reflected the needs for this age group.
- Flexible appointments were available with the nursing team for cervical smears, travel health and blood tests from 7.30 am until 6.30 pm (7.00 pm 2 days per week).
- The extended working hour's service run by Bury Federated GP's was run from the practice.
- Pre-bookable appointments were available up to one month in advance.
- Same day appointments, face to face and telephone appointments, and a telephone triage service were available Monday to Friday.
- On-line appointments and on-line repeat prescription requests were available.
- Patients were encouraged to attend for NHS Health Checks.
- Appointments for blood tests were offered throughout the day.

Good



# Summary of findings

- There was a virtual Patient Participation Group so patients had an opportunity to contribute to the development of the practice.
- Patients were encouraged to use the practice website as a source of information.
- The practice had a twitter account to inform patients of practice developments.

## 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.
- The practice offered home visits and longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

All patients with learning disabilities, dementia and poor mental health were invited for

- annual health checks.
- The GP lead for drug misuse worked closely with the drugs liaison worker.
- There was a lead GP for sexual health/HIV.
- The practice was the first in Bury to be awarded the Gold Pride in Practice Award. The practice had close working relationship with the LGBT (Lesbian, Gay, Bisexual and Transgender) Foundation.
- The practice was participating in a pilot scheme with Bury Carer's team in order to support all carers with appropriate help and advice. Two members of staff were nominated Carer's Champions.
- An interpreting service was used when required and leaflets were available in other languages when necessary.
- A hearing aid loop was available.
- The practice was part of a local scheme which acted as a drop off point for food parcels for vulnerable patients.

Good



# Summary of findings

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

Good



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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared to the CCG average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Annual reviews were held for all patients with complex mental health issues.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- There was a system 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.
- The practice carried out advanced care planning for patients with dementia.
- Care plans/individual management plans were initiated for these patients where appropriate.
- A member of staff was the nominated Dementia Champion for the practice and was supported by a GP lead in dementia care
- There were systems for the investigation and diagnosis of uncomplicated dementia.
- Dementia awareness training was planned for staff.
- Following a bereavement a condolence letter and bereavement support was offered to next of kin.
- There was a Section 12 approved GP in the practice. This is a medically qualified doctor who has been recognised under section 12(2) of the UK's Mental Health Act 1983 who has specific expertise in mental disorders and has received training in the application of the Act.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 300 survey forms were distributed and 118 were returned. This represented 1% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us the GPs and nurses provided them with information about to manage their health care issues. They said the staff were always polite and treated them with dignity and respect. Patients said they were given options about their healthcare treatments and the GPs and nurses explained their treatments in a way they could understand. Patients commented that they could not always get to see the same GP, although they had enough time during their consultation to discuss their health care issues. Patients told us they knew how to make a complaint if they were unhappy with the service they received.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The safeguarding policy needs to be updated to reflect current guidance.
- Staff should ensure READ coding is completed accurately.

# Fairfax Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Fairfax Group Practice

Fairfax Group Practice is located in Prestwich Health Centre, Fairfax Road, Prestwich, Manchester M25 1BT. There is local parking and public transport links close to the practice.

There are four GP partners (three male and one female), two salaried GPs (both male) and one regular female locum GP working at the practice. Seven of the GPs work between six and eight sessions per week, the female locum GP works two sessions per month. There are two practice nurses (one is a nurse prescriber), a part time pharmacist, an assistant practitioner and two health care support workers. All of these staff are female. The practice is supported by a practice manager, an assistant practice manager and a reception and administration team.

The practice is a GP teaching and training practice (Teaching practices take medical students and training practices have GP trainees).

The practice is open between 8.00 am and 6.30 pm Monday to Friday. Appointment times are Monday to Friday from 7.30 am (8.00 am on Wednesdays) to 12.00 and 2.00 pm to 6.00 pm (7.00 pm 2 days per week)

Extended opening hours for appointments are from 7.30 am to 8.00 am every day except Wednesday. Patients requiring a GP outside of these working hours are directed to use the Bury and Rochdale Doctors On Call (BARDOC) using the surgery number.

The practice has a General Medical Services (GMS) contract with Bury Clinical Commissioning Group. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

There are 10,800 patients registered at the practice. 15% are over 65 years of age, 18% are under 14 years of age, 2% are living in nursing / residential care and 8% are of a black minority ethnic background.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

# Detailed findings

- Spoke with a range of staff including GP partners, the practice manager, the assistant practice manager, the practice nurse, the health care support worker and three of the administration staff.
- Spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.

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 8 March 2016, we rated the practice as requires improvement for providing safe services. The arrangements to manage safeguarding procedures, staff Disclosure and Barring Service checks and prescriptions were not implemented well enough for the delivery of a safe service.

These arrangements had improved when we undertook this full comprehensive inspection on 17 January 2017. The practice is now rated as good for providing a safe service.

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and a record was kept of any incident that took place. The incident recording supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, although they were not reviewed annually to identify any themes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was a system to ensure clinical staff were kept updated of safety alerts and new guidance was in place. We saw evidence that lessons were shared and action was taken to improve safety in the practice through discussion and keeping up to date with new guidance.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Incorrect READ codes were sometimes used in patients' notes for those with identified safeguarding concerns. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained in the Prevent Agenda to raise awareness of their responsibilities to prevent people from being drawn into terrorism. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice was managed by a property maintenance company which carried out regular health and safety checks such as fire safety checks and drills, legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and water temperature tests.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and staff sickness was covered by the existing staff team or agency staff.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utility providers.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 8 March 2016, we rated the practice as requires improvement for providing effective services. The arrangements to manage safety alerts, clinical audits and staff appraisals were not implemented well enough to ensure the delivery of an effective service.

These arrangements had improved when we undertook this full comprehensive inspection on 17 January 2017. The practice is now rated as good for providing an effective service.

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available. This is compared to the CCG average of 96% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 2015 showed:

Performance for diabetes related indicators was better than the national average. For example, 100% of patients with diabetes, on the register, had influenza immunisation in the preceding 12 months compared to the CCG average of 97% and the national average of 94%.

Performance for mental health related indicators was better than the national average. For example, 95% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 91% and the national average of 88%.

Clinical audits had taken place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes. One of the GPs and the practice manager monitored the clinical audits and a record was kept of the audits completed and when they needed to be re-audited. There was an audit plan and a mission statement which underpinned which audits were completed. Clinical audits and their outcomes were discussed at clinical meeting and findings were shared with staff for the purpose of learning. A named GP was responsible for keeping a record of the any identified actions.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, informal clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and staff training records were up to date.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance and information security. Staff had access to and made use of e-learning training modules and in-house training supplied by the GPs and external training agencies.
- The practice recruited staff through a local apprenticeship programme. In 2012 a member of staff was employed as an apprentice receptionist, she was supported by the GPs to develop her role as a health care support worker and in 2016 commenced a foundation degree in health and social care.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice used an IT system to communicate with the out of hours services. This allowed GPs to record information about patients who did not attend appointments, patients who required end of life care, patients who presented with challenging behaviours and those with issues around capacity to consent to treatments.

The practice had completed the Gold Standard Framework Silver Programme for providing end of life care. There was a system to monitor all new cancer diagnoses and there was a significant event analysis on cancer diagnosed outside

the '2 week wait' period. There was a robust policy for informing staff of patient deaths and a palliative care register was maintained. The practice had received positive feedback from families about the care provided.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant services and provided with information about how to maintain a healthy lifestyle. A health trainer was available on the premises to give advice on maintaining a healthy lifestyle.

The practice's uptake for the cervical screening programme was 94%, which was comparable to the CCG average of 95% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% and five year olds from 95% to 99%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the seven patients we spoke to said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us the GPs and nurses provided them with information about to manage their health and stay healthy. They said the staff were always polite and treated them with dignity and respect. They said they were given options about their healthcare treatments and the doctors and nurses explained their treatments in a way they could understand. Patients commented that they could not always get to see the same GP but they had enough time during their consultation to discuss their health care issues. Patients told us they knew how to make a complaint if they were unhappy with the service they received.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was about average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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.

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 87% 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 national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the 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. We saw notices in the reception areas informing patients this service was available. Health care information was available in the patient waiting area and on the practice website. The practice had a twitter account which also provided patients with information developments at the practice.

## Are services caring?

Information about patients was stored securely to maintain patient confidentiality.

### **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. Written information was available to direct carers to the various avenues of support available to them.

Staff participated in the 'Friendly Faces' scheme which was run by a local group set up to tackle loneliness and social isolation among older people.

If a family had suffered bereavement, their usual GP contacted them or sent them a letter of condolence. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A list of deaths was kept and there was a robust system in place for documenting and disseminating details about a patient's death.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had received the Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation. This initiative acknowledges the standard of service provided in lesbian, gay and bisexual healthcare. Part of this award included training staff on LGBT health care awareness.
- The practice participated in the Better Life for You pilot scheme to support patients back to work.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who required one.
- 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.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.00 am and 6.30 pm Monday to Friday. Appointment times were Monday to Friday from 7.30 am (8.00 am on Wednesdays) to 12.00 and 2.00 pm to 6.00 pm (7.00 pm 2 days a week)

Extended opening hours for appointments were from 7.30 am to 8.00 am every day except Wednesday and from 6.30 pm to 7.00 pm on Tuesdays. Patients requiring a GP outside of these working hours were directed to use the Bury and Rochdale Doctors On Call (BARDOC) using the surgery number.

Pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%. We discussed this data with the GPs. We were informed that a new telephone system had been ordered and was due to be installed by the end of February 2017.

Patients told us on the day of the inspection that they were 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. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice website included information on how to make a complaint and posters were displayed in the patient waiting area.

We looked at the complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

# 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 8 March 2016, we rated the practice as requires improvement for providing well led services. The arrangements in respect of governance and leadership did not support the provision of a well led service.

These arrangements had improved when we undertook this full comprehensive inspection on 17 January 2017. The practice is now rated as good for providing a well led service.

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There was a strategic plan for 2017. The aim of this was to 'increase the number of people having a positive experience of care'.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 to ensure good communication.
- Staff said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- It was clear that the staff team worked well together as they often took time-out to organise social and charity fundraising events.

### 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 virtual patient participation group (PPG) and through surveys and complaints received.

# Are services well-led?

Good 

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

- The staff met regularly to work together to resolve problems and to review performance to ensure the ongoing improvement in services. The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. They told us the teams met regularly to ensure good communication.

## Continuous improvement

The practice team had taken action to address the areas identified for improvement at the previous inspection on 8 March 2016. The GPs and practice manager gave us an assurance that they were committed to improving the service through making the necessary changes to the leadership, management and governance of the practice.

- The practice team was forward thinking and had developed a practice improvement plan for 2017. The improvement plan addressed a range of issues to ensure the ongoing effective and efficient running of the business and the ongoing improvement to the service.
- One of the GPs at the practice had met with a Rabbi from the local Jewish community. The purpose of this was to ensure GPs supported Jewish patients correctly when providing end of life care.
- The practice participated in the Better Life For You pilot scheme to support patients back to work and in the Friendly Faces scheme, a local group set up to tackle loneliness and social isolation among older people.
- GPs encouraged career development with all staff being provided with training to support them in their role.